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Form 990

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
MERCY COLLEGE OF OHIO

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
2221 Madison AvenueCity or town, state or country, and ZIP + 4
Toledo, OH 43604F Name and address of principal officer
JOHN F HAYWARD PRESIDENT
2221 MADISON AVE
TOLEDO, OH 43604D Employer identification number
34-1726619E Telephone number
(419) 251-8936

G Gross receipts \$ 18,892,023

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ► 0928

J Website: ► WWW MERCYCOLLEGE EDU

K Form of organization Corporation Trust Association Other ►

L Year of formation 1992

M State of legal domicile OH

Part I Summary

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

MERCY COLLEGE, A CATHOLIC INSTITUTION WITH A FOCUS ON HEALTHCARE, EDUCATES AND INSPIRES STUDENTS TO LEAD AND TO SERVE IN THE GLOBAL COMMUNITY MERCY COLLEGE IS SPONSORED BY MERCY HEALTH PARTNERS AND PRIMARILY FOCUSES ON HEALTHCARE AND HEALTH SCIENCE PROGRAMS

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

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

3 13

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

4 10

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 227

6 Total number of volunteers (estimate if necessary)

6 14

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,686,000	3,272,003
9 Program service revenue (Part VIII, line 2g)	14,029,000	15,470,343
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	621,527	149,677
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,336,527	18,892,023

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,654,455	3,252,749
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)	9,474,749	10,571,958
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,828,645	3,982,194
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,957,849	17,806,901
19 Revenue less expenses Subtract line 18 from line 12	1,378,678	1,085,122

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,113,323	10,021,963
21 Total liabilities (Part X, line 26)	78,423	62,199
22 Net assets or fund balances Subtract line 21 from line 20	10,034,900	9,959,764

Part II Signature Block

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

Sign Here	Signature of officer ROBERT MOON REGIONAL CFO Type or print name and title	Date 2012-11-05
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Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ►	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►		EIN ►	Phone no ►

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

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

MERCY COLLEGE, A CATHOLIC INSTITUTION WITH A FOCUS ON HEALTHCARE, EDUCATES AND INSPIRES STUDENTS TO LEAD AND SERVE IN THE GLOBAL COMMUNITY

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 15,307,162 including grants of \$ 3,252,749) (Revenue \$ 14,997,837)

SERVED STUDENT BODY OF 770 AVERAGE FTE'S. GRADUATED 306 STUDENTS WITH ASSOCIATE OF SCIENCE DEGREE IN NURSING (139), HEALTH INFORMATION TECHNOLOGY (8), RADIOLOGY TECHNOLOGY (24), GENERAL STUDIES (44), AND BACHELOR OF SCIENCE IN NURSING (70) AND HEALTHCARE ADMINISTRATION (21)

4b (Code) (Expenses \$ 530,530 including grants of \$) (Revenue \$ 472,506)

1,847 HEALTHCARE AND SOCIAL WORK PROFESSIONALS PARTICIPATED IN PROGRAMS PRESENTED BY THE CONTINUING PROFESSIONAL EDUCATION DIVISION. PROVIDES ON-GOING EDUCATION AND CEU'S FOR THESE PROFESSIONALS. THERE WERE 8 CERTIFICATES AWARDED IN THE OPHTHALMIC TECH PROGRAM AND 18 CERTIFICATES AWARDED IN THE POLYSOMNOGRAPHIC PROGRAM IN 2011

4c (Code) (Expenses \$ 127,526 including grants of \$) (Revenue \$)

SERVED 340 PEOPLE THROUGH HEALTH AND WELLNESS EDUCATION PROGRAMS IN THE COMMUNITY

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** \$ 15,965,218

Part IV Checklist of Required Schedules

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

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

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

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

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements.

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	227	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
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 or securities 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).	7a	No	
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?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
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?	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b		
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14b	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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	13
b Enter the number of voting members included in line 1a, above, who are independent	1b	10
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 Did the organization have members or stockholders?	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete 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 the Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 MINDY WARD
 2200 Jefferson Avenue
 TOLEDO, OH 43604
 (419) 251-8936

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

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

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

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

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

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

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Indi- vidual trustee	Institutional Trustee	Officer	Key Employee			
(1) CARL BARNARD TREASURER	1 00	X		X			0	0	0
(2) CHRISTOPHER BATES MD CHAIRPERSON	1 00	X		X			0	0	0
(3) JOHN HAYWARD PRESIDENT/SECRETARY	55 00	X		X			228,106	0	34,260
(4) NEEMA BELL ESQ VICE CHAIRPERSON	50	X		X			0	0	0
(5) CAROL WHITTAKER TRUSTEE, MHP-SVP & QUALITY OFFICER	50	X					0	404,570	187,826
(6) IMRAN ANDRABI MD TRUSTEE, SVP & CHIEF PHYSICIAN EXECUTIVE OFFICER	50	X					0	540,003	78,135
(7) KATHLEEN BXLER TRUSTEE	1 00	X					0	0	0
(8) MARSHA MANAHAN TRUSTEE	1 00	X					0	0	0
(9) PAUL C MOON TRUSTEE	1 00	X					0	0	0
(10) PHILLIP MCWEENY ESQ TRUSTEE	1 00	X					0	0	0
(11) ROBERT MAXWELL TRUSTEE	50	X					0	0	0
(12) SR JUNE KETTERER SGM TRUSTEE	50	X					0	0	0
(13) SR RITA MARY WASSERMAN TRUSTEE	50	X					0	0	0
(14) ROBERT MOON CFO, MHP - NORTHERN REGION	50			X			0	376,867	99,135
(15) TODD WARNER CFO, MHP - NORTHERN REGION	50			X			0	255,850	58,604
(16) ANDREA PRICE PRESIDENT & CEO, MHP-NORTHERN REGION	50				X		0	692,861	164,756

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	11,579				
	e Government grants (contributions)	1e	3,252,749				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,675				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		3,272,003				
Program Service Revenue	Business Code 611710 611710 611710 611710 611710 611710 611710						
			2a TUITION AND FEES	14,997,837	14,997,837		
			b CONTINUING EDUCATION	472,506	472,506		
			c _____				
			d _____				
			e _____				
			f All other program service revenue	0	0	0	0
			g Total. Add lines 2a-2f	15,470,343			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	149,677			149,677		
	4 Income from investment of tax-exempt bond proceeds	0					
	5 Royalties	0					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)	0	0					
d Net gain or (loss)			0				
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
b Less direct expenses	b						
c Net income or (loss) from fundraising events		0					
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities		0					
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		0					
12 Total revenue. See Instructions		18,892,023	15,470,343	0	149,677		

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)

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

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 United States See Part IV, line 21	221,625	221,625		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	3,031,124	3,031,124		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	262,366		262,366	
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	8,135,339	7,592,977	542,362	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	1,582,518	1,410,146	172,372	
10 Payroll taxes	591,735	552,617	39,118	
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,818		2,818	
c Accounting	119,882		119,882	
d Lobbying	43,620		43,620	
e Professional fundraising See Part IV, line 17 . . .	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	235,472	235,472		
13 Office expenses	412,797	287,133	125,664	
14 Information technology	152,799	109,781	43,018	
15 Royalties	0			
16 Occupancy	1,643,495	1,384,905	258,590	
17 Travel	98,740	70,450	28,290	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MINOR EQUIPMENT	124,498	51,656	72,842	
b MEMBERSHIP DUES/SUBSCRIPTIONS	90,600	60,123	30,477	
c CONTRACTED SERVICES	495,195	481,915	13,280	
d KENT STATE TUITION EXPENSE	145,472	145,472		
e				
f All other expenses	416,806	329,822	86,984	0
25 Total functional expenses. Add lines 1 through 24f	17,806,901	15,965,218	1,841,683	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	259,793	1 247,089
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	228,287	4 212,033
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	28,612	8 19,811
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 0	
	b Less accumulated depreciation	10b 0	10c 0
	11 Investments—publicly traded securities	9,070,746	11 8,893,879
	12 Investments—other securities See Part IV, line 11	0	12 0
	13 Investments—program-related See Part IV, line 11	0	13 0
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	525,885	15 649,151
	16 Total assets. Add lines 1 through 15 (must equal line 34)	10,113,323	16 10,021,963
Liabilities	17 Accounts payable and accrued expenses	78,423	17 62,199
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25 0
	26 Total liabilities. Add lines 17 through 25	78,423	26 62,199
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	8,851,469	27 8,659,892
	28 Temporarily restricted net assets	1,183,431	28 1,299,872
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	10,034,900	33 9,959,764
	34 Total liabilities and net assets/fund balances	10,113,323	34 10,021,963

Part XI Reconciliation of Net AssetsCheck 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	18,892,023
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,806,901
3	Revenue less expenses Subtract line 2 from line 1	3	1,085,122
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,034,900
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,160,258
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	9,959,764

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

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

SCHEDULE A
(Form 990 or
990EZ)**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.

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
MERCY COLLEGE OF OHIO**Employer identification number**

34-1726619

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	
Total							

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 34-1726619
Name: MERCY COLLEGE OF OHIO

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2011****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

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

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization MERCY COLLEGE OF OHIO	Employer identification number 34-1726619
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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.)

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

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		43,620
j Total lines 1c through 1i			43,620
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2	
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 1. Also, complete this part for any additional information

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

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2011****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

MERCY COLLEGE OF OHIO

Employer identification number

34-1726619

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

► \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other

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

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

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

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

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

	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	9,070,746	7,898,576	6,513,140	7,378,264	
b Contributions		279,450	275,485	958,783	
c Investment earnings or losses	-176,866	892,720	1,109,951	-1,823,907	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,893,880	9,070,746	7,898,576	6,513,140	

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

a Board designated or quasi-endowment ► 100 000 %

b Permanent endowment ►

c Term endowment ►

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

	Yes	No
3a(i)		No
3a(ii)	Yes	

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

3b	Yes
-----------	-----

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

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

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

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

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

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

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

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

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF FOUNDATION	649,151
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	649,151

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
See Additional Data Table	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	0

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	18,892,023
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	17,806,901
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	1,085,122
4 Net unrealized gains (losses) on investments	4	-326,542
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-833,716
9 Total adjustments (net) Add lines 4 - 8	9	-1,160,258
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-75,136

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	0
e Add lines 2a through 2d	2e	0
3 Subtract line 2e from line 1	3	0
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	0
c Add lines 4a and 4b	4c	0
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	0

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	0
e Add lines 2a through 2d	2e	0
3 Subtract line 2e from line 1	3	0
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	0
c Add lines 4a and 4b	4c	0
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	0

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO PROTECT THE FISCAL VIABILITY OF THE INSTITUTION
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE COMPANY [CATHOLIC HEALTH PARTNERS AND AFFILIATED ENTITIES] COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT DECEMBER 31, 2011 AND 2010, AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT DECEMBER 31, 2011 OR 2010

Schools**2011**Open to Public
Inspection**SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

Name of the organization
MERCY COLLEGE OF OHIO

Employer identification number

34-1726619

Part I

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

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

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

	YES	NO
1	Yes	
2	Yes	
3	Yes	

4 Does the organization maintain the following?

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

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

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

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

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

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

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

a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

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

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

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

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

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

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

6a	Yes	
6b	No	
7	Yes	

Part II Supplemental Information

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

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

Schedule E (Form 990 or 990-EZ) 2011

**Schedule I
(Form 990)**

OMB No. 1545-0047

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

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY COLLEGE OF OHIO

Employer identification number

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) PELL GRANT	816	2,479,767			
(2) OHIO COLLEGE OPPORTUNITY GRANT	451	440,255			
(3) FEDERAL SUPPLEMENTAL EDUCATIONAL GRANT	360	35,642			
(4) FEDERAL WORK STUDY PROGRAM	33	37,394			
(5) SCHOLARSHIP FOR DISADVANTAGE STUDENTS	39	29,866			
(6) FEDERAL ACADEMIC COMPETITIVENESS GRANT	17	8,200			

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

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

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

OMB No 1545-0047

2011Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection**Name of the organization**
MERCY COLLEGE OF OHIO**Employer identification number**

34-1726619

Part I Questions Regarding Compensation

Yes No

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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

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

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

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

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

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

Note. The sum of columns (B)(i)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	THE MERCY HEALTH PARTNERS (MHP) - NORTHERN REGION NONQUALIFIED SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN IS FOR CERTAIN HIGHLY COMPENSATED INDIVIDUALS AS DETERMINED BY THE BOARD OF TRUSTEES' EXECUTIVE EVALUATION AND COMPENSATION COMMITTEE TO PROVIDE A BENEFIT TO REPLACE THE BENEFIT THESE PARTICIPANTS WOULD HAVE RECEIVED UNDER THE FORMULA OF THE APPLICABLE QUALIFIED PLAN PRIOR TO ITS AMENDMENT TO COMPLY WITH THE OMNIBUS BUDGET RECONCILIATION ACT OF 1993, AND PROVIDING A DEFERRED COMPENSATION PLAN OF 5% OF ANNUAL BASE SALARY TO RETAIN EXECUTIVES PARTICIPANTS VEST IN THIS PLAN AND RECEIVE A BENEFIT UNDER THIS PLAN ONCE THEY HAVE SATISFIED BOTH OF THESE TWO CONDITIONS (1) MEET THE VESTING REQUIREMENTS OF THE APPLICABLE QUALIFIED PLAN, AND (2) COMPLETE A 24-MONTH POST-EMPLOYMENT NON-COMPETE REQUIREMENT AMOUNTS INCLUDIBLE AS TAXABLE COMPENSATION FOR LISTED INDIVIDUALS DUE TO SERP PARTICIPATION IN THE REPORTING YEAR WERE AS FOLLOWS JOHN HAYWARD \$4,661, CAROL WHITTAKER \$0, IMRAN ANDRABI, MD \$0
THE CHP EXECUTIVE RETENTION PLAN	PART I, LINE 4B	THE CATHOLIC HEALTH PARTNERS (CHP) EXECUTIVE RETENTION PLAN IS A DEFERRED COMPENSATION PLAN WHICH PROVIDES EMPLOYMENT CONTINUATION INCENTIVES TO PERSONS SELECTED BY THE BOARD OF TRUSTEES OR ITS DELEGATE IT PROVIDES ANNUAL CREDITS OF A SPECIFIED PERCENTAGE OF COMPENSATION AND ANNUAL INTEREST CREDITS PARTICIPANTS VEST AND CEASE TO RECEIVE CREDITS AFTER 5 YEARS OF PLAN PARTICIPATION PROVIDED THEY REMAIN EMPLOYED VESTING AND CESSATION OF CREDITS OCCUR EARLIER FOR DEATH OR TOTAL DISABILITY WHILE EMPLOYED, INVOLUNTARY TERMINATION OF EMPLOYMENT WITHIN 24 MONTHS AFTER A CHANGE IN CONTROL OF THE ORGANIZATION, OR, FOR CERTAIN PARTICIPANTS, UPON BEING OFFERED A SPECIFIED PROMOTION PAYMENT OF THE VESTED ACCOUNT BALANCE IN A LUMP SUM OCCURS UPON VESTING AMOUNTS INCLUDIBLE AS TAXABLE COMPENSATION FOR LISTED INDIVIDUALS DUE TO RETENTION PLAN PARTICIPATION IN THE REPORTING YEAR WERE AS FOLLOWS ROBERT MOON \$0
TERMS AND CONDITIONS OF THE CHP SERP PLAN	PART I, LINE 4B	THE CATHOLIC HEALTH PARTNERS (CHP) SERP PLAN IS A DEFERRED COMPENSATION PLAN WHICH PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO PERSONS SELECTED BY THE BOARD OF TRUSTEES OR ITS DELEGATE IT PROVIDES ANNUAL CREDITS OF A SPECIFIED PERCENTAGE OF COMPENSATION AND ANNUAL INTEREST CREDITS PARTICIPANTS VEST 50%, 75%, AND 100% IN THEIR ACCOUNTS AFTER 5, 6, AND 7 YEARS OF SERVICE, RESPECTIVELY VESTING OCCURS EARLIER FOR DEATH OR TOTAL DISABILITY OR REACHING AGE 60 WHILE EMPLOYED, OR INVOLUNTARY TERMINATION OF EMPLOYMENT WITHIN 24 MONTHS AFTER A CHANGE IN CONTROL OF THE ORGANIZATION OR DUE TO POSITION ELIMINATION PAYMENTS DURING EMPLOYMENT ARE MADE FOR REQUIRED TAX WITHHOLDINGS PAYMENT OF THE VESTED ACCOUNT BALANCE IN A LUMP SUM OCCURS AFTER TERMINATION OF EMPLOYMENT AMOUNTS INCLUDIBLE AS TAXABLE COMPENSATION FOR LISTED INDIVIDUALS DUE TO SERP PARTICIPATION IN THE REPORTING YEAR WERE AS FOLLOWS ANDREA PRICE \$0
Non-fixed payments	Schedule J, Part I, Line 7	THE ORGANIZATION PROVIDES ANNUAL INCENTIVE COMPENSATION FOR LISTED INDIVIDUALS THE ORGANIZATION'S BOARD OF TRUSTEES ESTABLISHES OBJECTIVE THRESHOLDS FOR QUALITY, COMMUNITY BENEFIT, AND FINANCIAL PERFORMANCE WHICH MUST BE ACHIEVED FOR INCENTIVES TO BE AWARDED THE BOARD ALSO ESTABLISHES THRESHOLD, TARGET AND MAXIMUM LEVELS FOR INCENTIVE AWARDS WITHIN THESE ESTABLISHED PARAMETERS, THE BOARD DETERMINES THE CEO'S INCENTIVE AWARD AND INCENTIVE AWARDS FOR OTHER LISTED INDIVIDUALS ARE DETERMINED BY THE LISTED INDIVIDUAL'S SUPERVISOR AND DISCLOSED TO THE BOARD THE BOARD MAY AUTHORIZE MODIFIED INCENTIVE AWARDS WHEN APPROPRIATE IN ITS JUDGMENT

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.

2011
**Open to Public
 Inspection**

 Name of the organization
 MERCY COLLEGE OF OHIO

Employer identification number

34-1726619

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	ST VINCENT MERCY MEDICAL CENTER IS THE SOLE MEMBER OF MERCY COLLEGE OF OHIO
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	CATHOLIC HEALTH PARTNERS APPROVES MEMBERS THAT ARE APPOINTED TO THE BOARD OF TRUSTEES ALL MEMBERS OF THE BOARD OF TRUSTEES HAVE FULL VOTING RIGHTS
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	CERTAIN MATTERS REQUIRE APPROVAL OF THE CHP CORPORATE MEMBER, CHP GOVERNING BODY, OR CHP CEO THE REGULATIONS OF THE ORGANIZATION DESCRIBE THE LEVEL OF APPROVAL REQUIRED FOR VARIOUS DECISIONS
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE FORM 990 IS PREPARED BY CATHOLIC HEALTH PARTNER'S TAX DEPARTMENT AND REVIEWED BY MANAGEMENT UPON REVIEW, THE FORM 990 IS THEN FORWARDED TO THE AUDIT & CORPORATE RESPONSIBILITY COMMITTEE FOR APPROVAL ADDITIONALLY, THE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION RELATED SCHEDULES AND DISCLOSURES BOTH THE AUDIT & CORPORATE RESPONSIBILITY COMMITTEE AND THE COMPENSATION COMMITTEE ARE INDEPENDENT OF THE FILING ORGANIZATION ONCE THE FORM 990 IS REVIEWED BY ALL APPLICABLE PARTIES A COPY OF THE FINAL VERSION IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	EACH BOARD MEETING BEGINS WITH NOTIFICATION OF CONFLICTS OF INTEREST BY THE TRUSTEES AND THEY ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE SYSTEM-WIDE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED ON THE CATHOLIC HEALTH PARTNERS WEBSITE
Average number of hours devoted per week to related organization	Form 990, Part VII, Section A, Column B	JOHN HAYWARD - 0 5 NEEMA BELL, ESQ - 0 5 CAROL WHITTAKER - 54 5 IMRAN ANDRABI, MD - 56 5 ROBERT MAXWELL - 0 5 SR JUNE KETTERER, SGM - 2 SR RITA MARY WASSERMAN - 0 5 ROBERT MOON - 58 5 TODD WARNER - 58 5 ANDREA PRICE - 56 5
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -326542, CHANGE IN INTEREST OF NET ASSETS OF FOUNDATION - 123266, EQUITY CONTRIBUTION TO AFFILIATE - -956982,

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
MERCY COLLEGE OF OHIOEmployer identification number
34-1726619**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
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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
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Yes	No
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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.)

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

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

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

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

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

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Software ID: 11000230
Software Version: v2011.1.0
EIN: 34-1726619
Name: MERCY COLLEGE OF OHIO

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
CATHOLIC HEALTH PARTNERS 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1161086	HEALTHCARE SYSTEM PARENT	OH	501(C) (3)	11 - Type III - FI	NA	No
CATHOLIC HEALTH PARTNERS FOUNDATION 615 ELSINORE PLACE CINCINNATI, OH 45202 20-1072726	FUNDRAISING	OH	501(C) (3)	7	CATHOLIC HEALTH PARTNERS	No
CATHOLIC HEALTHCARE PARTNERS HOUSING DEVELOPMENT 615 ELSINORE PLACE CINCINNATI, OH 45202 20-8943658	HUD PARENT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
CATHOLIC HEALTHCARE PARTNERS RETIREMENT TRUST 615 ELSINORE PLACE CINCINNATI, OH 45202 31-6046304	RETIREMENT TRUST	OH	501(C) (3)	8	CATHOLIC HEALTH PARTNERS	No
COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM 3700 KOLBE ROAD LORAIN, OH 44053 27-0071694	REGIONAL PARENT	OH	501(C) (3)	11 - Type II	CATHOLIC HEALTH PARTNERS	No
COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER 3700 KOLBE ROAD LORAIN, OH 44053 34-0714704	HOSPITAL	OH	501(C) (3)	3	COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM	No
ALLEN MEDICAL CENTER 200 WEST LORAIN ST OBERLIN, OH 44074 34-0864230	HOSPITAL	OH	501(C) (3)	3	COMMUNITY HEALTH PARTNERS REGIONAL HEALTH SYSTEM	No
COMMUNITY HEALTH PARTNERS REGIONAL FOUNDATION 3700 KOLBE ROAD LORAIN, OH 44053 34-1504558	FOUNDATION	OH	501(C) (3)	11 - Type III - FI	COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER	No
COMMUNITY HEALTH PARTNERS PHYSICIANS OFFICE BUILDINGS 3700 KOLBE ROAD LORAIN, OH 44053 34-1268828	MEDICAL OFFICE RENTAL	OH	501(C) (3)	9	COMMUNITY HEALTH PARTNERS REGIONAL MEDICAL CENTER	No
ALLEN MEDICAL CENTER FOUNDATION 200 WEST LORAIN ST OBERLIN, OH 44074 34-1675592	FOUNDATION	OH	501(C) (3)	11 - Type I	ALLEN MEDICAL CENTER	No
ALLEN MEDICAL CENTER MEDICAL OFFICE BUILDING 200 WEST LORAIN ST OBERLIN, OH 44074 36-4504991	MEDICAL OFFICE RENTAL	OH	501(C) (3)	11 - Type II	ALLEN MEDICAL CENTER	No
MERCY HEALTH PARTNERS OF SOUTHWEST OHIO 4600 MCAULEY PLACE CINCINNATI, OH 45242 31-1063783	REGIONAL PARENT	OH	501(C) (3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS	No
MERCY HEALTH PARTNERS OF SOUTHWEST OHIO FOUNDATION 4600 MCAULEY PLACE CINCINNATI, OH 45242 31-1217563	FOUNDATION	OH	501(C) (3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO	No
MERCY HOSPITALS WEST 2446 KIPLING AVENUE CINCINNATI, OH 45239 31-1091597	HOSPITAL	OH	501(C) (3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO	No
MERCY HOSPITAL ANDERSON 7500 STATE ROAD CINCINNATI, OH 45255 31-0537085	HOSPITAL	OH	501(C) (3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO	No
THE SISTERS OF MERCY OF HAMILTON OHIO 3000 MACK ROAD FAIRFIELD, OH 45014 31-0538532	HOSPITAL	OH	501(C) (3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO	No
THE SISTERS OF MERCY OF CLERMONT COUNTY OHIO 3000 HOSPITAL DRIVE BATAVIA, OH 45103 31-0830955	HOSPITAL	OH	501(C) (3)	3	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO	No
MERCY FRANCISCAN SENIOR HEALTH AND HOUSING SERVICES INC 7010 ROWAN HILLS DR CINCINNATI, OH 45227 31-1308729	RETIREMENT HOME	OH	501(C) (3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO	No
MERCY SACRED HEART INC 2120 PAYNE STREET LOUISVILLE, KY 40206 61-1318326	RETIREMENT HOME	KY	501(C) (3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO	No
MERCY LONG TERM CARE INITIATIVE 4915 CHARLESTOWN RD NEW ALBANY, IN 47150 31-1332491	RETIREMENT HOME	IN	501(C) (3)	9	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO	No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
MERCY FRANCISCAN SOCIAL MINISTRIES INC 1800 LOGAN STREET CINCINNATI, OH 45210 31-1222942	LOW INCOME HOUSING	OH	501(C) (3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO	No
MERCY FRANCISCAN AT ST RAPHAEL INC 610 HIGH STREET HAMILTON, OH 45011 20-2934871	SERVICES TO THE POOR	OH	501(C) (3)	7	MERCY HEALTH PARTNERS OF SOUTHWEST OHIO	No
COMMUNITY MERCY HEALTH SYSTEM ONE S LIMESTONE ST SPRINGFIELD, OH 45502 30-0272454	REGIONAL PARENT	OH	501(C) (3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS	No
COMMUNITY MERCY HEALTH PARTNERS ONE S LIMESTONE ST SPRINGFIELD, OH 45502 31-0785684	HOSPITAL	OH	501(C) (3)	3	COMMUNITY MERCY HEALTH SYSTEM	No
THE COMMUNITY MERCY FOUNDATION 1343 N FOUNTAIN BLVD SPRINGFIELD, OH 45504 31-1443778	FOUNDATION	OH	501(C) (3)	7	COMMUNITY MERCY HEALTH SYSTEM	No
CH HEALTH SERVICES COMPANY ONE S LIMESTONE ST SPRINGFIELD, OH 45502 31-1181984	HOSPITAL	OH	501(C) (3)	3	COMMUNITY MERCY HEALTH SYSTEM	No
CLARKE & CHAMPAIGN COUNTIES HEALTH INFORMATION EXCHANGE 1150 E HOME ROAD SPRINGFIELD, OH 45503 26-0698515	MEDICAL INFORMATION EXCHANGE	OH	501(C) (3)	9	COMMUNITY MERCY HEALTH SYSTEM	No
THE WALLACE S MURRAY AND FRANCES RABBITS MURRAY MEMORIAL TRUST ONE S LIMESTONE ST SPRINGFIELD, OH 45502 34-6827136	INDIGENT MEDICAL CARE	OH	501(C) (3)	11 - Type I	NA	No
MERCY HEALTH SYSTEM - NORTHERN REGION 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1344482	REGIONAL PARENT	OH	501(C) (3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS	No
MERCY PROPERTY HOLDINGS 2200 JEFFERSON AVENUE TOLEDO, OH 43604 30-0699825	TITLE HOLDING COMPANY	OH	501(C) (2)	N/A	MERCY HEALTH SYSTEM - NORTHERN REGION	No
ST CHARLES MERCY HOSPITAL OF OREGON OHIO 2600 NAVARRE AVENUE OREGON, OH 43616 34-4445373	HOSPITAL	OH	501(C) (3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION	No
ST CHARLES MERCY HEALTH FOUNDATION 2600 NAVARRE AVENUE OREGON, OH 43616 34-1414900	FOUNDATION	OH	501(C) (3)	11 - Type III - FI	ST CHARLES MERCY HOSPITAL OF OREGON OHIO	No
RIVERSIDE MERCY HOSPITAL 3404 W SYLVANIA AVE TOLEDO, OH 43623 31-1556401	HOSPITAL	OH	501(C) (3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION	No
MERCY HOME CARE INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1587572	HOME HEALTHCARE	OH	501(C) (3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION	No
MERCY COLLEGE OF OHIO 2221 MADISON AVENUE TOLEDO, OH 43604 34-1726619	MEDICAL COLLEGE	OH	501(C) (3)	2	MERCY HEALTH SYSTEM - NORTHERN REGION	No
MERCY COLLEGE OF OHIO FOUNDATION INC 2221 MADISON AVENUE TOLEDO, OH 43604 14-1963204	FOUNDATION	OH	501(C) (3)	11 - Type I	MERCY COLLEGE OF OHIO	No
MERCY HOSPITAL OF TIFFIN OHIO 45 ST LAWRENCE DRIVE TIFFIN, OH 44883 34-4431174	HOSPITAL	OH	501(C) (3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION	No
MERCY TIFFIN HEALTH FOUNDATION 45 ST LAWRENCE DRIVE TIFFIN, OH 44883 34-1499894	FOUNDATION	OH	501(C) (3)	11 - Type III - FI	MERCY HOSPITAL OF TIFFIN OHIO	No
THE SISTERS OF MERCY OF WILLARD OHIO 110 EAST HOWARD ST WILLARD, OH 44890 34-1577110	HOSPITAL	OH	501(C) (3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION	No
MERCY HOSPITAL OF WILLARD FOUNDATION 110 EAST HOWARD ST WILLARD, OH 44890 11-3742347	FOUNDATION	OH	501(C) (3)	11 - Type III - FI	THE SISTERS OF MERCY OF WILLARD OHIO	No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
ST VINCENT MERCY MEDICAL CENTER 2213 CHERRY STREET TOLEDO, OH 43608 34-4428250	HOSPITAL	OH	501(C) (3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION	No
ST VINCENT MERCY MEDICAL CENTER FOUNDATION 2213 CHERRY STREET TOLEDO, OH 43608 23-7393213	FOUNDATION	OH	501(C) (3)	11 - Type III - FI	ST VINCENT MERCY MEDICAL CENTER	No
LIFESTAR AMBULANCE INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1354653	MEDICAL TRANSPORTATION	OH	501(C) (3)	11 - Type II	MERCY HEALTH SYSTEM - NORTHERN REGION	No
RSM MEDICAL FOUNDATION 2200 JEFFERSON AVENUE TOLEDO, OH 43624 34-1693671	HOSPITAL	OH	501(C) (3)	3	MERCY HEALTH SYSTEM - NORTHERN REGION	No
ST MARGUERITE D'YOUVILLE FOUNDATION II 2213 CHERRY STREET TOLEDO, OH 43608 13-4350655	FOUNDATION	OH	501(C) (3)	11 - Type II	CATHOLIC HEALTH PARTNERS	No
SIMON OUTREACH SERVICES 2600 NAVARRE AVENUE OREGON, OH 43616 34-1383325	MEDICAL OFFICE RENTAL	OH	501(C) (3)	11 - Type II	ST CHARLES MERCY HOSPITAL OF OREGON OHIO	No
FARLEY HEALTHCARE CORPORATION 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1363204	HEALTH SERVICES	OH	501(C) (3)	9	MERCY HEALTH SYSTEM - NORTHERN REGION	No
ST RITA'S MEDICAL CENTER 730 W MARKET STREET LIMA, OH 45801 34-1105619	HOSPITAL	OH	501(C) (3)	3	CATHOLIC HEALTH PARTNERS	No
SRHC FOUNDATION 730 W MARKET STREET LIMA, OH 45801 34-1368429	FOUNDATION	OH	501(C) (3)	11 - Type III - FI	ST RITA'S MEDICAL CENTER	No
NEW VISION MEDICAL LABORATORIES INC 750 W HIGH ST STE 400 LIMA, OH 45801 34-1937267	MEDICAL LAB SERVICES	OH	501(C) (3)	11 - Type III - FI	ST RITA'S MEDICAL CENTER	No
HUMILITY OF MARY HEALTH PARTNERS 1044 BELMONT AVENUE YOUNGSTOWN, OH 44501 34-0505560	HOSPITAL	OH	501(C) (3)	3	CATHOLIC HEALTH PARTNERS	No
THE ASSUMPTION VILLAGE 9800 N MARKET STREET NORTH LIMA, OH 44452 34-1013695	NURSING HOME	OH	501(C) (3)	9	HUMILITY OF MARY HEALTH PARTNERS	No
HOSPICE OF THE VALLEY 5190 MARKET STREET YOUNGSTOWN, OH 44512 34-1288745	HOSPICE SERVICES	OH	501(C) (3)	9	HUMILITY OF MARY HEALTH PARTNERS	No
HUMILITY OF MARY DEVELOPMENT FOUNDATION 1044 BELMONT AVENUE YOUNGSTOWN, OH 44501 34-1826978	FOUNDATION	OH	501(C) (3)	11 - Type III - FI	HUMILITY OF MARY HEALTH PARTNERS	No
HUMILITY HOUSE 755 OHLTOWN ROAD AUSTINTOWN, OH 44515 34-1894783	NURSING HOME	OH	501(C) (3)	9	HUMILITY OF MARY HEALTH PARTNERS	No
LAUREL LAKE RETIREMENT COMMUNITY INC 200 LAUREL LAKE DRIVE HUDSON, OH 44236 34-1481142	NURSING HOME	OH	501(C) (3)	9	HUMILITY OF MARY HEALTH PARTNERS	No
LAUREL LAKE RETIREMENT COMMUNITY FOUNDATION INC 200 LAUREL LAKE DRIVE HUDSON, OH 44236 34-1779303	FOUNDATION	OH	501(C) (3)	7	LAUREL LAKE RETIREMENT COMMUNITY INC	No
ST JOSEPH HEALTH CENTER AUXILIARY 677 EASTLAND SE WARREN, OH 44484 34-6556121	FUNDRAISING	OH	501(C) (3)	9	HUMILITY OF MARY HEALTH PARTNERS	No
MERCY HEALTH PARTNERS - LOURDES INC 1530 LONE OAK ROAD PADUCAH, KY 42003 61-0600313	HOSPITAL	KY	501(C) (3)	3	CATHOLIC HEALTH PARTNERS	No
LOURDES FOUNDATION INC 1530 LONE OAK ROAD PADUCAH, KY 42003 61-1258960	FOUNDATION	KY	501(C) (3)	7	MERCY HEALTH PARTNERS - LOURDES INC	No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
LOURDES HOSPITAL AUXILIARY GIFT SHOP 1530 LONE OAK ROAD PADUCAH, KY 42003 61-0927805	FUNDRAISING	KY	501(C) (3)	11 - Type III - FI	LOURDES FOUNDATION INC	No
MARCUM AND WALLACE MEMORIAL HOSPITAL INC 60 MERCY COURT IRVINE, KY 40336 61-0927491	HOSPITAL	KY	501(C) (3)	3	MERCY HEALTH PARTNERS - LOURDES INC	No
MARCUM AND WALLACE HOSPITAL FOUNDATION INC 60 MERCY COURT IRVINE, KY 40336 32-0026557	FOUNDATION	KY	501(C) (3)	11 - Type III - FI	MARCUM AND WALLACE MEMORIAL HOSPITAL INC	No
MERCY HEALTH PARTNERS INC 900 EAST OAK HILL AVE KNOXVILLE, TN 37917 73-1627534	REGIONAL PARENT	TN	501(C) (3)	11 - Type I	CATHOLIC HEALTH PARTNERS	No
MERCY HEALTH SYSTEM INC 900 EAST OAK HILL AVE KNOXVILLE, TN 37917 62-0480068	HOSPITAL	TN	501(C) (3)	3	MERCY HEALTH PARTNERS INC	No
ST MARY'S MEDICAL CENTER OF CAMPBELL COUNTY INC 923 EAST CENTRAL AVE LAFOLLETTE, TN 37766 62-1817376	HOSPITAL	TN	501(C) (3)	3	MERCY HEALTH PARTNERS INC	No
MERCY HEALTH PARTNERS FOUNDATION INC 900 EAST OAK HILL AVE KNOXVILLE, TN 37917 62-1247676	FOUNDATION	TN	501(C) (3)	7	MERCY HEALTH PARTNERS INC	No
JEFFERSON MEMORIAL HOSPITAL INC 110 HOSPITAL DRIVE JEFFERSON CITY, TN 37760 62-1660663	HOSPITAL	TN	501(C) (3)	3	MERCY HEALTH PARTNERS INC	No
JEFFERSON MEMORIAL FOUNDATION INC 110 HOSPITAL DRIVE JEFFERSON CITY, TN 37760 62-1660666	FOUNDATION	TN	501(C) (3)	11 - Type III - FI	JEFFERSON MEMORIAL HOSPITAL INC	No
ST MARY'S MEDICAL CENTER OF SCOTT COUNTY INC 18797 ALBERTA STREET ONEIDA, TN 37841 26-1535503	HOSPITAL	TN	501(C) (3)	3	MERCY HEALTH PARTNERS INC	No
THE BAPTIST HEALTH SYSTEM FOUNDATION INC 101 BLOUNT AVE BOX 1788 KNOXVILLE, TN 37920 58-1565290	FOUNDATION	TN	501(C) (3)	7	MERCY HEALTH PARTNERS INC	No
BAPTIST HOSPITAL OF EAST TENNESSEE INC 137 BLOUNT AVE KNOXVILLE, TN 37920 62-0506166	HOSPITAL	TN	501(C) (3)	3	MERCY HEALTH PARTNERS INC	No
BAPTIST HOSPITAL OF COCKE COUNTY INC 435 SECOND STREET NEWPORT, TN 37821 62-1133149	HOSPITAL	TN	501(C) (3)	3	MERCY HEALTH PARTNERS INC	No
MERCY HEALTH AND REHABILITATION CENTER INC 3916 BOYDS BRIDGE PIKE KNOXVILLE, TN 37917 62-1592992	REHAB CENTER	TN	501(C) (3)	9	MERCY HEALTH PARTNERS INC	No
MERCY HEALTH PARTNERS - NORTHEAST REGION INC 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2813196	REGIONAL PARENT	PA	501(C) (3)	11 - Type III - FI	CATHOLIC HEALTH PARTNERS	No
MERCY HEALTHCARE FOUNDATION 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2972928	FOUNDATION	PA	501(C) (3)	11 - Type III - FI	MERCY HEALTH PARTNERS - NORTHEAST REGION INC	No
MERCY HOSPITAL SCRANTON PA 746 JEFFERSON AVENUE SCRANTON, PA 18510 24-0795456	HOSPITAL	PA	501(C) (3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC	No
MERCY COMMUNITY CARE CORPORATION 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2310566	MEDICAL CARE	PA	501(C) (3)	9	MERCY HEALTH PARTNERS - NORTHEAST REGION INC	No
MERCY MED-CARE INC 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2261991	HOSPITAL	PA	501(C) (3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC	No
MERCY HOSPITAL NANTICOKE 128 W WASHINGTON ST NANTICOKE, PA 18634 23-2604818	HOSPITAL	PA	501(C) (3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC	No

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

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MERCY HOSPITAL OF WILKES-BARRE 746 JEFFERSON AVENUE SCRANTON, PA 18510 24-0795625	HOSPITAL	PA	501(C) (3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC	No
MERCY HEALTH CARE CENTER 746 JEFFERSON AVENUE SCRANTON, PA 18510 23-2322809	HOSPITAL	PA	501(C) (3)	3	MERCY HEALTH PARTNERS - NORTHEAST REGION INC	No
MERCY TYLER HEALTH SYSTEMS 880 SR 6W TUNKHANNOCK, PA 18657 23-2772476	SUPPORTING ORG	PA	501(C) (3)	11 - Type II	MERCY HEALTH PARTNERS - NORTHEAST REGION INC	No
MERCY TYLER HOSPITAL 880 SR 6W TUNKHANNOCK, PA 18657 24-0779665	HOSPITAL	PA	501(C) (3)	3	MERCY TYLER HEALTH SYSTEMS	No
MERCY TYLER HOME HEALTH SERVICES 880 SR 6W TUNKHANNOCK, PA 18657 23-2723529	IN-HOME MEDICAL CARE	PA	501(C) (3)	9	MERCY TYLER HEALTH SYSTEMS	No
SIENA SPRINGS 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1052772	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
SIENA SPRINGS II 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1591780	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
CHARLES MEADOW CORPORATION 615 ELSINORE PLACE CINCINNATI, OH 45202 34-1552671	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
CHARLES CREST CORPORATION 615 ELSINORE PLACE CINCINNATI, OH 45202 34-1399869	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
CHARLES CREST II CORPORATION 615 ELSINORE PLACE CINCINNATI, OH 45202 34-1714407	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
ST THERESE VILLAGE INC 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1411529	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
SACRED HEART VILLAGE INC 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1411531	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
SACRED HEART VILLAGE II INC 615 ELSINORE PLACE CINCINNATI, OH 45202 61-1339396	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
SACRED HEART VILLAGE III INC 615 ELSINORE PLACE CINCINNATI, OH 45202 61-1367719	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
MCAULEY MANOR INC 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1548500	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
DUBLIN MANOR INC 615 ELSINORE PLACE CINCINNATI, OH 45202 02-0655254	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
MERCY MANOR INC 615 ELSINORE PLACE CINCINNATI, OH 45202 61-1344092	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
ST MARY'S VILLA INC 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1548512	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
RIVERVIEW ST MARY'S INC 615 ELSINORE PLACE CINCINNATI, OH 45202 62-1782683	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No
ST MARY'S VILLA AT RIVERVIEW II INC 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1723287	HUD HOUSING PROJECT	OH	501(C) (3)	9	CATHOLIC HEALTH PARTNERS	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	(k) Percentage ownership
							Yes	No			
NWO INTEGRATED LABORATORIES MERCY LLC 2200 JEFFERSON AVENUE TOLEDO, OH 43624 34-1898285	LABORATORY SERVICES	OH	NA	N/A							
TIFFIN AMBULATORY SURGICAL ASSOCIATES 45 ST LAWRENCE DRIVE TIFFIN, OH 44833 37-1567866	AMBULATORY SURGERY CENTER	OH	NA	N/A							
MERCY HOSPITAL OF DEFIANCE LLC 1404 E SECOND ST DEFIANCE, OH 43512 02-0701635	HOSPITAL	OH	NA	N/A							
WEST CENTRAL OHIO REGIONAL HEALTHCARE ALLIANCE FORT AMANDA ROAD LIMA, OH 45804 34-1817078	REG HOSPITALS	OH	NA	N/A							
WEST CENTRAL OHIO SURGERY & ENDO CENTER 770 W HIGH ST SUITE 100 LIMA, OH 45801 34-1868154	AMBULATORY SURGERY CENTER	OH	NA	N/A							
NEW VISION MEDICAL LAB LLC 750 W HIGH STREET LIMA, OH 45801 34-1913433	LAB SERVICES	OH	NA	N/A							
WEST CENTRAL OHIO GROUP LTD 801 MEDICAL DRIVE LIMA, OH 45804 34-1848147	ORTHOPEDIC HOSPITAL	OH	NA	N/A							
KIDNEY SERVICES OF WEST CENTRAL OHIO 750 W HIGH STREET SUITE 100 LIMA, OH 45801 06-1644264	DIALYSIS CENTER	OH	NA	N/A							
ST ELIZABETH CARDIAC CATH LAB LLC 1044 BELMONT AVE YOUNGSTOWN, OH 44501 30-0023795	CARDIAC CATH LAB	OH	NA	N/A							
ST ELIZABETH SOUTHWOODS IMAGING 250 DEBARTOLO PLACE BLDG B YOUNGSTOWN, OH 44512 26-1626482	DIAGNOSTIC IMAGING	OH	NA	N/A							
UROLOGIC ONCOLOGY OF MAHONING VALLEY LLC 1044 BELMONT AVE YOUNGSTOWN, OH 44501 26-2989686	RADIATION THERAPY	OH	NA	N/A							
HMHPUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 ADDISON, TX 75001 27-1953122	SURGERY CENTER	TX	NA	N/A							
OSC-HMHP LLC 6505 MARKET ST BLDG B STE 101 BOARDMAN, OH 44512 01-0724836	ORTHOPEDIC SURGERY CENTER	OH	NA	N/A							
LOURDES AMBULATORY SURGERY CENTER 225 MEDICAL CENTER DRIVE PADUCAH, KY 42003 61-1258960	SURGERY CENTER	KY	NA	N/A							
EAST TENNESSEE DIAGNOSTIC CENTER LLC 1450 DOWELL SPRINGS BLVD SUITE 250 KNOXVILLE, TN 37909 20-4773300	DIAGNOSTIC SERVICES	TN	NA	N/A							

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K- 1 (\$)	(j) General or Managing Partner?	(k) Percentage ownership
							Yes	No			
ST MARY'S AMBULATORY SURGERY CENTER LLC 1515 ST MARY'S ST KNOXVILLE, TN 37917 62-1757542	SURGERY CENTER	TN	NA	N/A							

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
CHP INSURANCE LTD 615 ELSINORE PLACE CINCINNATI, OH 45202 98-0621978	INSURANCE	CJ	NA	C CORPORATION			
SISTERS OF MERCY WORKERS COMPENSATION SELF-INSURANCE TRUST 615 ELSINORE PLACE CINCINNATI, OH 45202 31-0990309	WORKERS COMPENSATION TRUST	MA	NA	TRUST			
MHSWO HEALTH VENTURES INC 1 S LIMESTONE ST SPRINGFIELD, OH 45502 31-1072139	PHYSICIAN PRACTICES	OH	NA	C CORPORATION			
NORTHPARKE MEDICAL COMMONS CONDO ASSN 333 N LIMESTONE ST SPRINGFIELD, OH 45503 31-1391230	REAL PROPERTY MGMT	OH	NA	C CORPORATION			
MERCY HEALTH AFFILIATES INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1372633	PHYSICIAN SERVICES	OH	NA	C CORPORATION			
PHYSICIAN'S HEALTH COLLABORATIVE 2200 JEFFERSON AVENUE TOLEDO, OH 43604 20-3986844	MEDICAL & HOSPITAL SERVICES	OH	NA	C CORPORATION			
NORTHSIDE CORPORATION 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1318438	RESIDENT RENTALS	OH	NA	C CORPORATION			
MERCY WORK SOLUTIONS 2200 JEFFERSON AVENUE TOLEDO, OH 43604 30-0066340	WORKERS COMPENSATION	OH	NA	C CORPORATION			
MERCY HEALTH SYSTEM PHO 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1778321	MEDICAL SERVICES	OH	NA	C CORPORATION			
PHYSICIAN MANAGED CARE INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1565320	HEALTH SERVICES	OH	NA	C CORPORATION			
MCAULEY MANAGEMENT SERVICES INC 730 W MARKET STREET LIMA, OH 45801 34-1379037	PROPERTY RENTAL	OH	NA	C CORPORATION			
LIMA MEDICAL SUPPLIES INC 730 W MARKET STREET LIMA, OH 45801 34-0944477	MEDICAL EQUIPMENT	OH	NA	C CORPORATION			
COMMUNITY HEALTH PARTNERS ENTERPRISES INC 3700 KOLBE ROAD LORAIN, OH 44053 34-1455525	HOLDING COMPANY	OH	NA	C CORPORATION			
COMMUNITY HEALTH PARTNERS PHYSICIANS INC 3700 KOLBE ROAD LORAIN, OH 44053 34-1803352	PHYSICIAN PRACTICES	OH	NA	C CORPORATION			
AMC PHYSICIANS INC 200 W LORAIN STREET OBERLIN, OH 44074 37-1439554	PHYSICIAN SERVICES	OH	NA	C CORPORATION			
MERCY HEALTH VENTURES INC 4600 MCAULEY PLACE CINCINNATI, OH 45242 31-1185477	DIVERSIFIED ACTIVITIES	OH	NA	C CORPORATION			
MERCY FRANCISCAN AT WINTON WOODS I INC 10290 MILL ROAD CINCINNATI, OH 45231 31-1658668	LOW-INCOME HOUSING	OH	NA	C CORPORATION			
MERCY HEALTH MANAGEMENT INC 1530 LONE OAK ROAD PADUCAH, KY 42003 61-1086762	MEDICAL OFFICES	KY	NA	C CORPORATION			
HEALTH DYNAMICS INC 900 E OAK HILL AVENUE KNOXVILLE, TN 37917 62-1247729	MEDICAL EQUIPMENT SALES	TN	NA	C CORPORATION			
HEALTH VENTURES INC & SUBSIDIARIES P O BOX 1788 KNOXVILLE, TN 37901 62-1175587	MEDICAL SERVICES	TN	NA	C CORPORATION			

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
ANNE KILCAWLEY CHRISTMAN FOUNDATION 100 FEDERAL PLAZEA EAST YOUNGSTOWN, OH 44503 35-6735706	BENEFICIAL TRUST	OH	NA	TRUST			
RALPH EWE TRUST 270 PARK AVENUE NEW YORK, NY 10017 34-6866422	BENEFICIAL TRUST	NY	NA	TRUST			
ELIZABETH HINES CATES TRUST 1900 E 9TH STREET CLEVELAND, OH 44114 34-6515678	BENEFICIAL TRUST	OH	NA	TRUST			