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

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization CASA DE MISERICORDIA	D Employer identification number 74-2912461
	Doing Business As	E Telephone number (314) 628-3557
	Number and street (or P O box if mail is not delivered to street address) PO Box 430175	Room/suite
	G Gross receipts \$ 1,091,522	
	City or town, state or country, and ZIP + 4 Laredo, TX 78043	
	F Name and address of principal officer Sister Rosemary Welsh RSM PO Box 430175 Laredo, TX 78043	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ www.mercy.net		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1999
		M State of legal domicile TX

Part I	Summary
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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 ☐ 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	26	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0	
6 Total number of volunteers (estimate if necessary)	6	271	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 917,069	Current Year 1,044,761
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,311	1,946
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,158	20,581
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	956,538	1,067,288
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	43,402	48,384
Expenses	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)	509,064	572,131
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,198		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	326,846	361,462
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	879,312	981,977
	19 Revenue less expenses Subtract line 18 from line 12	77,226	85,311
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,363,209
21 Total liabilities (Part X, line 26)		246,370	343,624
22 Net assets or fund balances Subtract line 21 from line 20		3,116,839	3,383,416

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

Sign Here	Signature of officer		2012-05-08			
	Date					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ ERNST & YOUNG US LLP					Firm's EIN ▶
	Firm's address ▶ 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105					Phone no ▶ (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?

Yes

No

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

3

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

Yes

No

If "Yes," describe these changes on Schedule O

4

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

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

4a

(Code) (Expenses \$ 466,823 including grants of \$ 48,384) (Revenue \$ 0)

See Schedule O

4b

(Code) (Expenses \$ 286,117 including grants of \$ 0) (Revenue \$ 0)

See Schedule O

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 \$ 752,940

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (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		No
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> ☒ Yes ☐ No			
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 ☒			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	15
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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
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	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
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	26	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25	
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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		No
b	Other officers or key employees of the organization	15b		No
	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. ☐ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ELIZABETH CASSO CFO 2500 Zacatecas St Laredo, TX 78046 (956) 721-7411	

Part VII

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH CASSO Board Member	60 0	X						0	69,971	10,644
(2) Carmela Castillo Board Member	1 0	X						0	0	0
(3) Hilda Chapa Board Member	1 0	X						0	0	0
(4) Thelma Cuellar Board Member	1 0	X						0	0	0
(5) Martha De Llano Board Member	1 0	X						0	0	0
(6) Kelly Fitzgerald BOARD MEMBER	1 0	X						0	0	0
(7) Leticia Aye Board Member	1 0	X						0	0	0
(8) Martha Gonzalez BOARD MEMBER	1 0	X						0	0	0
(9) Karen Henderson Board Member	1 0	X						0	0	0
(10) Patty Figueroa Board Member	1 0	X						0	0	0
(11) Paul frey Board Member	1 0	X						0	0	0
(12) Socrates Garza Board Member	1 0	X						0	0	0
(13) Claudia Martinez Board Member	1 0	X						0	0	0
(14) Jesse Navarro Board Member	1 0	X						0	0	0
(15) Alfonso Ornelas Jr Board Member	1 0	X						0	0	0
(16) Roger B Perales BOD President	1 0	X		X				0	0	0

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			
(17) Alberto Perez Board Member	10	X						0	0	0
(18) Juanita Martinez Board Member	10	X						0	0	0
(19) Ana Soto Rivera Board Member	10	X						0	0	0
(20) Yeymi Romano Board Member	10	X						0	0	0
(21) Mattie Smith-Gomez BOD Vice President	10	X						0	0	0
(22) Aleida Torres Board Member	10	X						0	0	0
(23) Jesus Torres Board Member	10	X						0	0	0
(24) John Ulbricht Board Member	10	X						0	0	0
(25) Priya Vaswani Board Member	10	X						0	0	0
(26) Rosemary Welsh RSM Executive Director	10			X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	69,971	10,644

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 0

	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>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
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>		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
None		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	78,000	1,044,761		
	b	Membership dues	1b				
	c	Fundraising events	1c	51,645			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	543,420			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	371,696			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue				Business Code			
	2a						
	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)		1,946			1,946
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		0			
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities		(ii) Other	0		
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 51,645 of contributions reported on line 1c) See Part IV, line 18			20,581		
	a			44,815			
	b	Less direct expenses		24,234			
c	Net income or (loss) from fundraising events . .					20,581	
9a	Gross income from gaming activities See Part IV, line 19 . . a			0			
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances			0			
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See Instructions			1,067,288			22,527

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	48,384	48,384		
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	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	447,478	325,518	113,249	8,711
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,335	14,056	4,892	387
9	Other employee benefits	74,986	54,515	18,971	1,500
10	Payroll taxes	30,332	22,051	7,674	607
a	Fees for services (non-employees)				
	Management	0			
b	Legal	0			
c	Accounting	10,000		10,000	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	92,613	87,363	5,250	
12	Advertising and promotion	0			
13	Office expenses	71,229	61,278	9,662	289
14	Information technology	13,423	12,025	1,285	113
15	Royalties	0			
16	Occupancy	82,135	49,833	32,062	240
17	Travel	2,947	2,394	553	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	57,856	48,341	9,263	252
23	Insurance	5,205	3,800	1,353	52
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	Program Expenses	19,734	19,734		
b	Miscellaneous Expenses	6,320	3,648	2,625	47
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	981,977	752,940	216,839	12,198
26	Joint costs. Check here ☒ 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			1,179	1	1,200
	2	Savings and temporary cash investments			416,876	2	509,495
	3	Pledges and grants receivable, net			239,193	3	327,114
	4	Accounts receivable, net			5,727	4	3,289
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	2,186,380			
	b	Less: accumulated depreciation	10b	527,013	1,651,526	10c	1,659,367
	11	Investments—publicly traded securities			1,048,558	11	1,226,425
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			150	15	150
16	Total assets. Add lines 1 through 15 (must equal line 34)			3,363,209	16	3,727,040	
Liabilities	17	Accounts payable and accrued expenses			83,205	17	101,790
	18	Grants payable				18	
	19	Deferred revenue			163,165	19	241,834
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			246,370	26	343,624
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,095,957	27	3,315,987
	28	Temporarily restricted net assets			20,882	28	67,429
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,116,839	33	3,383,416
34	Total liabilities and net assets/fund balances			3,363,209	34	3,727,040	

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	1,067,288
2	Total expenses (must equal Part IX, column (A), line 25)	2	981,977
3	Revenue less expenses Subtract line 2 from line 1	3	85,311
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,116,839
5	Other changes in net assets or fund balances (explain in Schedule O)	5	181,266
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	3,383,416

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 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

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 CASA DE MISERICORDIA	Employer identification number 74-2912461
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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.")	642,188	1,045,631	1,034,197	917,069	1,022,790	4,661,875
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	642,188	1,045,631	1,034,197	917,069	1,022,790	4,661,875
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)						519,915
6 Public Support. Subtract line 5 from line 4						4,141,960

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	642,188	1,045,631	1,034,197	917,069	1,022,790	4,661,875
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,843	23,101	16,367	6,311	1,946	70,568
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)	0	0	0	0	0	0
11 Total support (Add lines 7 through 10)						4,732,443
12 Gross receipts from related activities, etc (See instructions)					12	258,677
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	87 523 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	87 490 %
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 section501(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).

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization CASA DE MISERICORDIA	Employer identification number 74-2912461
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV	Yes		
	j Total lines 1c through 1i			5,250
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Lobbying Activities	Form 990, Schedule C, Part II-B, Line 1i	THE FILING ORGANIZATION IS A MEMBER OF AND PAYS DUES TO TEXAS COUNCIL ON FAMILY VIOLENCE FOR THE YEAR ENDED JUNE 30, 2011 DUES WERE \$5,250 100% OF THE DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED BY TEXAS COUNCIL ON FAMILY VIOLENCE

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
CASA DE MISERICORDIA

Employer identification number
74-2912461

Part I

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

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

Part II

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

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III

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

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

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

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

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

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

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

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

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
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		312,465		312,465
b Buildings		1,670,450	407,018	1,263,432
c Leasehold improvements		46,878	22,644	24,234
d Equipment		156,587	97,351	59,236
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.) ▶				1,659,367

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	1,067,288
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	981,977
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	85,311
4	Net unrealized gains (losses) on investments	4	177,866
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	3,400
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	181,266
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	266,577

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	1,293,532
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	177,866
b	Donated services and use of facilities	2b	44,978
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	3,400
e	Add lines 2a through 2d	2e	226,244
3	Subtract line 2e from line 1	3	1,067,288
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	1,067,288

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,026,955
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	44,978
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	44,978
3	Subtract line 2e from line 1	3	981,977
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	981,977

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 PROVISIONS UNDER ASC 740, AS THEY ARE DEEMED IMMATERIAL FOR DISCLOSURE RECONCILIATION ITEMS Form 990, SCHEDULE D, PART XII, LINE 2D PRIOR PERIOD ADJUSTMENTS \$3,400 Form 990, SCHEDULE D, PART XIII, LINE 2D SPECIAL EVENTS EXPENSE \$21,971

Open to Public Inspection

Employer identification number

74-2912461

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations	e ☐ Solicitation of non-government grants
b ☐ Internet and e-mail solicitations	f ☐ Solicitation of government grants
c ☐ Phone solicitations	g ☐ Special fundraising events
d ☐ In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

[illegible]

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Dinner/Auction</u> (event type)	<u>Dinner/Dance</u> (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
	1	Gross receipts	63,305	33,155	96,460
	2	Less Charitable contributions	31,950	19,695	51,645
	3	Gross income (line 1 minus line 2)	31,355	13,460	44,815
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	1,008		1,008
	6	Rent/facility costs			
	7	Food and beverages		7,701	7,701
	8	Entertainment	13,400	1,700	15,100
	9	Other direct expenses	425		425
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			24,234
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			20,581

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Direct Expenses	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CASA DE MISERICORDIA

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
74-2912461

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

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

3

Enter total number of other organizations ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Assistance to Shelter Residents	1273	48,384			

Part IV

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

Identifier	Return Reference	Explanation
Form 990, Schedule I, PART I, LINE 2	Description of Organization's Procedures for Monitoring the Use of Grants	CASA DE MISERICORDIA GIVES ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE FOR RENT, UTILITY PAYMENTS, COURT FILING FEES AND ANY OTHER ASSISTANCE DEEMED NECESSARY TO PROVIDE FOR THE SAFETY AND SECURITY OF THE VICTIM AND HER CHILDREN POLICY CASA DE MISERICORDIA MAY ASSIST A RESIDENT/NON-RESIDENT CLIENT ONCE A YEAR IF THE FUNDS ARE AVAILABLE THE DETERMINATION TO ASSIST THE INDIVIDUAL IS BASED ON A CASE-BY-CASE BASIS AND ONLY AFTER IT IS RECOMMENDED BY EITHER THE COUNSELOR, SHELTER ADMINISTRATOR OR SHELTER MANAGER AND APPROVED BY THE EXECUTIVE DIRECTOR, SHELTER ADMINISTRATOR, COUNSELOR AND SHELTER MANAGER UNDER CERTAIN CIRCUMSTANCES THE SHELTER MAY FINANCIALLY ASSIST A RESIDENT/NON-RESIDENT CLIENT MORE THAN ONCE A YEAR IF THE ASSISTANCE IS NECESSARY FOR THE CLIENT TO LIVE IN AND/OR MAINTAIN A VIOLENCE FREE HOME THIS POLICY WILL BE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS PROCEDURE RESIDENT/NON-RESIDENT CLIENT REQUESTS ASSISTANCE AND COUNSELOR, SHELTER ADMINISTRATOR, AND SHELTER MANAGER IDENTIFIES THAT THE NEED TRULY EXISTS AND THAT ALL OTHER RESOURCES HAVE BEEN EXHAUSTED SHELTER STAFF COMPLETES ASSISTANCE REQUEST FORM AND RETURNS TO EXECUTIVE DIRECTOR OR SHELTER ADMINISTRATOR FOR APPROVAL IF ASSISTANCE IS APPROVED, A COMPANY CHECK WILL BE ISSUED TO THE VENDOR OR LANDLORD ONLY UNDER RARE AND EXTENUATING CIRCUMSTANCES WILL CASH BE ISSUED IN THE CASE OF RENT ASSISTANCE, A RENT VOUCHER FORM MUST BE COMPLETED PRIOR TO DISPERSAL OF FUNDS PAID RECEIPT MUST BE RETURNED TO THE SHELTER ADMINISTRATOR WITHIN 24 HOURS ALL PAPERWORK WILL BE FILED APPROPRIATELY THE USE OF GRANT FUNDS IS NOT MONITORED AFTER GRANTS ARE GIVEN

2010

Open to Public
Inspection

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.

Name of the organization
CASA DE MISERICORDIA

Employer identification number

74-2912461

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		FORM 990, HEADING, BOX B 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 VI FOR A LIST OF THE NAME CHANGES. PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4A SHELTER PROGRAM THE PURPOSE OF CASA DE MISERICORDIA ("CASA") DOMESTIC VIOLENCE PROGRAM IS TO PROVIDE A SAFE AND SECURE ENVIRONMENT IN WHICH VICTIMS OF DOMESTIC VIOLENCE CAN ACCESS THE BEST OF SERVICES IN ORDER TO MAKE INFORMED DECISIONS ABOUT THEIR FUTURE. CASA OFFERS 24-HOUR-A-DAY FULL SERVICE SHELTER AND 24-HOUR-A-DAY CRISIS TELEPHONE HOTLINES. CASA PROVIDES ADVOCACY AND INTERVENTION SERVICES, SAFETY PLANNING, COUNSELING AND SUPPORT GROUPS, INFORMATION AND REFERRAL SERVICES, LEGAL AND IMMIGRATION ADVOCACY, AND TRANSPORTATION. CASA ALSO PROVIDES CHILD CENTERED ACTIVITIES. THESE ACTIVITIES INCLUDE COUNSELING, MUSIC CLASSES, TUTORING, SUMMER CAMPS, PRIMARY PREVENTION AND ANTI-BULLYING PRESENTATIONS FOR CHILDREN, AND PROJECTS FOR TEENAGERS IN WHICH THEY CAN LEARN ABOUT TEEN DATING VIOLENCE, THE APPROPRIATE USES OF TECHNOLOGY AND HOW TO USE TECHNOLOGY TO COMMUNICATE ONE'S MESSAGE. IN FISCAL YEAR 2011, CASA PROVIDED RESIDENTIAL SERVICES TO 285 ADULTS AND 529 CHILDREN FOR A TOTAL OF 7384 SHELTER DAYS. THE SHELTER PROGRAM ALSO PROVIDED 3054 COUNSELING HOURS TO AN AVERAGE OF 97 ADULT VICTIMS PER MONTH. CASA HOSTED 57 SUPPORT AND THERAPY GROUP SESSIONS IN WHICH ATTENDEES TOTALED 1128 ADULTS AND 2547 CHILDREN DURING THIS SAME PERIOD, CASA PROVIDED 34 COURT ACCOMPANIMENTS, DISTRIBUTED 2289 ADULT BUS TICKETS AND 605 CHILDREN'S BUS TICKETS, AND PROVIDED MUSIC CLASSES TO 157 ATTENDEES AND TUTORING TO 267 ATTENDEES. ALL OF THESE SERVICES ARE IMPORTANT IN THAT THEY NOT ONLY PROVIDE SAFETY AND SECURITY FOR VICTIMS OF DOMESTIC VIOLENCE BUT ALSO BECAUSE THEY BREAK DOWN BARRIERS FOR VICTIMS AND HELP THEM DEVELOP COPING SKILLS, SELF-ESTEEM, KNOWLEDGE OF COMMUNITY RESOURCES AND SUPPORT NETWORKS. PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4B EDUCATION CENTER THE PURPOSE OF THE EDUCATION CENTER PROGRAM IS TWO-FOLD. THE FIRST IS TO EMPOWER WOMEN AND CHILDREN TO DEVELOP THE KNOWLEDGE, SKILLS AND RESOURCES NEEDED TO LIVE A LIFE FREE FROM VIOLENCE. THE SECOND IS TO PROVIDE OPPORTUNITIES FOR COMMUNITY EDUCATION IN WHICH THE COMMUNITY CAN LEARN ABOUT DOMESTIC VIOLENCE, ITS EFFECTS AND HOW THE COMMUNITY PLAYS A ROLE IN ENDING DOMESTIC VIOLENCE. THE EDUCATION CENTER PROVIDES A NUMBER OF CLASSES, SOME OF WHICH ARE OFFERED AT DIFFERENT LEVELS OF PROFICIENCY, AIMED AT HELPING VICTIMS OF DOMESTIC VIOLENCE BECOME SELF-SUFFICIENT. CASA WORKS WITH LAREDO COMMUNITY COLLEGE, THE MEXICAN CONSULATE, AND INDIVIDUALS FROM THE COMMUNITY TO PROVIDE INSTRUCTORS AND MATERIALS FOR EACH CLASS. IN FISCAL YEAR 2011, CASA PROVIDED BEAUTY, COMPUTER, ENGLISH AS A SECOND LANGUAGE, SEWING, PRIMARIA/SECUNDARIA, AEROBICS, AND PRE-GED CLASSES. THROUGH THE EDUCATIONAL AND LIFE SKILLS CLASSES, SURVIVORS OF DOMESTIC VIOLENCE ARE ABLE TO GAIN THE SKILLS NEEDED TO ESTABLISH OR SUPPLEMENT AN INCOME NEEDED TO ATTAIN FINANCIAL INDEPENDENCE. A TOTAL OF 285 ATTENDEES PARTICIPATED IN THE BEAUTY CLASSES, 1090 IN THE COMPUTER CLASSES, 2920 IN ESL CLASSES, 1307 IN SEWING CLASSES, 107 IN PRIMARIA/SECUNDARIA CLASSES, 955 IN AEROBICS CLASSES, AND 70 IN PRE-GED CLASSES. THROUGH THE EDUCATION CENTER, CASA PROVIDES MANY OPPORTUNITIES FOR COMMUNITY EDUCATION. THE EDUCATION CENTER BOTH HOSTS DIFFERENT EVENTS IN WHICH THE COMMUNITY COMES TO THE CENTER TO LEARN MORE ABOUT DOMESTIC VIOLENCE AND GOES OUT INTO THE COMMUNITY TO PROVIDE PRESENTATIONS. CASA HAS PROVIDED PRESENTATIONS TO DIFFERENT BUSINESSES, SCHOOLS, SOCIAL SERVICE AND GOVERNMENT AGENCIES, AND SOCIAL AND COMMUNITY ORGANIZATIONS ABOUT DOMESTIC VIOLENCE, ITS EFFECTS, AND HOW THE COMMUNITY CAN SUPPORT AND RESPOND TO THE NEEDS OF VICTIMS OF DOMESTIC VIOLENCE. IN FISCAL YEAR 2011, CASA PROVIDED 200 COMMUNITY PRESENTATIONS TO 9,239 ATTENDEES, 44 TELEVISION INTERVIEWS AND/OR PUBLIC SERVICE ANNOUNCEMENTS, 4 RADIO INTERVIEWS, AND 31 NEWSPAPER INTERVIEWS/ARTICLES. CASA IS COMMITTED TO WORKING WITH COMMUNITY COLLABORATORS. CASA IS ONE OF THE FOUNDING MEMBERS OF THE WEBB COUNTY DOMESTIC VIOLENCE COALITION, A GRASS ROOTS ORGANIZATION COMPOSED OF APPROXIMATELY 35 COMMUNITY ORGANIZATIONS THAT MEETS MONTHLY TO DISCUSS HOW BEST THE COMMUNITY CAN ADDRESS DOMESTIC VIOLENCE IN THE COMMUNITY. THE COALITION ALSO FACILITATES AN ANNUAL CONFERENCE THAT BRINGS TOGETHER LAW ENFORCEMENT, ADVOCACY AND HEALTH PROFESSIONALS, AND THOSE WHO WORK IN THE FIELD OF EDUCATION TO

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		LEARN AND DISCUSS THE ISSUES SURROUNDING DOMESTIC VIOLENCE W3-FILING FORM 990, PART V, QUESTION 2A EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAYMASTER ARRANGEMENT AS SUCH, ALL REQUIRED PAYROLL FILING (INCLUDING W-2, W-3'S) WAS REPORTED UNDER THE RELATED ORGANIZATION'S EIN DESCRIPTIONS OF CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PART VI, QUESTION 6 MERCY MINISTRIES OF LAREDO IS THE SOLE CORPORATE MEMBER OF CASA DE MISERICORDIA DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, QUESTION 7A THE POWER TO APPOINT AND REMOVE MEMBERS OF THE BOARD OF DIRECTORS IS RESERVED SOLELY TO THE CORPORATE MEMBER, MERCY MINISTRIES OF LAREDO DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS FORM 990, PART VI, QUESTION 7B THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED UNTO THE CORPORATE MEMBER - APPROVAL OF THE ADOPTION OF AND ANY REVISIONS TO THE MISSION, VISION, AND OPERATING VALUES PURSUANT TO WHICH THE CORPORATION WILL OPERATE, - APPROVAL OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION AND THESE BYLAWS, - APPOINTMENT AND REMOVAL OF MEMBERS OF THE BOARD OF DIRECTORS AS PROVIDED IN ARTICLE III, SECTIONS IV & V OF THESE BYLAWS, - APPOINTMENT AND REMOVAL OF THE EXECUTIVE DIRECTOR OF THE CORPORATION AS PROVIDED IN ARTICLE VII, SECTION VII OF THESE BYLAWS, - ADOPTION OF BUDGETS FOR THE CORPORATION, - TO LEASE OR SELL ANY OF THE ASSETS OF THE CORPORATION IN EXCESS OF ONE MILLION DOLLARS (\$1,000,000), - TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION

Identifier	Return Reference	Explanation
CONTINUED		DESCRIBE THE PROCESS 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 FINANCE TEAM 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 CFO AND CEO, FOR REVIEW ONCE REVIEWED AND APPROVED BY THE FILING ORGANIZATION'S LEADERSHIP TEAM, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW, IT IS THEN SIGNED AND FILED WITH THE IRS DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST FORM 990, PART VI, QUESTION 12C CASA DE MISERICORDIA HAS A CONFLICT OF INTEREST POLICY TO PROVIDE GUIDANCE TO CO-WORKERS, OFFICERS, DIRECTORS, AND OTHER KEY EMPLOYEES WE RELY ON CO-WORKERS AND KEY EMPLOYEES TO REPORT CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST TO THE EXECUTIVE DIRECTOR DIRECTORS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST SURVEY WHICH IS REVIEWED AT THE CORPORATE LEVEL ANY CONFLICTS OR POTENTIAL CONFLICTS CAN BE BROUGHT TO THE ATTENTION OF MANAGEMENT OR TO MERCY HEALTH LEGAL DEPARTMENT FOR RESOLUTION DIRECTORS, OFFICERS, AND MEMBERS OF COMMITTEES ARE REQUIRED TO REMOVE THEMSELVES FROM THAT PORTION OF ANY MEETING WHEREIN A DISCUSSION IS TAKING PLACE ABOUT A TRANSACTION OR ARRANGEMENT IN WHICH THEY HAVE A FINANCIAL INTEREST OFFICES & POSITIONS FOR WHICH PROCESS WAS USED FORM 990, PART VI, QUESTION 15A & 15B FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS 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 FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES UNREALIZED GAINS ON INVESTMENTS \$177,866 PRIOR PERIOD ADJUSTMENT \$3,400 ----- TOTAL \$181,266 AUDIT OF FINANCIAL STATEMENTS FORM 990, PART XII, QUESTION 2b IN ADDITION TO THE SEPARATE ANNUAL FINANCIAL STATEMENT AUDIT, 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) 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 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
CASA DE MISERICORDIA

Employer identification number
74-2912461

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(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) Disproportionate 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	N/A									
(2) RES OPT & INNOV 645 Maryville Centre Dr 200 St Louis, MO63141 46-0468368	CENTRAL DIST	MO	N/A									
(3) SO OK DIAG CTR 1011 14TH Ave NW Ardmore, OK73401 43-1971232	MRI Services	OK	N/A									
(4) Fort Smith EMS 1701 S Greenwood Fort Smith, AR72901 71-0416615	Emergency Med	AR	N/A									
(5) St Ed Mer Med MOB 7301 Rogers Ave Fort Smith, AR72903 71-0554050	Office Building	AR	N/A									

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

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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)			
(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
FORM 990, SCHEDULE R, PART II		*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 N

Software ID:

Software Version:

EIN: 74-2912461

Name: CASA DE MISERICORDIA

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		
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		
Mercy Hospital Oklahoma City 4300 W Memorial Road Oklahoma City, OK73120 73-0579285	Hospital	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
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 Communitites 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 Communites 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1771217	Phys Group	MO	501(C)(3)	9	MHEC		
Mercy Health Foundation Ardmore 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	OK	501(C)(3)	11a	MH Ardmore		

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 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 Health 14528 S Outer Forty Ste 100 Chesterfield, MO63017 43-1423050	Sup Hlth Sys	MO	501(C)(3)	1	NA		
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 43-1423050	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	HLth 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 Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 52-1914421	HOLDING COMP	DE	N/A	C-Corp			
Inveno Health Inc 1235 E Cherokee Street Springfield, MO65804 26-4509571	IT SERVICES	MO	N/A	C-Corp			
Mercy Community Services Inc 401 Woodland Hills Blvd Fort Smith, KS66701 48-1078101	CATERING	KS	N/A	C-Corp			
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK73120 68-0640970	REAL ESTATE	OK	N/A	C-Corp			
Mercy Health Network of the Southern Reg 1011 14th Avenue NW Ardmore, OK73401 73-1580607	HEALTH CARE	OK	N/A	C-Corp			
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1381689	HEALTH CARE	OK	N/A	C-Corp			
Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK73120 73-1441665	HOLDING COMP	OK	N/A	C-Corp			
MHP Inc 14528 S Outer Forty Suite 300 Chesterfield, MO63017 43-1697084	HOLDING COMP	DE	N/A	C-Corp			
UH L Corp Inc 645 Maryville Centre Drive Suite 1 St Louis, MO63141 74-2499535	HOLDING COMP	MO	N/A	C-Corp			
Unity Support Services Inc 645 Maryville Centre Drive Suite 1 St Louis, MO63141 43-1797042	INACTIVE	MO	N/A	C-Corp			