




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



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2010</div> <div>Open to Public Inspection</div> </div>

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Mercy Health f/k/a Sisters of Mercy Health System		D Employer identification number 43-1423050	
	Doing Business As		E Telephone number (314) 628-3557	
	Number and street (or P O box if mail is not delivered to street address) 14528 South Outer Forty Road		Room/suite	
	City or town, state or country, and ZIP + 4 Chesterfield, MO 63017		G Gross receipts \$ 14,558,358	
	F Name and address of principal officer MR RANDALL COMBS 14528 South Outer Forty Road Chesterfield, MO 63017		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ www.mercy.net		

Part I	Summary
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service			
	2 Check this box <input type="checkbox"/> 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	15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	65	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	0		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,801,622		14,552,493
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,219		5,865
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,804,841		14,558,358
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	
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)		26,772,054		15,089,884
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)		-15,187,117		-8,821,923
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		11,584,937		6,267,961
19 Revenue less expenses Subtract line 18 from line 12		7,219,904		8,290,397
Net Assets or Fund Balances	Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	1,646,806,483		1,729,171,229
	21 Total liabilities (Part X, line 26)	1,350,632,618		1,366,806,562
	22 Net assets or fund balances Subtract line 21 from line 20	296,173,865		362,364,667

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	<div> <div></div> <div>Signature of officer</div> </div>			2012-05-12		
	<div> <div></div> <div>Randall J Combs SR VP - CFO</div> <div>Type or print name and title</div> </div>					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Firm's name <input checked="" type="checkbox"/> ERNST & YOUNG US LLP					Firm's EIN <input checked="" type="checkbox"/>
	Firm's address <input checked="" type="checkbox"/> 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105					Phone no <input checked="" type="checkbox"/> (314) 290-1000

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

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service

2

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

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?

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 6,267,961 including grants of \$ 0) (Revenue \$ 15,074,942)

Mercy Health is exempt under IRC Section 501(c)(3) and 170(B)(1)(A)(1), as a church Mercy Health is listed in the Official Catholic Directory and its tax-exempt status is derived from the group exemption ruling of the Roman Catholic Church Mercy Health is the sole corporate member of 14 tax-exempt organizations, which in turn are the sole corporate members of over 50 other tax-exempt organizations These other tax-exempt organizations include but are not limited to hospitals, foundations and medical group/physician clinic organizations All of the exempt organizations are essential to Mercy Health and aid in carrying out the exempt purpose of Mercy Health

4b

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

4c

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

4d

Other program services (Describe in Schedule O)















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

4e

Total program service expenses \$ 6,267,961

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
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? <i>If "Yes," complete Schedule D, Part I.</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 		No
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
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).		

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	3,002
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	65
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: BD See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. Mr Randall Combs 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 (314) 579-6100

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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								18,709,795	695,369	4,658,802

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▶27

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
SUMMIT STRATEGIES INC 8182 MARYLAND AVE ST LOUIS, MO 63105	INVSTMT CONSULTING	254,391
RBC CAPITAL MARKETS PO BOX 559 NEW YORK, NY 10008	REMARKETING SERVICES	200,000
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 ▶2		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			0		
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			0		
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			25,322,893	
4		Income from investment of tax-exempt bond proceeds . .			0		
5		Royalties			0		
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			-10,770,400		-10,770,400
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c		Net income or (loss) from fundraising events . .			0		
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities . .			0		
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold					
c		Net income or (loss) from sales of inventory . .			0		
	Miscellaneous Revenue	Business Code					
11a	Miscellaneous	900099		5,865	5,865		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			5,865			
12	Total revenue. See Instructions			14,558,358	5,865	14,552,493	

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	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	9,801,803	9,801,803		
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	4,365,063	4,365,063		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	624,221	624,221		
9	Other employee benefits	129,715	129,715		
10	Payroll taxes	169,082	169,082		
a	Fees for services (non-employees)				
	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	35,927	35,927		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	44,992	44,992		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	366	366		
20	Interest	5,902,984	5,902,984		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	-15,069,077	-15,069,077		
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	Miscellaneous	262,885	262,885		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,267,961	6,267,961	0	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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			370,277	5	336,748
	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			96,896	7	0
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			11,165,458	9	10,412,826
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			859,208,386	11	904,523,187
	12	Investments—other securities. See Part IV, line 11			266,448,437	12	369,756,144
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			509,517,029	15	444,142,324
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,646,806,483	16	1,729,171,229	
Liabilities	17	Accounts payable and accrued expenses			34,857,529	17	67,766,350
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			777,380,000	20	763,470,000
	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			538,395,089	25	535,570,212
	26	Total liabilities. Add lines 17 through 25			1,350,632,618	26	1,366,806,562
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			296,173,865	27	362,364,667
28		Temporarily restricted net assets				28	
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			296,173,865	33	362,364,667
34		Total liabilities and net assets/fund balances			1,646,806,483	34	1,729,171,229

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	14,558,358
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,267,961
3	Revenue less expenses Subtract line 2 from line 1	3	8,290,397
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	296,173,865
5	Other changes in net assets or fund balances (explain in Schedule O)	5	57,900,405
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	362,364,667

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization Mercy Health f/k/a Sisters of Mercy Health System	Employer identification number 43-1423050
--	--

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in 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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 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 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

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

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	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the 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).

Explanation
MERCY HEALTH IS EXEMPT UNDER IRC SECTION 501(C)(3) AND 170(B)(1)(A)(1), AS A CHURCH, AND IS EXEMPT FROM FILING FORM 990. MERCY HEALTH VOLUNTARILY FILES A COMPLETE AND ACCURATE RETURN TO DISCLOSE ALL OF ITS AND ITS AFFILIATED TAX-EXEMPT ENTITIES' TAX EXEMPT BONDS ON SCHEDULE K IN THEIR ENTIRETY IN LIEU OF ALLOCATING EACH BOND TO EACH SEPARATE ENTITY.

Additional Data

Software ID:

Software Version:

EIN: 43-1423050

Name: Mercy Health
f/k/a Sisters of Mercy Health System

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ronald B Ashworth Chairman of the Board, Dir	16 0	X						240,000	0	0
Sr Helen Amos RSM Director	2 0	X						0	0	0
Sr Mary Padraic Hallaron RSM Director	3 0	X						0	0	0
Eric Jackson Director	3 5	X						0	0	0
Reginald Mebane Director	3 0	X						0	0	0
L CRAIG MILLER MD FCCP DIRECTOR	3 0	X						0	0	0
Sr Miriam Nolan RSM Director	2 5	X						0	0	0
David Pratt Director	3 5	X						0	0	0
Sr Mary Roch Rocklage RSM Director	12 5	X						0	0	0
Most Rev Joseph M Sullivan Director	2 5	X						0	0	0
CHARLES E THOELE DIRECTOR	3 5	X						0	0	0
Sr Rose Weidenbenner RSM Director	3 0	X						0	0	0
Ellen M Zane Director	2 0	X						0	0	0
JAMES L BRITTON President-CEO-Mercy	60 0	X		X				1,398,348	0	532,330
James R Jaacks Treasurer/Sr Exec VP-Mercy	60 0			X				920,871	0	300,547
Philip Wheeler Secretary/Sr VP-General Counse	60 0			X				718,819	0	196,422
Julia Akins Sr VP-Marketing/Communications	60 0				X			332,410	29,151	50,600
Randall J Combs Sr VP/CFO	60 0				X			818,720	0	273,507
Bradley K Day President, Mercy Central Comm	60 0				X			925,378	0	458,148
Margaret D DeNarvaez President, Mercy East Comm	60 0				X			823,913	0	187,978
George R Flynn Sr VP-Performance Improvement	60 0				X			640,618	0	149,036
Fred L Ford Sr VP-AMBULATORY CARE	60 0				X			709,505	0	255,318
Jolene M Goedken Sr VP-Chief Nursing Officer	60 0				X			591,118	0	235,175
Michael D McCurry Executive VP-COO	60 0				X			964,849	0	530,776
Glenn Mitchell Chief Medical Officer	60 0				X			586,555	0	177,586

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brian M O'Toole Sr VP-Mission & Ethics	60 0				X			449,428	0	168,895
William Showalter VP-CIO	60 0				X			604,483	0	80,247
Shannon P Sock SR VP-BUSINESS DEVELOPMENT	60 0				X			604,918	0	122,631
Vance Moore Sr VP-Operations	60 0				X			551,166	0	27,791
Jeffrey A Johnston CEO/FT SMITH COMM	60 0					X		513,656	0	154,704
Diana L Smalley CEO -Mercy Health of OK	60 0					X		600,864	0	183,577
Jon Swope Pres/CEO -Springfield COMM	60 0					X		730,504	0	55,300
GARY PULSIPHER CEO/SW MO/KS COMM	60 0					X		477,648	0	42,839
TIMOTHY JOHNSEN CEO-HOT SPRINGS COMM	60 0					X		489,995	0	136,083
Myra K Aubuchon FORMER Sr VP	60 0						X	3,429,779	0	277,320
Susan Barrett FORMER President-MHSNWA	40 0						X	586,250	0	2,706
Chris Knackstedt CFO-SPRINGFIELD COMMUNITIES	60 0						X	0	666,218	59,286

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Mercy Health
f/k/a Sisters of Mercy Health System

Employer identification number

43-1423050

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

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

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

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

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

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

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ASC 740 FOOTNOTE	FORM 990, SCHEDULE D, PART X, LINE 2	THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MERCY HEALTH DO NOT INCLUDE A FOOTNOTE TO REPORT THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740, AS THEY ARE DEEMED IMMATERIAL FOR DISCLOSURE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Mercy Health f/k/a Sisters of Mercy Health System	Employer identification number 43-1423050
--	--

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		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or 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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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 Compensation Information		FORM 990, SCHEDULE J, PART I, QUESTION 1A CHARTER TRAVEL IS PROVIDED TO ALL EMPLOYEES AS DEEMED NECESSARY FOR BUSINESS TRAVEL AND PURSUANT TO THE APPROVAL BY THE FINANCE DEPARTMENT. AFTER CHARTER TRAVEL APPROVAL HAS BEEN GRANTED IN ACCORDANCE WITH THE FINANCIAL JUSTIFICATION PROCESS, THE APPROVED CHARTER TRAVEL FOR BUSINESS IS A REIMBURSABLE EXPENSE WHICH IS NOT TAXABLE TO THE EMPLOYEES. TRAVEL FOR COMPANIONS IS PROVIDED UNDER LIMITED CIRCUMSTANCES IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES. WHERE COMPANION TRAVEL HAS RESULTED IN A TAXABLE EVENT, THE EMPLOYEES ARE TAXED FOR SUCH TRAVEL. LIMITED INSTANCES OF TAX GROSS-UPS MAY HAVE OCCURRED WITH RESPECT TO EXECUTIVES. HOUSING BENEFITS ARE PROVIDED THROUGH A RELOCATION PROGRAM IN ACCORDANCE WITH COMPANY POLICY. SUCH BENEFITS ARE SUBJECT TO TAX TO THE EMPLOYEE. FOR THE 2010 TAX YEAR, TWO EXECUTIVES HAVE BEEN PROVIDED WITH THIS BENEFIT. PAYMENT BY THE COMPANY OF COSTS FOR TEMPORARY HOUSING BY EMPLOYEES FOR THE CONVENIENCE OF THE COMPANY IS MADE IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES. AS A REIMBURSABLE EXPENSE, THIS TYPE OF LODGING IS NOT TAXABLE TO THE EMPLOYEE. FORM 990, SCHEDULE J, PART I, QUESTION 4A THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR 2010: MYRA AUBUCHON, \$2,936,933 AND SUSAN BARRETT, \$237,090. FORM 990, SCHEDULE J, PART I, QUESTION 4B MERCY HEALTH OFFERS SUPPLEMENTAL RETIREMENT PLANS TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON RETIREMENT BASED ON COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE WITH THE COMPANY AND/OR ITS AFFILIATES, AND LENGTH OF TENURE IN THE PLAN. THE INDIVIDUALS REPORTABLE ON THIS RETURN WHO PARTICIPATE IN THE SUPPLEMENTAL RETIREMENT PLANS INCLUDE JULIA AKINS, JAMES BRITTON, RANDALL COMBS, BRADLEY DAY, MARGARET DENARVAEZ, GEORGE FLYNN, JEFFREY JOHNSTON, DIANA SMALLEY, JON SWOPE, TIMOTHY JOHNSEN, GARY PULSIPHER, FRED FORD, JOLENE GOEDKEN, JAMES JAACKS, MICHAEL MCCURRY, DR. GLENN MITCHELL, BRIAN O'TOOLE, WILLIAM SHOWALTER, SHANNON SOCK, AND PHILIP WHEELER. THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C). FORM 990, SCHEDULE J, PART I, QUESTION 7 MERCY HEALTH PROVIDES A NON-FIXED BONUS PLAN FOR WHICH CERTAIN TIERS OF ITS EMPLOYEES ARE ELIGIBLE. FOR FISCAL YEAR 2011 (JULY 1, 2010 - JUNE 30, 2011) PAYMENT OF ALL OR PART OF THE BONUS IS CONTINGENT UPON ATTAINMENT OF CERTAIN FINANCIAL TARGETS. PAYMENTS ARE MADE ANNUALLY IN OCTOBER FOLLOWING (I) THE CONCLUSION OF THE FISCAL YEAR AND (II) DETERMINATION OF GOAL ACHIEVEMENT. BONUS OPPORTUNITIES ARE TIERED PERCENTAGES AND ARE DEPENDENT UPON THE LEADERSHIP LEVEL AND ATTAINMENT PERCENTAGE. MERCY'S ATTAINMENT OF FINANCIAL GOALS ARE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE OF MERCY HEALTH AND ARE THEN TAKEN INTO ACCOUNT WHEN ANALYZING EXECUTIVE COMPENSATION FOR REASONABLENESS.

Software ID:

Software Version:

EIN: 43-1423050

Name: Mercy Health
f/k/a Sisters of Mercy Health System

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Ronald B Ashworth	(i) (ii)	240,000 0	0 0	0 0	0 0	0 0	240,000 0	0 0
JAMES L BRITTON	(i) (ii)	883,424 0	481,250 0	33,674 0	518,928 0	13,402 0	1,930,678 0	0 0
James R Jaacks	(i) (ii)	575,410 0	324,345 0	21,116 0	285,019 0	15,528 0	1,221,418 0	0 0
Philip Wheeler	(i) (ii)	462,739 0	251,126 0	4,954 0	193,074 0	3,348 0	915,241 0	0 0
Julia Akins	(i) (ii)	163,696 24,168	119,350 0	49,364 4,983	40,067 0	8,869 1,664	381,346 30,815	0 0
Randall J Combs	(i) (ii)	505,989 0	285,391 0	27,340 0	259,233 0	14,274 0	1,092,227 0	0 0
Bradley K Day	(i) (ii)	569,678 0	323,629 0	32,071 0	442,703 0	15,445 0	1,383,526 0	0 0
Margaret D DeNarvaez	(i) (ii)	337,124 0	302,934 0	183,855 0	180,793 0	7,185 0	1,011,891 0	0 0
George R Flynn	(i) (ii)	386,994 0	224,050 0	29,574 0	134,777 0	14,259 0	789,654 0	0 0
Fred L Ford	(i) (ii)	435,666 0	246,896 0	26,943 0	243,406 0	11,912 0	964,823 0	0 0
Jolene M Goedken	(i) (ii)	354,843 0	206,596 0	29,679 0	223,499 0	11,676 0	826,293 0	0 0
Michael D McCurry	(i) (ii)	605,326 0	332,982 0	26,541 0	515,658 0	15,118 0	1,495,625 0	0 0
Glenn Mitchell	(i) (ii)	350,823 0	203,918 0	31,814 0	165,763 0	11,823 0	764,141 0	0 0
Brian M O'Toole	(i) (ii)	261,917 0	158,758 0	28,753 0	154,343 0	14,552 0	618,323 0	0 0
William Showalter	(i) (ii)	387,141 0	212,782 0	4,560 0	65,345 0	14,902 0	684,730 0	0 0
Shannon P Sock	(i) (ii)	373,840 0	209,589 0	21,489 0	107,716 0	14,915 0	727,549 0	0 0
Vance Moore	(i) (ii)	330,015 0	193,272 0	27,879 0	12,995 0	14,796 0	578,957 0	0 0
Myra K Aubuchon	(i) (ii)	153,418 0	207,896 0	3,068,465 0	272,403 0	4,917 0	3,707,099 0	0 0
Jeffrey A Johnston	(i) (ii)	325,561 0	166,734 0	21,361 0	138,924 0	15,780 0	668,360 0	0 0
Diana L Smalley	(i) (ii)	411,753 0	180,335 0	8,776 0	169,434 0	14,143 0	784,441 0	0 0
Jon Swope	(i) (ii)	451,973 0	256,004 0	22,527 0	43,881 0	11,419 0	785,804 0	0 0
Susan Barrett	(i) (ii)	349,117 0	0 0	237,133 0	2,706 0	0 0	588,956 0	0 0
Chris Knackstedt	(i) (ii)	0 396,268	0 228,548	0 41,402	0 47,902	0 11,384	0 725,504	0 0
GARY PULSIPHER	(i) (ii)	339,518 0	131,876 0	6,254 0	31,063 0	11,776 0	520,487 0	0 0
TIMOTHY JOHNSEN	(i) (ii)	325,407 0	144,390 0	20,198 0	121,272 0	14,811 0	626,078 0	0 0

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.								OMB No 1545-0047	
									2010	
	Department of the Treasury Internal Revenue Service									Open to Public Inspection
Name of the organization Mercy Health f/k/a Sisters of Mercy Health System									Employer identification number 43-1423050	

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HEALTH & EDUCATIONAL FAC AUTH OF THE STATE OF MO	43-1178966	60635RZX4	05-22-2008	110,000,000	HEALTH & EDUATIONAL FAC AUTH OF TH		X		X		X
B	HEALTH & EDUCATIONAL FAC AUTH OF THE STATE OF MO	43-1178966	60635R060	12-17-2008	300,000,000	HEALTH & EDUATIONAL FAC AUTH OF TH		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	110,000,000		300,717,505					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrow	0		0					
7	Issuance costs from proceeds	934,336		3,000,000					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		297,717,505					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2011		2011					
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTIONS OF THE PURPOSES OF THE BONDS	FORM 990, SCHEDULE K	ISSUE 1 REFUND 2004 MISSOURI A-C BONDS ISSUE 2 ASSIST IN CONSTRUCTING THREE NEW PATIENT TOWERS, A NEW DATA CENTER AND OTHER SMALLER CAPITAL PROJECTS

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Mercy Health
f/k/a Sisters of Mercy Health System

Employer identification number

43-1423050

Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2

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

\$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

\$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) Diana Smalley RELOCATE PROP ASSIST		X	381,493	336,748		No		No	Yes	
Total						\$ 336,748				

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

Part V

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization Mercy Health f/k/a Sisters of Mercy Health System	Employer identification number 43-1423050
--	--

Identifier	Return Reference	Explanation
NAME CHANGE DUE TO MERCY HEALTH REBRANDING		DURING THE TAX YEAR ENDED JUNE 30, 2012, SISTERS OF MERCY HEALTH SYSTEM ("MERCY HEALTH") BEGAN A SYSTEM-WIDE REBRANDING INITIATIVE TO HELP PATIENTS, PHYSICIANS, CO-WORKERS, AND THE PUBLIC BETTER UNDERSTAND THE FULL SCOPE AND LOCATIONS OF MERCY HEALTH'S SERVICES SEVERAL OF THE MERCY HEALTH AFFILIATES HAVE CHANGED OR ARE IN THE PROCESS OF CHANGING LEGAL NAMES PRIOR TO FILING THE 2010 FORMS 990 (DUE MAY 15, 2012), MERCY HEALTH NOTIFIED THE IRS OF THESE NAME CHANGES, THEREFORE BOX B "NAME CHANGE" HAS NOT BEEN CHECKED ON THIS FORM 990 REFER TO SCHEDULE R, PART VII FOR A LIST OF THE NAME CHANGES FORM 1096 FORM 990, PART V, QUESTION 1A FOR MERCY HEALTH AND SUBSIDIARIES, THE FORM 1099S AND FORM 1096S ARE FILED UNDER MERCY HEALTH THE NUMBER LISTED IN QUESTION #1A REPRESENTS THE 1099S FILED THROUGHOUT THE SYSTEM AND INCLUDES MORE THAN JUST INDEPENDENT CONTRACTORS USED BY MERCY HEALTH DSCR OF THE PRCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11B THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, USING INFORMATION PROVIDED BY THE FILING ORGANIZATION A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S TAX COMPLIANCE TEAM, MEMBERS OF THIS TEAM ARE FROM VARIOUS DEPARTMENTS, INCLUDING FINANCE, LEGAL, HUMAN RESOURCES, AND TAX THE DRAFT FORM 990 IS ALSO REVIEWED BY MERCY HEALTH'S TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORM 990S AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS PROVIDED TO THE FILING ORGANIZATION'S LEADERSHIP TEAM, INCLUDING THE CEO, CFO, AND GENERAL COUNSEL FOR REVIEW ONCE REVIEWED BY THE FILING ORGANIZATION'S LEADERSHIP TEAM, THE FORM 990 IS PROVIDED TO THE FINANCE, AUDIT, AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW, IT IS THEN SIGNED AND FILED WITH THE IRS DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C CONSISTENT WITH THE CONFLICT OF INTEREST POLICY, OFFICERS, DIRECTORS, KEY EMPLOYEES, AND OTHER DISQUALIFIED PERSONS WERE REQUESTED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE FOR FISCAL YEAR 2011 QUESTIONNAIRES ARE REVIEWED BY THE LEGAL, HUMAN RESOURCES, INTERNAL AUDIT, FINANCE, AND TAX DEPARTMENTS, AND POTENTIAL CONFLICTS ARE ADDRESSED AND RESOLVED OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTIONS 15A & 15B FOR THOSE CLASSIFIED AS OFFICERS, KEY EMPLOYEES, AND OTHER DISQUALIFIED PERSONS, MERCY HEALTH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMT TO GEN PUBLIC FORM 990, PART VI, QUESTION 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS HAVE BEEN MADE AVAILABLE UPON REQUEST BUT ARE NOT PUBLISHED PUBLICLY AVERAGE HOURS PER WEEK FORM 990, PART VII, SECTION A, COLUMN B SEVERAL INDIVIDUALS LISTED IN PART VII ARE DISCLOSED AS TRUSTEES, DIRECTORS, OFFICERS, AND KEY EMPLOYEES ON MULTIPLE FORM 990S OF ENTITIES INCLUDED WITHIN MERCY HEALTH THE AVERAGE HOURS PER WEEK DISCLOSED IN PART VII IS AN ESTIMATE OF THE HOURS PER WEEK THAT THE LISTED INDIVIDUAL SPENDS ON BOTH THE FILING ORGANIZATION AND ALL RELATED ORGANIZATIONS OTHER CHANGES IN NET ASSETS OR FUND BALANCES FORM 990, PART XI, LINE 5 UNREALIZED GAINS \$173,911,934 UNFUNDED PENSION LOSSES \$15,602,711 NET TRANSFERS OF NET ASSETS TO AFFILIATES (\$271,322,498) MIF FUND TRANSFER \$40,518,744 NET TRANSFER FROM DISCONTINUED ENTITY \$99,189,514 TOTAL \$57,900,405 OVERSIGHT OR SELECTION PROCESS FORM 990, PART XII, QUESTION 2B THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2011 (THE TAX YEAR CURRENTLY BEING REPORTED) HOWEVER, NO SEPARATE AUDIT OPINION IS ISSUED ON THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE FINANCE, AUDIT, AND COMPLIANCE COMMITTEE OF THE MERCY HEALTH BOARD OF DIRECTORS AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Mercy Health
f/k/a Sisters of Mercy Health System

Employer identification number
43-1423050

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TEA PROPERTIES OK 14528 South Outer Forty Road Chesterfield, MO 63017 43-1423050		MO			
(2) TEA PROPERTIES MO 14528 South Outer Forty Road Chesterfield, MI 63017 43-1423050		MO			

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Merc Ambu Surg CTR 7301 Rogers Av Fort Smith, AR72903 71-0827721	AMBUL SURG CENTER	AR	NA									
(2) RES OPT & INNOV 645 Maryville Centre Dr 200 St Louis, MO63141 46-0468368	CENTRAL DIST	MO	MERCY HEALTH	RELATED	169,494,225	21,993,397		No		Yes		99 000 %
(3) SO OK DIAG CTR 1011 14TH Ave NW Ardmore, OK73401 43-1971232	MRI Services	OK	NA									
(4) Fort Smith EMS 1701 S Greenwood Fort Smith, AR72901 71-0416615	Emergency Med	AR	NA									
(5) St Ed Mer Med MOB 7301 Rogers Ave Fort Smith, AR72903 71-0554050	Office Building	AR	NA									

Part IV

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

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

Part 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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

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

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

Schedule R (Form 990) 2010

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
NAME CHANGE DUE TO MERCY HEALTH REBRANDING	FORM 990, SCHEDULE R, PART II	<p>*MERCY MEDICAL GROUP IS NOW MERCY CLINIC EAST COMMUNITIES *ST EDWARD MERCY CLINIC, INC IS NOW MERCY CLINIC FORT SMITH COMMUNITIES *ST JOSEPH'S MERCY CLINIC, INC IS NOW MERCY CLINIC HOT SPRINGS COMMUNITIES *MERCY PHYSICIANS OF OKLAHOMA, INC IS NOW MERCY CLINIC OKLAHOMA COMMUNITIES *ST JOHN'S CLINIC, INC IS NOW MERCY CLINIC SPRINGFIELD COMMUNITIES *SISTERS OF MERCY HEALTH SYSTEM IS NOW MERCY HEALTH *ST JOHN'S MERCY HEALTH CARE IS NOW MERCY HEALTH EAST COMMUNITIES *ST EDWARD MERCY HEALTH SYSTEM, INC IS NOW MERCY HEALTH FORT SMITH COMMUNITIES *MERCY MEMORIAL HEALTH CENTER FOUNDATION IS NOW MERCY HEALTH FOUNDATION ARDMORE *CARROLL HEALTH FOUNDATION IS NOW MERCY HEALTH FOUNDATION BERRYVILLE *MERCY HEALTH CENTER FOUNDATION IS NOW MERCY HEALTH FOUNDATION FORT SCOTT *ST JOSEPH'S MERCY HEALTH FOUNDATION IS NOW MERCY HEALTH FOUNDATION HOT SPRINGS *MERCY HOSPITAL FOUNDATION OF INDEPENDENCE, INC IS NOW MERCY HEALTH FOUNDATION INDEPENDENCE *MERCY HEALTH OF JOPLIN FOUNDATION IS NOW MERCY HEALTH FOUNDATION JOPLIN *ST MARY'S HOSPITAL FOUNDATION IS NOW MERCY HEALTH FOUNDATION NORTHWEST ARKANSAS *MERCY HEALTH CENTER FOUNDATION, INC IS NOW MERCY HEALTH FOUNDATION OKLAHOMA CITY *ST JOHN'S FOUNDATION FOR COMMUNITY HEALTH INC IS NOW MERCY HEALTH FOUNDATION SPRINGFIELD *ST JOHN'S MERCY FOUNDATION IS NOW MERCY HEALTH FOUNDATION ST LOUIS *ST JOHN'S MERCY HOSPITAL FOUNDATION IS NOW MERCY HEALTH FOUNDATION WASHINGTON *ST JOSEPH'S MERCY HEALTH SYSTEM, INC IS NOW MERCY HEALTH HOT SPRINGS COMMUNITIES *MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS, INC IS NOW MERCY HEALTH NORTHWEST ARKANSAS COMMUNITIES *MERCY HEALTH SYSTEM, INC IS NOW MERCY HEALTH OKLAHOMA COMMUNITIES *MERCY HEALTH SYSTEM-JOPLIN, INC IS NOW MERCY HEALTH SOUTHWEST MISSOURI/KANSAS COMMUNITIES *ST JOHN'S HEALTH SYSTEM, INC IS NOW MERCY HEALTH SPRINGFIELD COMMUNITIES *ST JOHN'S HOME CARE OF BERRYVILLE, INC IS NOW MERCY HOME HEALTH BERRYVILLE *MERCY MEMORIAL HEALTH CENTER, INC IS NOW MERCY HOSPITAL ARDMORE *ST JOHN'S AURORA, INC IS NOW MERCY HOSPITAL AURORA *OZARKS REGIONS HEALTH SYSTEM, INC IS NOW MERCY HOSPITAL BERRYVILLE *ST JOHN'S CASSVILLE, INC IS NOW MERCY HOSPITAL CASSVILLE *MERCY HEALTH MHMCH, INC IS NOW MERCY HOSPITAL COLUMBUS *MERCY EL RENO HOSPITAL CORPORATION IS NOW MERCY HOSPITAL EL RENO *ST EDWARD MERCY MEDICAL CENTER IS NOW MERCY HOSPITAL FORT SMITH *HEALDTON MERCY HOSPITAL CORPORATION IS NOW MERCY HOSPITAL HEALDTON *ST JOSEPH'S MERCY HEALTH CENTER IS NOW MERCY HOSPITAL HOT SPRINGS *MERCY HEALTH OF JOPLIN, INC IS NOW MERCY HOSPITAL JOPLIN *BREECH REGIONAL MEDICAL CENTER IS NOW MERCY HOSPITAL LEBANON *MERCY HEALTH CENTER, INC IS NOW MERCY HOSPITAL OKLAHOMA CITY *ST EDWARD HEALTH FACILITIES OF FRANKLIN COUNTY IS NOW MERCY HOSPITAL OZARK *ST EDWARD HEALTH FACILITIES OF LOGAN COUNTY IS NOW MERCY HOSPITAL PARIS *ST EDWARD HEALTH FACILITIES OF SCOTT COUNTY IS NOW MERCY HOSPITAL WALDRON *ST MARY-ROGERS MEMORIAL HOSPITAL, INC IS NOW MERCY HOSPITAL ROGERS *ST JOHN'S REGIONAL HEALTH CENTER IS NOW MERCY HOSPITAL SPRINGFIELD *MERCY TISHOMINGO HOSPITAL CORPORATION IS NOW MERCY HOSPITAL TISHOMINGO *ST JOHN'S MERCY HEALTH SYSTEM IS NOW MERCY HOSPITALS EAST COMMUNITIES *ST JOHN'S MERCY MEDICAL CENTER IS NOW MERCY HOSPITAL ST LOUIS *ST JOHN'S MERCY HOSPITAL IS NOW MERCY HOSPITAL SPRINGFIELD *MERCY HEALTH SYSTEM OF KANSAS, INC IS NOW MERCY KANSAS COMMUNITIES *MERCY HEALTH CENTER, INC IS NOW MERCY HOSPITAL FORT SCOTT *MERCY HOSPITAL IS NOW MERCY HOSPITAL INDEPENDENCE *ST JOHN'S MEDICAL RESEARCH INSTITUTE, INC IS NOW MERCY MEDICAL RESEARCH INSTITUTE *ST FRANCIS HOSPITAL, MOUNTAIN VIEW, MISSOURI IS NOW MERCY ST FRANCIS HOSPITAL *ST JOHN'S MERCY SUPPORT SERVICES IS NOW MERCY SUPPORT SERVICES FORM 990, SCHEDULE R, PART V LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH AND SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O AND P</p>

Software ID:

Software Version:

EIN: 43-1423050

Name: Mercy Health
f/k/a Sisters of Mercy Health System

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
Advance Care Hospital 300 Werner St 3rd Floor Hot Springs, AR71913 71-0816634	Hospital	AR	501(C)(3)	3	Mercy Health		
Mercy Hospital Lebanon 100 Hospital Drive Lebanon, MO65536 43-1767432	Hospital	MO	501(C)(3)	3	MHSC		
Mercy Health Foundation Berryville 214 Carter Street Berryville, AR72616 71-0759301	Foundation	AR	501(C)(3)	11a	MH Berryvill		
Casa de Misericordia 1000 Mier Street Laredo, TX780404653 74-2912461	Shelter	TX	501(C)(3)	7	MM Laredo		
Mercy Hospital Healdton 918 South Street Healdton, OK73438 26-3173902	Hospital	OK	501(C)(3)	3	MH Ardmore		
Laredo Medical Group 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-2764726	Inactive	TX	501(C)(3)	9	MHS-TX		
McAuley Portfolio Management Company 14528 S Outer Forty Ste 100 Chesterfield, MO63017 26-1708048	Port Mgmt	MO	501(C)(3)	11b	Mercy Health		
Mercy Hospital El Reno 2115 Parkview Drive El Reno, OK73036 73-6617948	Hospital	OK	501(C)(3)	3	Mercy Health		
Mercy Emergency Medical Services Inc 4300 W Memorial Road Oklahoma City, OK73120 81-0627035	Inactive	OK	501(C)(3)	9	MHOC		
Mercy Foundation for Health Innovation 14528 S Outer Forty Ste 100 Chesterfield, MO63017 20-0901499	Foundation	MO	501(C)(3)	11b	Mercy Health		
Mercy Health Foundation Fort Scott 401 Woodland Hills Blvd Fort Scott, KS66701 48-1077073	Foundation	KS	501(C)(3)	11c	Mercy KS Com		
Mercy Health Foundation OK City 4300 W Memorial Road Oklahoma City, OK73120 73-1593024	Foundation	OK	501(C)(3)	11a	MHOC		

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 Oklahoma City 4300 W Memorial Road Oklahoma City, OK73120 73-0579285	Hospital	OK	501(C)(3)	3	MHOC		
Mercy Hospital Columbus 220 Pennsylvania Avenue Columbus, KS66725 27-0842031	Hospital	MO	501(C)(3)	3	MHSMKC		
Mercy Health Foundation Joplin 2727 McClelland Blvd Joplin, MO64804 27-0906136	Foundation	MO	501(C)(3)	11a	MHSMKC		
Mercy Hospital Joplin 2727 McClelland Blvd Joplin, MO64804 27-0814858	Hospital	MO	501(C)(3)	3	MHSMKC		
Mercy Health SW MOKS Communities 2727 McClelland Blvd Joplin, MO64804 30-0584463	Hlth System	MO	501(C)(3)	11b	Mercy Health		
Mercy Kansas Communities Inc 401 Woodland Hills Blvd Ft Scott, KS66701 48-0956045	Hospital	KS	501(C)(3)	3	MHSMKC		
Mercy Health NW Arkansas Communities 2710 Rife Medical Drive Rogers, AR72758 62-1684203	Phys Group	AR	501(C)(3)	11b	Mercy Health		
Mercy Health System of Texas Inc 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-2764727	Inactive	TX	501(C)(3)	11b	Mercy Health		
Mercy Health Oklahoma Communities 4300 W Memorial Road Oklahoma City, OK73120 73-1453048	Holding co	OK	501(C)(3)	11b	Mercy Health		
Mercy Health Foundation Independence 800 W Myrtle Independence, KS67301 48-1079981	Foundation	KS	501(C)(3)	11a	Mercy KS Com		
Mercy Hospital of Laredo 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-1189682	Inactive	TX	501(C)(3)	3	MHS-TX		
Mercy Clinic East Communitas 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1771217	Phys Group	MO	501(C)(3)	9	MHEC		

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 Foundation Ardmore 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	OK	501(C)(3)	11a	MH Ardmore		
Mercy Hospital Ardmore 1011 14th Avenue NW Ardmore, OK73401 73-1500629	Hospital	OK	501(C)(3)	3	MHOC		
Mercy Clinic Oklahoma Communities 4300 W Memorial Road Oklahoma City, OK73120 27-0473057	Phys Group	OK	501(C)(3)	9	MHOC		
MHM Support Services 14528 S Outer Forty Ste 100 Chesterfield, MO63017 20-2553101	Sup Hlth Sys	MO	501(C)(3)	11b	Mercy Health		
Mission Clinical Services 300 Werner Street Hot Springs, AR71913 13-4239691	nursing home	AR	501(C)(3)	9	MHHSC		
Mercy Hospital Berryville 214 Carter Street Berryville, AR72616 71-0759299	Hospital	AR	501(C)(3)	3	MHSC		
MERCY FAMILY CENTER 14528 S Outer Forty Ste 100 Chesterfield, MO63017 72-1069468	counseling	MO	501(C)(3)	7	Mercy Health		
Mercy Hospital Ozark 801 W River Street Ozark, AR72949 71-0689680	Hospital	AR	501(C)(3)	3	MHFS		
Mercy Hospital Paris 500 E Academy Paris, AR72855 71-0655753	Hospital	AR	501(C)(3)	3	MHFS		
Mercy Hospital Waldron 1341 W 6th Street Waldron, AR72958 71-0557895	Hospital	AR	501(C)(3)	3	MHFS		
Mercy Clinic Fort Smith Communitites 7301 Rogers Avenue Fort Smith, AR72917 26-1318597	Phys Clinic	AR	501(C)(3)	9	MHFSC		
St Edward Mercy Foundation PO Box 17000 Fort Smith, AR72917 23-7330425	Foundation	AR	501(C)(3)	7	MHFS		

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 Fort Smith Communities 7301 Rogers Avenue Fort Smith, AR72917 26-1318515	Holding Co	AR	501(C)(3)	11b	Mercy Health		
Mercy Hospital Fort Smith 7301 Rogers Avenue Fort Smith, AR72917 71-0240352	Hospital	AR	501(C)(3)	3	MHFSC		
Mercy St Francis Hospital 100 W Highway 60 Mountain View, MO65548 44-0607149	Hospital	MO	501(C)(3)	3	MHSC		
Mercy Hospital Aurora 500 Porter Avenue Aurora, MO65605 43-1936696	Hospital	MO	501(C)(3)	3	MHSC		
Mercy Hospital Cassville 94 Main Street Cassville, MO65625 43-1936699	Hospital	MO	501(C)(3)	3	MHSC		
St John's Children's Hospital Inc 1235 E Cherokee Street Springfield, MO65804 43-1936699	Inactive	MO	501(C)(3)	3	MHSC		
Mercy Clinic Springfield Communities 1965 Fremont Street Ste 2950 Springfield, MO65804 43-1560263	Phys Group	MO	501(C)(3)	9	MHSC		
Mercy Health Foundation Springfield 1235 E Cherokee Street Springfield, MO65804 32-0195818	Foundation	MO	501(C)(3)	11b	MHSC		
Mercy Health Springfield Communitites 1235 E Cherokee Street Springfield, MO65804 43-1856028	Holding Co	MO	501(C)(3)	11b	Mercy Health		
Mercy Home Health Berryville 214 Carter Street Berryville, AR72616 87-0781247	Home Health	AR	501(C)(3)	11c	MH Sprngfld		
Mercy Medical Research Institute 1235 E Cherokee Street Springfield, MO65804 87-0796305	Research	MO	501(C)(3)	4	MHSC		
Mercy Health Foundation St Louis 14528 S Outer Forty Ste 100 Chesterfield, MO63017 56-2410020	Foundation	MO	501(C)(3)	11b	MHEC		

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 East Communities 14528 S Outer Forty Ste 100 Chesterfield, MO63017 43-1718408	HIth System	MO	501(C)(3)	11b	Mercy Health		
Mercy Hospitals East Communities 14528 S Outer Forty Ste 100 Chesterfield, MO63017 43-0653493	Hospital	MO	501(C)(3)	3	MHEC		
Mercy Health Foundation Washington 901 E Fifth Street Washington, MO63090 56-2410022	Foundation	MO	501(C)(3)	11b	MHEC		
Mercy Support Services 615 S New Ballas Road St Louis, MO63141 43-1677952	Inactive	MO	501(C)(3)	11c	MHEC		
Mercy Hospital Springfield 1235 E Cherokee Street Springfield, MO65804 44-0552485	Hospital	MO	501(C)(3)	3	MHSC		
Mercy Clinic Hot Springs Communitites 1 Mercy Lane Hot Springs, AR71913 26-1125131	Phys Clinic	AR	501(C)(3)	9	MHHSC		
Mercy Hospital Hot Springs 300 Werner Street Hot Springs, AR71913 71-0236913	Hospital	AR	501(C)(3)	3	MHHSC		
Mercy Health Foundation Hot Springs 300 Werner Street Hot Springs, AR71913 71-0804718	Foundation	AR	501(C)(3)	11b	MHHS		
Mercy Health Hot Springs Communities 300 Werner Street Hot Springs, AR71913 26-1125064	Holding Co	AR	501(C)(3)	11b	Mercy Health		
Mercy Hospital Rogers 2710 Rife Medical Lane Rogers, AR72758 71-0294390	Hospital	AR	501(C)(3)	3	MHNWAC		
Mercy Health Foundation NW Arkansas 2710 Rife Medical Lane Rogers, AR72758 71-0601687	Foundation	AR	501(C)(3)	11c	MH Rogers		
St Mary's Hospital of Enid Oklahoma 14528 S Outer Forty Ste 100 Chesterfield, MO63017 73-0614655	Inactive	OK	501(C)(3)	3	MHOC		

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
The Sister M Cornelia Blasko Foundation 100 W Highway 60 Mountain View, MO65548 43-1873914	Foundation	MO	501(C)(3)	11a	MSFH		
Unity Ambulatory Care 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1861745	Inactive	MO	501(C)(3)	11c	MHEC		
Mercy Hospital Tishomingo 1000 South Byrd Tishomingo, OK73460 27-4433830	Hospital	OK	501(C)(3)	3	MH Ardmore		
Mercy Ministries of Laredo 2500 Zacatecas Laredo, TX780466814 20-0198462	outreach	TX	501(C)(3)	7	Mercy Health		

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
FRONTENAC PROPERTIES 14528 S Outer Forty Suite 100 Chesterfield, MO63017 52-1914421	HOLDING COMP	DE	MERCY HEALTH	C-Corp	1,827,293	10,553,299	100 000 %
Inveno Health Inc 1235 E Cherokee Street Springfield, MO65804 26-4509571	IT SERVICES	MO	NA	C-Corp			
Mercy Community Services Inc 401 Woodland Hills Blvd Fort Smith, KS66701 48-1078101	CATERING	KS	NA	C-Corp			
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK73120 68-0640970	REAL ESTATE	OK	NA	C-Corp			
Mercy Health Network of the Southern Reg 1011 14th Avenue NW Ardmore, OK73401 73-1580607	HEALTH CARE	OK	MERCY HEALTH	C-Corp	0	0	100 000 %
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1381689	HEALTH CARE	OK	MERCY HEALTH	C-Corp	0	0	100 000 %
Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK73120 73-1441665	HOLDING COMP	OK	MERCY HEALTH	C-Corp	0	0	100 000 %
MHP Inc 14528 S Outer Forty Suite 300 Chesterfield, MO63017 43-1697084	HOLDING COMP	DE	MERCY HEALTH	C-Corp	2,447,000	0	0 %
UH L Corp Inc 645 Maryville Centre Drive Suite 1 St Louis, MO63141 74-2499535	HOLDING COMP	MO	NA	C-Corp			
Unity Support Services Inc 645 Maryville Centre Drive Suite 1 St Louis, MO63141 43-1797042	INACTIVE	MO	NA	C-Corp			

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	MHM Support Services	p	59,774,700	
(2)	Mercy Clinic Hot Springs Communities	o	1,330,784	
(3)	Mercy Hospital Joplin	p	1,674,186	
(4)	Mercy Hospitals East Communities	p	6,098,880	
(5)	Mercy Clinic Springfield Communities	p	231,161	
(6)	Mercy Health East Communities	p	732,386	
(7)	Mercy Clinic East Communities	p	117,781	
(8)	Mercy Health Springfield Communities	o	2,043,835	
(9)	Resource Optimization & Innovation LLC	p	144,155	
(10)	Mercy Hospitals Kansas Communities Inc	p	644,221	
(11)	Frontenac Properties Inc	o	383,766	
(12)	Mercy Health Northwest Arkansas Communities	p	455,748	
(13)	Mercy Hospital Hot Springs	p	42,023,548	
(14)	Mercy Hospital Fort Smith	p	308,378	
(15)	Mercy Hospital Rogers	p	9,276,888	
(16)	Mercy Family Center	o	1,887,578	
(17)	Mercy Hospital Oklahoma City	p	382,950	
(18)	Mercy Health Hot Springs Communities	o	40,883,834	
(19)	Mercy Hospital Springfield	p	1,912,005	

TY 2010 Other Deductions Schedule**Name:** Mercy Health

f/k/a Sisters of Mercy Health System

EIN: 43-1423050

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
GENERAL & ADMINISTRATIVE	81,569	

Mercy Health
FEIN: 43-1423050
McAuley Insurance Company
Fiscal Year Ending 06/30/2011

Post-1986 Undistributed Earnings 959(c)(3) - Beginning Balance Reconciliation:
In Functional Currency

2009 Ending Balance, per 2009 Form 5471, Schedule J	(5,906,437)
Correction to prior year Schedule J balances	<u>(1,128)</u>
2010 Beginning Balance, per 2010 Form 5471, Schedule J	<u><u>(5,907,565)</u></u>

MERCY HEALTH
FORM 5471
QUESTION D - PERSON(S) ON WHOSE BEHALF THIS INFORMATION RETURN IS BEING FILED

NAME	IDENTIFYING NUMBER	ADDRESS			
Advance Care Hospital	71-0816634	300 Werner St, 3rd Floor	Hot Springs	AR	71913
Mercy Hospital Lebanon	43-1767432	100 Hospital Drive	Lebanon	MO	65536
Mercy Health Foundation Berryville	71-0759301	214 Carter Street	Berryville	AR	72616
Casa de Misericordia	74-2912461	1000 Mier Street	Laredo	TX	78040-4653
Mercy Hospital Healdton	26-3173902	918 South Street	Healdton	OK	73438
Laredo Medical Group	74-2764726	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
McAuley Portfolio Management Company	26-1708048	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
Mercy Hospital El Reno	73-6617948	2115 Parkview Drive	El Reno	OK	73036
Mercy Emergency Medical Services, Inc	81-0627035	4300 W Memorial Road	Oklahoma City	OK	73120
Mercy Foundation for Health Innovation	20-0901499	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
Mercy Health Foundation Fort Scott	48-1077073	401 Woodland Hills Blvd	Fort Scott	KS	66701
Mercy Health Foundation OK City	73-1593024	4300 W Memorial Road	Oklahoma City	OK	73120
Mercy Hospital Oklahoma City	73-0579285	4300 W Memorial Road	Oklahoma City	OK	73120
Mercy Hospital Columbus	27-0842031	220 Pennsylvania Avenue	Columbus	KS	66725
Mercy Health Foundation Joplin	27-0906136	2727 McClelland Blvd	Joplin	MO	64804
Mercy Hospital Joplin	27-0814858	2727 McClelland Blvd	Joplin	MO	64804
Mercy Health SW MO/KS Communities	30-0584463	2727 McClelland Blvd	Joplin	MO	64804
Mercy Kansas Communities, Inc	48-0956045	401 Woodland Hills Blvd	Ft Scott	KS	66701
Mercy Health NW Arkansas Communities	62-1684203	2710 Rife Medical Drive	Rogers	AR	72758
Mercy Health System of Texas, Inc	74-2764727	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
Mercy Health Oklahoma Communities	73-1453048	4300 W Memorial Road	Oklahoma City	OK	73120
Mercy Health Foundation Independence	48-1079981	800 W Myrtle	Independence	KS	67301
Mercy Hospital of Laredo	74-1189682	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
Mercy Clinic East Communities	43-1771217	645 Maryville Centre Dr St 100	St Louis	MO	63141
Mercy Health Foundation Ardmore	71-0962525	1011 14th Avenue NW	Ardmore	OK	73401
Mercy Hospital Ardmore	73-1500629	1011 14th Avenue NW	Ardmore	OK	73401
Mercy Clinic Oklahoma Communities	27-0473057	4300 W Memorial Road	Oklahoma City	OK	73120
MHM Support Services	20-2553101	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
Mission Clinical Services	13-4239691	300 Werner Street	Hot Springs	AR	71913
Mercy Hospital Berryville	71-0759299	214 Carter Street	Berryville	AR	72616
MERCY FAMILY CENTER	72-1069468	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
Mercy Hospital Ozark	71-0689680	801 W River Street	Ozark	AR	72949
Mercy Hospital Paris	71-0655753	500 E Academy	Paris	AR	72855
Mercy Hospital Waldron	71-0557895	1341 W 6th Street	Waldron	AR	72958
Mercy Clinic Fort Smith Communities	26-1318597	7301 Rogers Avenue	Fort Smith	AR	72917
St Edward Mercy Foundation	23-7330425	PO Box 17000	Fort Smith	AR	72917
Mercy Health Fort Smith Communities	26-1318515	7301 Rogers Avenue	Fort Smith	AR	72917
Mercy Hospital Fort Smith	71-0240352	7301 Rogers Avenue	Fort Smith	AR	72917
Mercy St Francis Hospital	44-0607149	100 W Highway 60	Mountain View	MO	65548
Mercy Hospital Aurora	43-1936696	500 Porter Avenue	Aurora	MO	65605
Mercy Hospital Cassville	43-1936699	94 Main Street	Cassville	MO	65625
St John's Children's Hospital, Inc	71-0689680	1235 E Cherokee Street	Springfield	MO	65804
Mercy Clinic Springfield Communities	43-1560263	1965 Fremont Street, Ste 2950	Springfield	MO	65804
Mercy Health Foundation Springfield	32-0195818	1235 E Cherokee Street	Springfield	MO	65804
Mercy Health Springfield Communities	43-1856028	1235 E Cherokee Street	Springfield	MO	65804
Mercy Home Health Berryville	87-0781247	214 Carter Street	Berryville	AR	72616
Mercy Medical Research Institute	87-0796305	1235 E Cherokee Street	Springfield	MO	65804
Mercy Health Foundation St Louis	56-2410020	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
Mercy Health East Communities	43-1718408	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
Mercy Hospitals East Communities	43-0653493	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
Mercy Health Foundation Washington	56-2410022	901 E Fifth Street	Washington	MO	63090
Mercy Support Services	43-1677952	615 S New Ballas Road	St Louis	MO	63141
Mercy Hospital Springfield	44-0552485	1235 E Cherokee Street	Springfield	MO	65804
Mercy Clinic Hot Springs Communities	26-1125131	1 Mercy Lane	Hot Springs	AR	71913
Mercy Hospital Hot Springs	71-0236913	300 Werner Street	Hot Springs	AR	71913
Mercy Health Foundation Hot Springs	71-0804718	300 Werner Street	Hot Springs	AR	71913
Mercy Health Hot Springs Communities	26-1125064	300 Werner Street	Hot Springs	AR	71913
Mercy Hospital Rogers	71-0294390	2710 Rife Medical Lane	Rogers	AR	72758
Mercy Health Foundation NW Arkansas	71-0601687	2710 Rife Medical Lane	Rogers	AR	72758
St Mary's Hospital of Enid, Oklahoma	73-0614655	14528 S Outer Forty, Ste 100	Chesterfield	MO	63017
The Sister M Cornelia Blasko Foundation	43-1873914	100 W Highway 60	Mountain View	MO	65548
Unity Ambulatory Care	43-1861745	645 Maryville Centre Dr St 100	St Louis	MO	63141
Mercy Hospital Tishomingo	27-4433830	1000 South Byrd	Tishomingo	OK	73460
Mercy Ministries of Laredo	20-0198462	2500 Zacatecas	Laredo	TX	78046-6814
TEA PROPERTIES OK	43-1423050	14528 South Outer Forty Road	Chesterfield	MO	63017
TEA PROPERTIES MO	43-1423050	14528 South Outer Forty Road	Chesterfield	MI	63017
Merc Ambu Surg CTR	71-0827721	7301 Rogers Av	Fort Smith	AR	72903
RES OPT & INNOV	46-0468368	645 Maryville Centre Dr #200	St Louis	MO	63141
SO OK DIAG CTR	43-1971232	1011 14TH Ave NW	Ardmore	OK	73401
Fort Smith EMS	71-0416615	1701 S Greenwood	Fort Smith	AR	72901
St Ed Mer Med MOB	71-0554050	7301 Rogers Ave	Fort Smith	AR	72903
FRONTENAC PROPERTIES	52-1914421	14528 S Outer Forty, Suite 100	Chesterfield	MO	63017
Inveno Health, Inc	26-4509571	1235 E Cherokee Street	Springfield	MO	65804
Mercy Community Services, Inc	48-1078101	401 Woodland Hills Blvd	Fort Smith	KS	66701
Mercy Health Center Condominium, Inc	68-0640970	4300 W Memorial Rd	Oklahoma City	OK	73120
Mercy Health Network of the Southern Reg	73-1580607	1011 14th Avenue NW	Ardmore	OK	73401
Mercy Health Network, Inc	73-1381689	4300 W Memorial Road	Oklahoma City	OK	73120
Mercy Managed Care Corporation	73-1441665	4300 W Memorial Road	Oklahoma City	OK	73120
MHP, Inc	43-1697084	14528 S Outer Forty, Suite 300	Chesterfield	MO	63017
UH L Corp , Inc	74-2499535	645 Maryville Centre Drive, Suite 100	St Louis	MO	63141
Unity Support Services, Inc	43-1797042	645 Maryville Centre Drive, Suite 100	St Louis	MO	63141

