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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2011 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 07-01-2011 and ending 06-30-2012			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization MHM SUPPORT SERVICES		D Employer identification number 20-2553101
	Doing Business As		E Telephone number (314) 579-6100
	Number and street (or P O box if mail is not delivered to street address) 14528 South Outer Forty Road	Room/suite	G Gross receipts \$ 566,054,102
	City or town, state or country, and ZIP + 4 Chesterfield, MO 63017		
	F Name and address of principal officer MR RANDALL COMBS 14528 S Outer Forty Rd 100 Chesterfield, MO 63017		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ www.mercy.net			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 2004	M State of legal domicile MO

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3,106
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	1,045,268
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	416,322,179	562,305,115
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,766,706	1,715,979
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,742	987,740
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	418,092,627	566,054,102
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	608,773	1,478,317
	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)	188,812,243	274,179,003
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>35,703</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	240,062,737	277,104,174
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	429,483,753	552,761,494
	19 Revenue less expenses Subtract line 18 from line 12	-11,391,126	13,292,608
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	571,497,942	497,713,976
	22 Net assets or fund balances Subtract line 21 from line 20	400,569,236	359,238,431
	22 Net assets or fund balances Subtract line 21 from line 20	170,928,706	138,475,545

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

Sign Here	Signature of officer			2013-05-09	
	Randell Combs Executive VP & CFO Type or print name and title				
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 ERNST & YOUNG US LLP 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105				EIN
					Phone no (314) 290-1000

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

AS THE SISTERS OF MERCY BEFORE US, WE BRING TO LIFE THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 552,725,791 including grants of \$ 1,478,317) (Revenue \$ 563,292,855)

MHM Support Services is organized and at all times is operated as an integral part of the operating hospital members of the controlled group of tax-exempt organizations which share a common parent with MHM Support Services MHM Support Services conducts centralized activities and functions and provides centralized services that are essential to carrying out the hospital members' exempt purposes The services include treasury, information technology, clinical quality management, legal and compliance counsel, compensation and benefits, consulting, performance management, revenue management, capital management, clinical engineering, and clinical safety As a supporting organization by providing these services, it allows the supported organizations to further their exempt purpose

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 552,725,791

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5		No
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? <i>If "Yes," complete Schedule D, Part I.</i> 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a		No
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	20b		

Part IV

Checklist of Required Schedules (continued)

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

Part V		Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V ☒				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	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	3,106	2b Yes
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	
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).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. 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.			13a	
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			13b	
c Enter the aggregate amount of reserves on hand			13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	No

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	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0
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	No
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	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," 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 ▶ MR RANDALL COMBS 14528 S OUTER FORTY RD SUITE 100 Chesterfield, MO 63017 (314) 579-6100

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Julia Akins SR VP - Marketing	60 0	X						0	354,890	33,363
(2) George Flynn SR VP - Perf Imp -01/18/12	60 0	X						0	571,155	192,126
(3) Fred Ford SR VP - Ambulatory care	60 0	X						0	655,312	315,519
(4) Jolene Goedken SR VP/Chief nursing officer	60 0	X						0	521,630	171,072
(5) Michael McCurry Exec VP/Chief operating office	60 0	X						0	933,189	540,015
(6) Cynthia Mercer SR VP - Human resources	60 0	X						0	655,095	12,950
(7) Dr Glenn Mitchell Chief medical officer-1/18/12	60 0	X						0	521,304	194,368
(8) Brian O'Toole SR VP - Mission	60 0	X						0	400,479	212,899
(9) William Showalter VP/CHIEF INFORMATION OFFICER	60 0	X						0	534,010	92,322
(10) Shannon Sock Exec VP/Org effectiveness	60 0	X						0	593,249	149,607
(11) Randall Combs Treasurer & Exec VP/CFO	60 0	X		X				0	1,603,412	214,513
(12) James Jaacks Treasurer &Exec VP/CAO-1/20/12	60 0	X		X				0	836,425	300,028
(13) Philip Wheeler Secretary/SR VP-Gen Counsel	60 0	X		X				0	641,753	221,617
(14) Bradley Kim Day PRESIDENT, CENTRAL COMMUNITIES	60 0	X						0	833,159	436,266
(15) Sheri Beekman Chief revenue cycle officer	60 0				X			353,866	0	61,994
(16) Marie Glancy Chief advocacy officer	60 0				X			491,430	0	79,888
(17) Curtis Thompson VP-Payor relations & contracts	60 0				X			364,979	0	66,460

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Ron Trulove Chief reimbursement & revenue	60 0				X			387,181	0	63,760
(19) Elaine Moore CHIEF HR OFFICER	60 0				X			401,643	0	55,613
(20) Janet Pursley VP-CARE MANAGEMENT	60 0				X			359,193	0	75,023
(21) VANCE MOORE SR VP - OPERATIONS	60 0				X			0	545,907	191,094
(22) TONY WASKIEWICZ VP-TREASURY & CIO	60 0				X			448,422	0	21,918
(23) SUSAN HANNASCH CHIEF COMPLIANCE OFFICER	60 0				X			262,783	0	15,249
(24) Thomas Hale MD PhD EXEC MED DIR - CTR INNOV CARE	60 0					X		623,669	0	114,953
(25) Chrs Knackstedt CFO-Mercy Health Springfield	60 0					X		625,750	0	96,425
(26) Timothy Smith MD VP-Research- ctr innov Care	60 0					X		538,505	0	32,287
(27) Donn Sorensen President East Communities	60 0					X		705,535	0	101,650
(28) Christopher Veremakis Med director - CTR INNOV CARE	60 0					X		466,883	0	113,323
(29) Ronald Ashworth Former president	16 0						X	0	254,000	0
(30) Julie Burke Former VP Finance							X	176,134	0	2,374
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,205,973	10,454,969	4,178,676

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▶355

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	SOFTWARE CONSULTING	11,554,014
INSIGHT NETWORKING PO Box 731068 DALLAS, TX 75373	Software maintenance	8,281,840
GE HEALTHCARE PO Box 843553 DALLAS, TX 75284	Maintenance	6,239,486
Microsoft Licensing GP 1950 N Stemmons Fwy Suite 5010 DALLAS, TX 75207	Software Maintenance	4,502,934
IBM Corp PO Box 676673 DALLAS, TX 75267	Software maintenance	3,356,414

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 ▶151

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	431,275				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	613,993				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		1,045,268				
Program Service Revenue			Business Code					
	2a	SUPPORT SERVICE REVENUE	900099	555,700,349	555,700,349			
	b	RENTAL INCOME FROM RELATED ORGS	531120	1,708,815	1,708,815			
	c	CARE MANAGEMENT	900099	1,067,405	1,067,405			
	d	CASE MANAGEMENT	900099	2,876,291	2,876,291			
	e	NURSE ON CALL	900099	952,255	952,255			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		562,305,115				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,139,355			1,139,355	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				576,624				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)		576,624				
	d	Net gain or (loss)		576,624			576,624	
	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	MISCELLANEOUS REVENUE	900099	987,740	987,740				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		987,740					
12	Total revenue. See Instructions		566,054,102	563,292,855		1,715,979		

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	1,458,317	1,458,317		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	20,000	20,000		
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	1,950,793	1,950,793		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	370,656	370,656		
7	Other salaries and wages	230,403,450	230,403,450		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,461,579	8,461,579		
9	Other employee benefits	18,990,550	18,990,550		
10	Payroll taxes	14,001,975	14,001,975		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	6,281,020	6,281,020		
c	Accounting	896,534	896,534		
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	25,867,332	25,867,332		
12	Advertising and promotion	11,266,627	11,247,127		19,500
13	Office expenses	20,719,594	20,703,391		16,203
14	Information technology	59,112,543	59,112,543		
15	Royalties	0			
16	Occupancy	14,604,903	14,604,903		
17	Travel	7,509,306	7,509,306		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,058,844	2,058,844		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	81,259,027	81,259,027		
23	Insurance	191,854	191,854		
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	REPAIRS & MAINTENANCE	28,870,475	28,870,475		
b	SHARED SERVICE FEES	5,742,546	5,742,546		
c	MISCELLANEOUS EXPENSES	12,723,569	12,723,569		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	552,761,494	552,725,791	0	35,703
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			139,930,216	1	68,189,495
	2	Savings and temporary cash investments			264,540	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	11,357,936
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	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			0	6	0
	7	Notes and loans receivable, net			0	7	13,884,599
	8	Inventories for sale or use			0	8	6,268,290
	9	Prepaid expenses and deferred charges			16,378,777	9	23,049,469
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	728,314,939			
	b	Less: accumulated depreciation	10b	359,596,719	396,541,202	10c	368,718,220
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line 11			0	12	622,828
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			18,383,207	15	5,623,139
	16	Total assets. Add lines 1 through 15 (must equal line 34)			571,497,942	16	497,713,976
Liabilities	17	Accounts payable and accrued expenses			104,908,546	17	146,600,109
	18	Grants payable			0	18	1,007,549
	19	Deferred revenue			7,260,671	19	8,493,826
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	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			288,400,019	25	203,136,947
	26	Total liabilities. Add lines 17 through 25			400,569,236	26	359,238,431
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			170,928,706	27	138,475,545
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			170,928,706	33	138,475,545
	34	Total liabilities and net assets/fund balances			571,497,942	34	497,713,976

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	566,054,102
2	Total expenses (must equal Part IX, column (A), line 25)	2	552,761,494
3	Revenue less expenses Subtract line 2 from line 1	3	13,292,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	170,928,706
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-45,745,769
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	138,475,545

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization MHM SUPPORT SERVICES	Employer identification number 20-2553101
--	--

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☒

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

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other

e

☒

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

f

☐

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

g

☐

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

(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)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
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 IIIPart 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
* THESE ORGANIZATIONS HAVE FILED A FORM 1023 WITH THE IRS, THE DETERMINATION IS STILL PENDING

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

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 MHM SUPPORT SERVICES	Employer identification number 20-2553101
--	--

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

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

Part II-A

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

- A

Check

☐

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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)?	Yes			
	c Media advertisements?		No		
	d Mailings to members, legislators, or the public?	Yes			0
	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?	Yes			328,108
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	i Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			328,108	
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B		SUPPLEMENTAL LOBBYING INFORMATION LOBBYING ACTIVITIES INCLUDED MAILINGS AND DIRECT CONTACT WITH FEDERAL, STATE AND LOCAL LEGISLATORS AND OFFICIALS AND/OR STAFF MEMBERS AND OFFICIALS AND/OR STAFF MEMBERS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR MEDICARE AND MEDICAID SERVICES LOBBYING ISSUES WERE RELATED TO OUR MISSION TO EXPAND CARE AND SERVICES TO THE UNINSURED AND UNINSURED TOTAL EXPENDITURES WERE APPROXIMATELY \$317,175 AND INCLUDED SALARIES FOR EMPLOYEES IN MERCY HEALTH'S ADVOCACY DEPARTMENT, OFFICE EXPENSES, TRAVEL, OFFICE OCCUPANCY AND PROFESSIONAL SERVICES MERCY HEALTH DOES NOT PARTICIPATE OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS), IN ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE IN ADDITION, MHM SUPPORT SERVICES, THROUGH ONE OF ITS DIVISIONS IN MISSISSIPPI, COMBINES RESEARCH, ANALYSIS, GRASS-ROOTS ORGANIZING AND ADVOCACY TO IMPROVE HEALTH POLICIES, PRACTICES AND FUNDING IN MISSISSIPPI, ESPECIALLY IN SUPPORT OF THE STATE'S POOR AND UNDERSERVED PEOPLE THE DIVISION IS A RESOURCE FOR CHURCH GROUPS, CONCERNED CITIZENS AND PROFESSIONALS WHO ARE WORKING TOWARD COMPREHENSIVE SOLUTIONS TO HEALTH PROBLEMS IN MISSISSIPPI ADDITIONALLY, THE DIVISION WORKS WITH COMMUNITIES TO IDENTIFY HEALTH NEEDS AND FORMULATE STRATEGIES FOR CHANGE AND WILL RESEARCH, ANALYZE, PROPOSE AND PROMOTE POLICIES THAT ENHANCE THE STATUS OF EVERY PERSON, REGARDLESS OF FINANCIAL STATUS ONLY A SMALL PERCENTAGE OF THE ORGANIZATION'S ACTIVITIES ARE DIRECTLY RELATED TO LOBBYING THE MISSISSIPPI LEGISLATURE MEETS FOR FOUR MONTHS DURING THE CALENDAR YEAR DURING THESE FOUR MONTHS OF THE 2012 FISCAL YEAR, APPROXIMATELY 20 PERCENT OF THE DIVISION'S ACTIVITIES WERE RELATED TO LOBBYING THE DIVISION EMPLOYS A FULL TIME DIRECTOR AND A PROGRAM MANAGER, WHO ARE REGISTERED AS LOBBYISTS WITH THE MISSISSIPPI SECRETARY OF STATE'S OFFICE APPROXIMATELY 20 PERCENT OF THEIR TIME FOR THESE FOUR MONTHS WAS SPENT ENGAGED IN DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS OR A LEGISLATIVE BODY, WITH TOTAL ESTIMATED AMOUNT OF EXPENDITURES THAT INCLUDE SALARIES OF \$10,933

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I

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

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

Part II

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

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

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

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

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

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

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

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

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

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

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

Part III

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

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

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

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

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

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

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

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

Part III

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

(continued)

3

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

a

☐ Public exhibition

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds.

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

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		19,878,227		19,878,227
b Buildings		40,346,222	0	40,346,222
c Leasehold improvements		17,645,773	8,145,460	9,500,313
d Equipment		641,251,998	350,090,694	291,161,304
e Other		9,192,719	1,360,565	7,832,154
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				368,718,220

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

31

3

Enter total number of other organizations listed in the line 1 table ▶

2

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) Scholarships	20	20,000			

Part IV

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

Identifier	Return Reference	Explanation
Form 990, Schedule I, PART I, LINE 2	Description of Organization's Procedures for Monitoring the Use of Grants	PART II GRANT APPLICANTS ARE REQUIRED TO COMPLETE THE GRANT APPLICATION PROCESS TO BE CONSIDERED FOR A MERCY CARITAS GRANT THIS INCLUDES A DESCRIPTION OF THE PROGRAM, PROGRAM ACCOMPLISHMENTS, AND FINANCIAL INFORMATION GRANT RECIPIENTS ARE REQUIRED TO COMPLETE MID-YEAR AND END-OF-YEAR EVALUATION REPORTS DETAILING THE USE OF ALL FUNDS AND REPORTING PROGRESS MADE TOWARD ACHIEVING PROGRAM OBJECTIVES CONTINUED FUNDING WILL NOT BE CONSIDERED IF THE EVALUATION REPORT HAS NOT BEEN RECEIVED BY THE MERCY CARITAS COMMITTEE PART III MHM SUPPORT SERVICES PROVIDES \$1,000 SCHOLARSHIPS TO 18 DIFFERENT CHILDREN OF CO-WORKERS EACH YEAR, PLUS 2 HIGH SCHOOL SENIORS SELECTED FROM ST MARY'S ACADEMIES IN OKLAHOMA CITY AND LITTLE ROCK, FOR A TOTAL OF 20 SCHOLARSHIPS FOR THE CHILDREN OF CO-WORKERS, THE CO-WORKER MUST BE EMPLOYED BY MERCY FOR A MINIMUM OF ONE YEAR AS OF THE APPLICATION DEADLINE DATE AND MUST BE EMPLOYED AT THE TIME THE AWARD IS GRANTED APPLICANTS MUST SUBMIT A COMPLETED APPLICATION, TRANSCRIPT, COLLEGE ENTRANCE TEST SCORES (ACT, SAT), AND 2 LETTERS OF RECOMMENDATION TO BE CONSIDERED FOR A SCHOLARSHIP RECIPIENTS MUST ENTER SCHOOL NO LATER THAN THE FALL TERM AFTER THE AWARD IS GRANTED TO MAINTAIN ELIGIBILTY AWARDS ARE PAID VIA CHECK MADE OUT JOINTLY TO THE RECIPIENT AND THE SCHOOL, BOTH THE RECIPIENT AND THE SCHOOL MUST ENDORSE THE CHECK MHM SUPPORT SERVICES UTILIZES THE CITIZENS SCHOLARSHIP FOUNDATION OF AMERICA TO MANAGE THE APPLICATION AND PAYMENT PROCESS, RECIPIENTS ARE SELECTED BY THE SCHOLARSHIP COMMITTEE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

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		
	☒ First-class or charter travel ☒ Housing allowance or residence for personal use		
	☒ Travel for companions ☐ Payments for business use of personal residence		
	☒ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☐ Compensation survey or study		
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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.

[illegible]

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, Schedule J, Part I, Question 1		Charter travel is provided to certain employees as and when appropriate, and as deemed necessary for business travel. After charter travel approval has been granted in accordance with the financial justification process, the approved charter travel for business is a reimbursable expense which is not taxable to the employees. TRAVEL FOR COMPANIONS IS PROVIDED IN RARE INSTANCES AND IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES. WHERE COMPANION TRAVEL HAS RESULTED IN A TAXABLE EVENT, THE EMPLOYEES ARE TAXED FOR SUCH TRAVEL. Limited instances of tax gross-ups may have occurred with respect to executives. HOUSING BENEFITS ARE PROVIDED THROUGH A RELOCATION PROGRAM IN ACCORDANCE WITH COMPANY POLICY. SUCH BENEFITS ARE SUBJECT TO TAX TO THE EMPLOYEE. PAYMENT BY THE COMPANY OF COSTS FOR TEMPORARY HOUSING BY EMPLOYEES FOR THE CONVENIENCE OF THE COMPANY IS MADE IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES. AS A REIMBURSABLE EXPENSE, THIS TYPE OF LODGING IS NOT TAXABLE TO THE EMPLOYEE. FORM 990, Schedule J, Part I, Question 3. MHM Support Services relies on a related organization, refer to Schedule O, Part VI, Question 15a and 15b for the process the related organization follows. FORM 990, Schedule J, Part I, Question 4a. The following individual received a severance payment during calendar 2011: Julie Burke, \$176,134. FORM 990, Schedule J, Part I, Question 4b. MHM Support Services offers supplemental retirement plans to certain executives which provide benefits upon retirement based on compensation, age at the time of benefit commencement, length of service with the company and/or its affiliates, and length of tenure in the plan. The individuals reportable on this return who participate in the supplemental retirement plans include: Bradley (Kim) Day, George Flynn, Fred Ford, Jolene Goedken, Michael McCurry, Cynthia Mercer, Dr. Glenn Mitchell, Brian O'Toole, William Showalter, Shannon Sock, Randall Combs, James Jaacks, Philip Wheeler, Sheri Beekman, Marie Glancy, Curtis Thompson, Ron Trulove, Thomas Hale, Christopher Knackstedt, Donn Sorensen, Christopher Veremakis, Elaine Moore, Janet Pursley, AND VANCE MOORE. The amount of all accrued benefits is included in compensation amounts provided in Schedule J, Part II, Column (C). FORM 990, Schedule J, Part I, Question 7. MHM Support Services provides a non-fixed bonus plan for which certain tiers of its employees are eligible. For fiscal year 2012 (July 1, 2011 - June 30, 2012), payment of all or part of the bonus was contingent upon attainment of certain financial targets. Payments are made annually in October following (I) the conclusion of the fiscal year and (II) determination of goal achievement. Bonus opportunities are tiered percentages and are dependent upon the leadership level and attainment percentage. Mercy's attainment of financial goals is reviewed by the Executive Compensation Committee of Mercy Health and is then taken into account when analyzing executive compensation for reasonableness.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number

20-2553101

Part I

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

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

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

2

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

\$

3

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

\$

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total										

Part III

Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRAD BEEKMAN	FAMILY MEMBER OF KEY EMP	78,582	EMPLOYMENT		No
(2) LISA BEEKMAN	FAMILY MEMBER OF KEY EMP	88,276	EMPLOYMENT		No
(3) BROOKE SHULTE	FAMILY MEMBER OF KEY EMP	65,086	EMPLOYMENT		No
(4) BRIAN DAY	FAMILY MEMBER OF DIRECTOR	138,712	EMPLOYMENT		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization MHM SUPPORT SERVICES	Employer identification number 20-2553101
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Identifier	Return Reference	Explanation
FORM 990, PART V, QUESTION 1A	FORM 1096 FILING	VENDORS FOR THE FILING ORGANIZATION ARE PAID BY MERCY HEALTH (EIN 43-1423050) AS SUCH, ALL REQUIRED FORM 1099 AND FORM 1096 REPORTING IS MADE FOR THE ENTIRE HEALTH SYSTEM (WITH LIMITED EXCEPTIONS) UNDER THE MERCY HEALTH EIN FORM 990, PART VI, QUESTION 6, 7A AND 7B DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, MERCY HEALTH THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES ARE RESERVED SOLELY TO THE SOLE CORPORATE MEMBER -TO APPROVE AND ESTABLISH THE MISSION AND PHILOSOPHY ACCORDING TO WHICH THE CORPORATION AND ALL ORGANIZATIONS CONTROLLED BY THE CORPORATION SHALL OPERATE, - TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION IN ACCORDANCE WITH ARTICLES IX AND X OF THESE BYLAWS AND TO AMEND THE ORGANIZATIONAL DOCUMENTS OF ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE CEO OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE OVERALL STRATEGIC, LONG RANGE, BUSINESS PLANS, GOALS, AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE CONSOLIDATED OPERATING AND CAPITAL BUDGETS FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND CHANGES IN BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY HEALTH, -TO AUTHORIZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS OF ANY AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY HEALTH, -TO ENCUMBER ANY OR ALL OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, AND -TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO THE MISSOURI NONPROFIT CORPORATION ACT FORM 990, PART VI, QUESTION 11B DSCR THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, USING INFORMATION PROVIDED BY THE FILING ORGANIZATION A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S TAX COMPLIANCE TEAM, MEMBERS OF THIS TEAM ARE FROM VARIOUS DEPARTMENTS, INCLUDING FINANCE, LEGAL, AND TAX AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS PROVIDED TO THE FILING ORGANIZATION'S LEADERSHIP TEAM, INCLUDING THE CEO, CFO, AND GENERAL COUNSEL FOR REVIEW ONCE REVIEWED AND APPROVED BY THE FILING ORGANIZATION'S LEADERSHIP TEAM, THE FORM 990 IS THEN SIGNED AND FILED WITH THE IRS FORM 990, PART VI, QUESTION 12C DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND DID SO IN THE NORMAL COURSE FOR THE YEAR ENDED JUNE 30, 2012 THIS PROCESS IS ADMINISTERED AT THE MERCY HEALTH LEVEL BY MERCY'S BUSINESS RISK (INTERNAL AUDIT) DEPARTMENT THE QUESTIONNAIRES ARE REVIEWED WITH LEADERSHIP AT THE LOCAL LEVEL AND POTENTIAL CONFLICTS DISCUSSED AND RESOLVED THE CONFLICTS AND THEIR RESPECTIVE RESOLUTIONS ARE SHARED AT THE MERCY LEVEL WITH A TEAM INCLUDING MERCY'S CHIEF FINANCIAL OFFICER, CHIEF COMPLIANCE OFFICER AND OTHER MEMBERS OF FINANCE, LEGAL AND HR SUMMARY RESULTS ARE REVIEWED WITH MERCY'S FINANCE, AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS FORM 990, PART VI, QUESTIONS 15A & 15B OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR FORM 990, PART VI, QUESTION 19 AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMT TO GEN PUBLIC Governing documents, conflict of interest policy, and financial statements are made available upon request but are not published publicly FORM 990, PART VII, SECTION A, COLUMN A AS OF JUNE 30, 2012, THE FOLLOWING OFFICERS AND KEY EMPLOYEES WERE NO LONGER EMPLOYED BY MERCY HEALTH JAMES JAACKS- TREASURER AND EXECUTIVE VICE PRESIDENT/CHIEF ADMINISTRATIVE OFFICER (EMPLOYED THROUGH JANUARY 20, 2012) DR GLENN MITCHELL- CHIEF MEDICAL OFFICER (EMPLOYED THROUGH JANUARY 18, 2012) GEORGE FLYNN- SENIOR VICE PRESIDENT- PERFORMANCE IMPROVEMENT (EMPLOYED THROUGH JANUARY 18, 2012) FORM 990, PART VII, SECTION A, COLUMN B AVERAGE HOURS PER WEEK SEVERAL INDIVIDUALS LISTED IN PART VII ARE DISCLOSED AS TRUSTEES, DIRECTORS, OFFICERS, AND KEY EMPLOYEES ON MULTIPLE FORM 990S OF ENTITIES INCLUDED WITHIN MERCY HEALTH THE AVERAGE HOURS PER WEEK DISCLOSED IN PART VII IS AN ESTIMATE OF THE HOURS PER WEEK THAT THE LISTED INDIVIDUAL SPENDS ON BOTH THE FILING ORGANIZATION AND ALL RELATED ORGANIZATIONS FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS TRANSFERS TO/FROM AFFILIATES (\$45,609,533) Nonoperating investment returns - unrealized (\$965,553) Transfers from affiliates (MHAP) \$829,317 Total other changes in net assets (\$45,745,769) FORM 990, PART XII, QUESTION 2C OVERSIGHT OR SELECTION PROCESS THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2012 (THE TAX YEAR CURRENTLY BEING REPORTED) HOWEVER, NO SEPARATE AUDIT OPINION IS ISSUED ON THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE FINANCE, AUDIT, AND COMPLIANCE COMMITTEE OF THE MERCY HEALTH BOARD OF DIRECTORS AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MHM SUPPORT SERVICES

Employer identification number
20-2553101

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Valarity 14528 South Outer Forty Road Chesterfield, MO 63017 27-2439247	COLLECTIONS	MO	1,008,475	2,525,592	MHM SUPPORT

Part II

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

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Merc Ambu Surg CTR 7301 Rogers Av Fort Smith, AR 72903 71-0827721	AMBUL SURG CENTER	AR	NA									
(2) RES OPT & INNOV 645 Maryville Centre Dr 200 St Louis, MO 63141 46-0468368	CENTRAL DIST	MO	NA									
(3) SO OK DIAG CTR 1011 14TH Ave NW Ardmore, OK 73401 43-1971232	MRI Services	OK	NA									
(4) Fort Smith EMS 1701 S Greenwood Fort Smith, AR 72901 71-0416615	Emergency Med	AR	NA									
(5) St Ed Mer Med MOB 7301 Rogers Ave Fort Smith, AR 72903 71-0554050	Office Building	AR	NA									

Part IV

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

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

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to 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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

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

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

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE R, PART V		LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH ITS SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES B, O AND P

Additional Data

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Julia Akins SR VP - Marketing	60 0	X						0	354,890	33,363
George Flynn SR VP - Perf Imp -01/18/12	60 0	X						0	571,155	192,126
Fred Ford SR VP - Ambulatory care	60 0	X						0	655,312	315,519
Jolene Goedken SR VP/Chief nursing officer	60 0	X						0	521,630	171,072
Michael McCurry Exec VP/Chief operating office	60 0	X						0	933,189	540,015
Cynthia Mercer SR VP - Human resources	60 0	X						0	655,095	12,950
Dr Glenn Mitchell Chief medical officer-1/18/12	60 0	X						0	521,304	194,368
Brian O'Toole SR VP - Mission	60 0	X						0	400,479	212,899
William Showalter VP/CHIEF INFORMATION OFFICER	60 0	X						0	534,010	92,322
Shannon Sock Exec VP/Org effectiveness	60 0	X						0	593,249	149,607
Randall Combs Treasurer & Exec VP/CFO	60 0	X		X				0	1,603,412	214,513
James Jaacks Treasurer &Exec VP/CAO -1/20/12	60 0	X		X				0	836,425	300,028
Philip Wheeler Secretary/SR VP-Gen Counsel	60 0	X		X				0	641,753	221,617
Bradley Kim Day PRESIDENT, CENTRAL COMMUNITIES	60 0	X						0	833,159	436,266
Sheri Beekman Chief revenue cycle officer	60 0				X			353,866	0	61,994
Marie Glancy Chief advocacy officer	60 0				X			491,430	0	79,888
Curtis Thompson VP-Payor relations & contracts	60 0				X			364,979	0	66,460
Ron Trulove Chief reimbursement & revenue	60 0				X			387,181	0	63,760
Elaine Moore CHIEF HR OFFICER	60 0				X			401,643	0	55,613
Janet Pursley VP-CARE MANAGEMENT	60 0				X			359,193	0	75,023
VANCE MOORE SR VP - OPERATIONS	60 0				X			0	545,907	191,094
TONY WASKIEWICZ VP-TREASURY & CIO	60 0				X			448,422	0	21,918
SUSAN HANNASCH CHIEF COMPLIANCE OFFICER	60 0				X			262,783	0	15,249
Thomas Hale MD PhD EXEC MED DIR - CTR INNOV CARE	60 0					X		623,669	0	114,953
Chris Knackstedt CFO-Mercy Health Springfield	60 0					X		625,750	0	96,425

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy Smith MD VP-Research- ctr innov Care	60 0					X		538,505	0	32,287
Donn Sorensen President East Communities	60 0					X		705,535	0	101,650
Christopher Veremakis Med director - CTR INNOV CARE	60 0					X		466,883	0	113,323
Ronald Ashworth Former president	16 0						X	0	254,000	0
Julie Burke Former VP Finance							X	176,134	0	2,374

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart AssociationPO Box 4002902 Des Moines, IA 50340	13-5613797	501(c)(3)	37,000				Contribution to support mission of organization
Archdiocese of St Louis Catholic Charities20 Archbishop May Drive St Louis, MO 63119	43-0653244	501(c)(3)	100,000				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Civic Progress Inc 800 Market Street St Louis, MO 63101	43-0965792	501(c)(3)	40,000				Contribution to support mission of organization
Coalition to Protect American Health Po Box 30211 Bethesda, MD 20824	52-2253225	501(c)(4)	20,000				Contribution to support mission of organization

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COCA Center of Creative Arts524 Trinity Ave St Louis, MO 63130	43-1395056	501(c)(3)	20,000				Contribution to support mission of organization
Covenant House Missouri2727 North Kingshighway St Louis, MO 63113	43-1821599	501(c)(3)	10,000				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fair St Louis Foundation301 Prospect Ave St Louis, MO 63110	43-1218720	501(c)(3)	20,000				Contribution to support mission of organization
Henderson State University FoundationHSU Box 7550 Arkadelphia, AR 71923	71-0559008	501(c)(3)	10,000				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Junior Achievement Greater St Louis 17339 N Outer Forty Chesterfield, MO 63005	43-0652112	501(c)(3)	10,000				Contribution to support mission of organization
Kennedy Catholic High School 500 Woods Mill Rd Manchester, MO 63011	43-0653244	501(c)(3)	10,000				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Laumeier Sculpture Park 15280 Rott Rd St Louis, MO 63127	43-1131429	501(c)(3)	7,000				Contribution to support mission of organization
Mercy Credit Union 625 Maryville St Louis, MO 63141			250,000				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ouachita Baptist University410 Ouachita St Arkadelphia, AR 71998	71-0239383	501(c)(3)	10,000				Contribution to support mission of organization
Press ClubPO Box 410522 Creve Coeur, MO 63141	43-1489003	501(c)(3)	10,000				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Variety The Children's Charity 2200 Westport Plaza Dr St Louis, MO 63146	43-6078016	501(c)(3)	16,000				Contribution to support mission of organization
Alive Alternatives to Living PO Box 11201 St Louis, MO 63105	43-1298527	501(c)(3)	10,000				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hamilton House Child FamilyPO Box 17000 Fort Smith, AR 72901	27-0487290	501(c)(3)	25,000				Contribution to support mission of organization
Kornerstone IncPO Box 396 Shell Knob, MO 65747	43-1820354	501(c)(3)	15,000				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Health Foundation Springfield3265 South National Springfield, MO 65807	32-0195818	501(c)(3)	25,489				Medication Access Program
Mercy Clinic Springfield Communities1965 S Fremont Springfield, MO 65804	43-1560263	501(c)(3)	19,051				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Family Center110 Veterans Memorial Metairie, LA 70005	72-1069468	501(c)(3)	50,000				Contribution to support mission of organization
Mercy Health Foundation Lebanon100 Hospital Drive Lebanon, MO 65536	43-1767432	501(c)(3)	10,000				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Health Foundation Independence800 W Myrtle Independence, KS 67301	48-1079981	501(c)(3)	13,950				Contribution to support mission of organization
Mercy Health Foundation Oklahoma City4300 W Memorial Rd Oklahoma City, OK 73120	73-1593024	501(c)(3)	117,050				Contribution to support mission of organization

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Health Foundation Springfield1235 East Cherokee St Springfield, MO 65804	32-0195818	501(c)(3)	37,824				Contribution to support mission of organization
Mercy Health Foundation Washington615 South New Ballas Rd St Louis, MO 63141	56-2410022	501(c)(3)	14,250				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Hospital Berryville214 Carter St Berryville, AR 72616	71- 0759299	501(c)(3)	12,000				Contribution to support mission of organization
Mercy Hospital Springfield1965 S Fremont Springfield, MO 65804	44- 0552485	501(c)(3)	21,386				Contribution to support mission of organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Hospital St Louis615 South New Ballas Rd St Louis, MO 63141	43-0653493	501(c)(3)	9,250				Contribution to support mission of organization
Mercy Ministries of Laredo2500 Zacatecas Laredo, TX 78046	20-0198462	501(c)(3)	80,000				Contribution to support mission of organization

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Clinic Springfield Communities3265 South National Springfield, MO 65807	43- 1560263	501(c)(3)	333,000				Project Access Uninsured
St Edward Mercy FoundationPO Box 17000 Fort Smith, AR 72901	23- 7330425	501(c)(3)	25,000				Contribution to support mission of organization

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vision Rehab Center Ozarks 1235 East Cherokee St Springfield, MO 65804	27-2017276	501(c)(3)	10,000				Contribution to support mission of organization

Software ID:
Software Version:
EIN: 20-2553101
Name: MHM SUPPORT SERVICES

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Julia Akins	(i)	0	0	0	0	0	0	0
	(ii)	207,498	70,634	76,758	21,600	11,763	388,253	0
George Flynn	(i)	0	0	0	0	0	0	0
	(ii)	410,520	133,860	26,775	176,339	15,787	763,281	0
Fred Ford	(i)	0	0	0	0	0	0	0
	(ii)	474,965	153,076	27,271	302,588	12,931	970,831	0
Jolene Goedken	(i)	0	0	0	0	0	0	0
	(ii)	371,866	122,267	27,497	158,404	12,668	692,702	0
Michael McCurry	(i)	0	0	0	0	0	0	0
	(ii)	690,577	215,833	26,779	527,385	12,630	1,473,204	0
Cynthia Mercer	(i)	0	0	0	0	0	0	0
	(ii)	353,563	234,696	66,836	2,227	10,723	668,045	0
Dr Glenn Mitchell	(i)	0	0	0	0	0	0	0
	(ii)	368,406	120,683	32,215	181,841	12,527	715,672	0
Brian O'Toole	(i)	0	0	0	0	0	0	0
	(ii)	278,344	93,957	28,178	196,736	16,163	613,378	0
William Showalter	(i)	0	0	0	0	0	0	0
	(ii)	404,067	125,328	4,615	75,903	16,419	626,332	0
Shannon Sock	(i)	0	0	0	0	0	0	0
	(ii)	437,352	135,852	20,045	133,760	15,847	742,856	0
Randall Combs	(i)	0	0	0	0	0	0	0
	(ii)	556,847	176,943	869,622	203,176	11,337	1,817,925	839,230
James Jaacks	(i)	0	0	0	0	0	0	0
	(ii)	617,769	197,438	21,218	283,004	17,024	1,136,453	0
Philip Wheeler	(i)	0	0	0	0	0	0	0
	(ii)	485,878	148,622	7,253	218,387	3,230	863,370	0
Sheri Beekman	(i)	256,877	63,640	33,349	54,290	7,704	415,860	0
	(ii)	0	0	0	0	0	0	0
Marie Glancy	(i)	376,580	90,816	24,034	64,284	15,604	571,318	0
	(ii)	0	0	0	0	0	0	0
Curtis Thompson	(i)	265,147	66,316	33,516	51,142	15,318	431,439	0
	(ii)	0	0	0	0	0	0	0
Ron Trulove	(i)	271,138	67,560	48,483	51,224	12,536	450,941	0
	(ii)	0	0	0	0	0	0	0
Thomas Hale MD PhD	(i)	458,016	110,823	54,830	102,419	12,534	738,622	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Chris Knackstedt	(i) (ii)	408,170 0	127,077 0	90,503 0	83,509 0	12,916 0	722,175 0	0 0
Timothy Smith MD	(i) (ii)	471,963 0	21,000 0	45,542 0	16,994 0	15,293 0	570,792 0	0 0
Donn Sorensen	(i) (ii)	535,875 0	108,795 0	60,865 0	87,501 0	14,149 0	807,185 0	0 0
Christopher Veremakis	(i) (ii)	334,063 0	86,626 0	46,194 0	97,687 0	15,636 0	580,206 0	0 0
Ronald Ashworth	(i) (ii)	0 254,000	0 0	0 0	0 0	0 0	0 254,000	0 0
Julie Burke	(i) (ii)	0 0	0 0	176,134 0	2,374 0	0 0	178,508 0	0 0
Elaine Moore	(i) (ii)	245,523 0	110,936 0	45,184 0	48,075 0	7,538 0	457,256 0	0 0
Janet Pursley	(i) (ii)	255,157 0	63,668 0	40,368 0	67,539 0	7,484 0	434,216 0	0 0
Bradley Kim Day	(i) (ii)	0 598,570	0 203,887	0 30,702	0 422,839	0 13,427	0 1,269,425	0 0
VANCE MOORE	(i) (ii)	0 387,722	0 131,541	0 26,644	0 174,664	0 16,430	0 737,001	0 0
TONY WASKIEWICZ	(i) (ii)	328,227 0	83,277 0	36,918 0	5,770 0	16,148 0	470,340 0	0 0
SUSAN HANNASCH	(i) (ii)	195,663 0	23,379 0	43,741 0	2,450 0	12,799 0	278,032 0	0 0

Software ID:

Software Version:

EIN: 20-2553101

Name: MHM SUPPORT SERVICES

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	
Advance Care Hospital 300 Werner Street Hot Springs, AR 71913 71-0816634	Hospital	AR	501(C)(3)	3	Mercy Health	Yes	
Casa de Misericordia 1602 Mcclelland Street Laredo, TX 78044 74-2912461	Shelter	TX	501(C)(3)	7	MM Laredo	Yes	
Laredo Medical Group 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 74-2764726	Inactive	TX	501(C)(3)	9	MHS-TX	Yes	
McAuley Portfolio Management Company 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 26-1708048	Port Mgmt	MO	501(C)(3)	11b	Mercy Health	Yes	
Mercy Clinic East Communitess 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-1771217	Phys Group	MO	501(C)(3)	9	MHEC	Yes	
Mercy Clinic Fort Smith Communitites 7301 Rogers Avenue Fort Smith, AR 72917 26-1318597	Phys Clinic	AR	501(C)(3)	9	MHFSC	Yes	
Mercy Clinic Hot Springs Communitites 1 Mercy Lane Hot Springs, AR 71913 26-1125131	Phys Clinic	AR	501(C)(3)	9	MHHSC	Yes	
Mercy Clinic Oklahoma Communities 4300 W Memorial Road Oklahoma City, OK 73120 27-0473057	Phys Group	OK	501(C)(3)	9	MHOC	Yes	
Mercy Clinic Springfield Communities 1965 Fremont Street Ste 2950 Springfield, MO 65804 43-1560263	Phys Group	MO	501(C)(3)	9	MHSC	Yes	
Mercy Family Center 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 72-1069468	counseling	MO	501(C)(3)	7	Mercy Health	Yes	
Mercy Foundation for Health Innovation 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 20-0901499	Foundation	MO	501(C)(3)	11b	Mercy Health	Yes	
Mercy Health 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-1423050	Sup Hlth Sys	MO	501(C)(3)	1	NA		No
Mercy Health East Communities 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-1718408	Hlth System	MO	501(C)(3)	11b	Mercy Health	Yes	
Mercy Health Fort Smith Communities 7301 Rogers Avenue Fort Smith, AR 72917 26-1318515	Holding Co	AR	501(C)(3)	11b	Mercy Health	Yes	
Mercy Health Foundation Ardmore 1011 14th Avenue NW Ardmore, OK 73401 71-0962525	Foundation	OK	501(C)(3)	11a	MH Ardmore	Yes	
Mercy Health Foundation Berryville 214 Carter Street Berryville, AR 72616 71-0759301	Foundation	AR	501(C)(3)	11a	MH Berryvill	Yes	
Mercy Health Foundation Fort Scott 401 Woodland Hills Blvd Fort Scott, KS 66701 48-1077073	Foundation	KS	501(C)(3)	11c	Mercy KS Com	Yes	
Mercy Health Foundation Hot Springs 300 Werner Street Hot Springs, AR 71913 71-0804718	Foundation	AR	501(C)(3)	11b	MHHS	Yes	
Mercy Health Foundation Independence 800 W Myrtle Independence, KS 67301 48-1079981	Foundation	KS	501(C)(3)	11a	Mercy KS Com	Yes	
Mercy Health Foundation Joplin 2817 St Johns Blvd Joplin, MO 64804 27-0906136	Foundation	MO	501(C)(3)	11a	MHSMKC	Yes	

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 Health Foundation NW Arkansas 2710 Rife Medical Lane Rogers, AR 72758 71-0601687	Foundation	AR	501(C)(3)	11c	MH Rogers	Yes	
Mercy Health Foundation O F Oklahoma 4300 W Memorial Road Oklahoma City, OK 73120 45-4732301	Foundation	OK	501(C)(3)	11a	MHOC	Yes	
Mercy Health Foundation OK City 4300 W Memorial Road Oklahoma City, OK 73120 73-1593024	Foundation	OK	501(C)(3)	11a	MHOC	Yes	
Mercy Health Foundation Springfield 1235 E Cherokee Street Springfield, MO 65804 32-0195818	Foundation	MO	501(C)(3)	11b	MHSC	Yes	
Mercy Health Foundation St Louis 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 56-2410020	Foundation	MO	501(C)(3)	11b	MHEC	Yes	
Mercy Health Foundation Washington 901 E Fifth Street Washington, MO 63090 56-2410022	Foundation	MO	501(C)(3)	11b	MHEC	Yes	
Mercy Health Hot Springs Communities 300 Werner Street Hot Springs, AR 71913 26-1125064	Holding Co	AR	501(C)(3)	11b	Mercy Health	Yes	
Mercy Health NW Arkansas Communities 2710 Rife Medical Drive Rogers, AR 72758 62-1684203	Phys Group	AR	501(C)(3)	11b	Mercy Health	Yes	
Mercy Health Oklahoma Communities 4300 W Memorial Road Oklahoma City, OK 73120 73-1453048	Holding co	OK	501(C)(3)	11b	Mercy Health	Yes	
Mercy Health Springfield Communitites 1235 E Cherokee Street Springfield, MO 65804 43-1856028	Holding Co	MO	501(C)(3)	11b	Mercy Health	Yes	
Mercy Health SW MOKS Communitites 2817 St Johns Blvd Joplin, MO 64804 30-0584463	Hlth System	MO	501(C)(3)	11b	Mercy Health	Yes	
Mercy Health System of Texas Inc 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 74-2764727	Inactive	TX	501(C)(3)	11b	Mercy Health	Yes	
Mercy Home Health Berryville 804 W Freeman Suite 4 Berryville, AR 72616 87-0781247	Home Health	AR	501(C)(3)	11c	MH Sprngfld	Yes	
Mercy Hospital Ardmore 1011 14th Avenue NW Ardmore, OK 73401 73-1500629	Hospital	OK	501(C)(3)	3	MHOC	Yes	
Mercy Hospital Aurora 500 Porter Avenue Aurora, MO 65605 43-1936696	Hospital	MO	501(C)(3)	3	MHSC	Yes	
Mercy Hospital Berryville 214 Carter Street Berryville, AR 72616 71-0759299	Hospital	AR	501(C)(3)	3	MHSC	Yes	
Mercy Hospital Carthage 3125 Dr Russell Smith Way Carthage, MO 64836 45-3808607	Hospital	MO	501(C)(3)	3	MHSMKC	Yes	
Mercy Hospital Cassville 94 Main Street Cassville, MO 65625 43-1936699	Hospital	MO	501(C)(3)	3	MHSC	Yes	
Mercy Hospital Columbus 220 Pennsylvania Avenue Columbus, KS 66725 27-0842031	Hospital	MO	501(C)(3)	3	MHSMKC	Yes	
Mercy Hospital Ei Reno 2115 Parkview Drive El Reno, OK 73036 27-2716065	Hospital	OK	501(C)(3)	3	MHOC	Yes	

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 Hospital Fort Smith 7301 Rogers Avenue Fort Smith, AR 72917 71-0240352	Hospital	AR	501(C)(3)	3	MHFSC	Yes	
Mercy Hospital Healdton 918 South 8th Street Healdton, OK 73438 26-3173902	Hospital	OK	501(C)(3)	3	MH Ardmore	Yes	
Mercy Hospital Hot Springs 300 Werner Street Hot Springs, AR 71913 71-0236913	Hospital	AR	501(C)(3)	3	MHHSC	Yes	
Mercy Hospital Joplin 2817 St Johns Blvd Joplin, MO 64804 27-0814858	Hospital	MO	501(C)(3)	3	MHSMKC	Yes	
Mercy Hospital Lebanon 100 Hospital Drive Lebanon, MO 65536 43-1767432	Hospital	MO	501(C)(3)	3	MHSC	Yes	
Mercy Hospital Logan County Inc 200 South Academy Guthrie, OK 73044 45-2998842	Hospital	OK	501(C)(3)	3	MHOC	Yes	
Mercy Hospital of Laredo 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 74-1189682	Inactive	TX	501(C)(3)	3	MHS-TX	Yes	
Mercy Hospital Oklahoma City 4300 W Memorial Road Oklahoma City, OK 73120 73-0579285	Hospital	OK	501(C)(3)	3	MHOC	Yes	
Mercy Hospital Ozark 801 W River Street Ozark, AR 72949 71-0689680	Hospital	AR	501(C)(3)	3	MHFS	Yes	
Mercy Hospital Paris 500 E Academy Paris, AR 72855 71-0655753	Hospital	AR	501(C)(3)	3	MHFS	Yes	
Mercy Hospital Rogers 2710 Rife Medical Lane Rogers, AR 72758 71-0294390	Hospital	AR	501(C)(3)	3	MHNWAC	Yes	
Mercy Hospital Springfield 1235 E Cherokee Street Springfield, MO 65804 44-0552485	Hospital	MO	501(C)(3)	3	MHSC	Yes	
Mercy Hospital Tishomingo 1000 South Byrd Tishomingo, OK 73460 27-4433830	Hospital	OK	501(C)(3)	3	MH Ardmore	Yes	
Mercy Hospital Waldron 1341 W 6th Street Waldron, AR 72958 71-0557895	Hospital	AR	501(C)(3)	3	MHFS	Yes	
Mercy Hospital Watonga Inc 500 Clarence Nash Blvd Watonga, OK 73772 45-5199762	Hospital	OK	501(C)(3)	3	MHOC	Yes	
Mercy Hospitals East Communities 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-0653493	Hospital	MO	501(C)(3)	3	MHEC	Yes	
Mercy Kansas Communities Inc 401 Woodland Hills Blvd Ft Scott, KS 66701 48-0956045	Hospital	KS	501(C)(3)	3	MHSMKC	Yes	
Mercy Medical Research Institute 1235 E Cherokee Street Springfield, MO 65804 87-0796305	Research	MO	501(C)(3)	4	MHSC	Yes	
Mercy Ministries of Laredo 2500 Zacatecas Laredo, TX 78046 20-0198462	outreach	TX	501(C)(3)	7	Mercy Health	Yes	
Mercy St Francis Hospital 100 W Highway 60 Mountain View, MO 65548 44-0607149	Hospital	MO	501(C)(3)	3	MHSC	Yes	

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 Support Services 14528 S OUTER FORTY STE 100 CHESTERFIELD, MO 63017 43-1677952	Inactive	MO	501(C)(3)	11c	MHEC	Yes	
Mission Clinical Services 300 Werner Street Hot Springs, AR 71913 13-4239691	nursing home	AR	501(C)(3)	9	MHHS	Yes	
St Edward Mercy Foundation PO Box 17000 Fort Smith, AR 72917 23-7330425	Foundation	AR	501(C)(3)	7	MHFS	Yes	
St John's Children's Hospital Inc 1235 E Cherokee Street Springfield, MO 65804	Inactive	MO	501(C)(3)	3	MHSC	Yes	
St Mary's Hospital of Enid Oklahoma 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 73-0614655	Inactive	OK	501(C)(3)	3	MHOC	Yes	
The Sister M Cornelia Blasko Foundation 100 W Highway 60 Mountain View, MO 65548 43-1873914	Foundation	MO	501(C)(3)	11a	MSFH	Yes	
Unity Ambulatory Care 14528 S OUTER FORTY STE 100 CHESTERFIELD, MO 63017 43-1861745	Inactive	MO	501(C)(3)	11c	MHEC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Frontenac Properties Inc 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 52-1914421	HOLDING COMP	DE	NA	C-Corp			
Inveno Health Inc 1235 E Cherokee Street Springfield, MO 65804 26-4509571	IT SERVICES	MO	NA	C-Corp			
Mercy Community Services Inc 401 Woodland Hills Blvd Fort Scott, KS 66701 48-1078101	RETAIL PHARMACY	KS	NA	C-Corp			
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK 73120 68-0640970	REAL ESTATE	OK	NA	C-Corp			
Mercy Health Network of the Southern Reg 1011 14th Avenue NW Ardmore, OK 73401 73-1580607	HEALTH CARE	OK	NA	C-Corp			
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK 73120 73-1381689	HEALTH CARE	OK	NA	C-Corp			
Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK 73120 73-1441665	HOLDING COMP	OK	NA	C-Corp			
UH L Corp Inc 645 Maryville Centre Drive Suite 1 St Louis, MO 63141 74-2499535	HOLDING COMP	MO	NA	C-Corp			
Unity Support Services Inc 645 Maryville Centre Drive Suite 1 St Louis, MO 63141 43-1797042	PRACTICE MGT	MO	NA	C-Corp			

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	Frontenac Properties Inc	O	1,436,729	FMV
(2)	Mercy Clinic East Communities	P	226,573,120	FMV
(3)	Mercy Clinic Fort Smith Communities	p	2,738,775	FMV
(4)	Mercy Clinic Hot Springs Communities	p	5,082,016	FMV
(5)	Mercy Clinic Oklahoma Communities Inc	p	8,580,025	FMV
(6)	Mercy Clinic Springfield Communities	P	12,558,535	FMV
(7)	Mercy Family Center	B	50,000	FMV
(8)	Mercy Family Center	O	1,013,300	FMV
(9)	Mercy Foundation for Health Innovation	B	280,924	FMV
(10)	Mercy Health East Communities	p	228,888,625	FMV
(11)	Mercy Health Foundation Ardmore	p	66,338	FMV
(12)	Mercy Health Foundation Oklahoma City Inc	B	119,550	FMV
(13)	Mercy Health Foundation Oklahoma City Inc	p	93,051	FMV
(14)	Mercy Health Foundation Springfield	p	1,178,956	FMV
(15)	Mercy Health Hot Springs Communities	p	812,370	FMV
(16)	Mercy Health Network Inc	o	359,602	FMV
(17)	Mercy Health Northwest Arkansas Communities	p	21,685,626	FMV
(18)	Mercy Health Oklahoma Communities Inc	p	6,153,342	FMV
(19)	Mercy Health Springfield Communities	p	163,115,855	FMV
(20)	Mercy Health System of Texas Inc	O	143,789	FMV

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(21)	Mercy Hospital Ardmore Inc	P	74,276,801	FMV
(22)	Mercy Hospital Aurora	p	895,269	FMV
(23)	Mercy Hospital Berryville	p	872,692	FMV
(24)	Mercy Hospital Carthage	p	1,374,413	FMV
(25)	Mercy Hospital Cassville	p	753,019	FMV
(26)	Mercy Hospital El Reno Inc	p	887,240	FMV
(27)	Mercy Hospital Fort Smith	o	22,486,188	FMV
(28)	Mercy Hospital Healdton Inc	p	317,186	FMV
(29)	Mercy Hospital Hot Springs	O	5,510,728	FMV
(30)	Mercy Hospital Joplin	N	57,762	FMV
(31)	Mercy Hospital Joplin	p	54,210,244	FMV
(32)	Mercy Hospital Lebanon	p	5,105,042	FMV
(33)	Mercy Hospital Logan County Inc	p	476,683	FMV
(34)	Mercy Hospital of Laredo	p	68,921	FMV
(35)	Mercy Hospital Oklahoma City Inc	p	39,766,293	FMV
(36)	Mercy Hospital Ozark	p	1,139,801	FMV
(37)	Mercy Hospital Paris	p	817,785	FMV
(38)	Mercy Hospital Rogers	O	27,710,092	FMV
(39)	Mercy Hospital Springfield	P	32,431,772	FMV
(40)	Mercy Hospital Tishomingo Inc	P	215,888	FMV

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(41)	Mercy Hospital Waldron	P	1,308,561	FMV
(42)	Mercy Hospitals East Communities	P	147,304,395	FMV
(43)	Mercy Kansas Communities Inc	P	24,635,145	FMV
(44)	Mercy Ministries of Laredo	b	82,500	FMV
(45)	Mercy St Francis Hospital	p	738,676	FMV
(46)	Resource Optimization & Innovation LLC	o	102,579	FMV
(47)	Resource Optimization & Innovation LLC	p	8,234,821	FMV
(48)	St Edward Mercy Foundation	p	65,432	FMV

Additional Data

Software ID:

Software Version:

EIN: 20-2553101

Name: MHM SUPPORT SERVICES

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) MERCY HOSPITAL FORT SMITH	710240352	03	Yes						0
(B) MERCY HOSPITALS EAST COMMUNITIES	430653493	03	Yes						0
(C) MERCY HOSPITAL SPRINGFIELD	440552485	03	Yes						0
(D) MERCY HOSPITAL HOT SPRINGS	710236913	03	Yes						0
(E) MERCY HEALTH NORTHWEST ARKANSAS COMMUNITIES	621684203	09	Yes						0
(F) MERCY HOSPITAL ROGERS	710294390	03	Yes						0
(G) MERCY HOSPITAL OKLAHOMA CITY	730579285	03	Yes						0
(H) MERCY HOSPITAL ARDMORE	731500629	03	Yes						0
(I) MERCY KANSAS COMMUNITIES INC	480956045	03	Yes						0
(J) MERCY CLINIC EAST COMMUNITIES	431771217	09		No					0
(K) MERCY CLINIC FORT SMITH COMMUNITIES	261318597	09		No					0
(L) MERCY CLINIC SPRINGFIELD COMMUNITIES	431560263	09		No					0
(M) MERCY CLINIC HOT SPRINGS COMMUNITIES	261325131	09		No					0
(N) MERCY HOSPITAL JOPLIN	270814858	03		No					0
(O) MERCY MINISTRIES OF LAREDO	200198462	07		No					0
(P) MERCY HOSPITAL COLUMBUS	270842031	03		No					0