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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2011
		Open to Public Inspection

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 MERCY HEALTH FOUNDATION ARDMORE FKA MERCY MEMORIAL HEALTH CENTER FOUNDATION Doing Business As		D Employer identification number 71-0962525
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1011 14TH AVENUE NW		E Telephone number (405) 752-3724
	City or town, state or country, and ZIP + 4 ARDMORE, OK 73401		G Gross receipts \$ 1,488,487
	F Name and address of principal officer ANDRE MOORE 1011 14TH AVENUE NW ARDMORE,OK 73401		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)
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶ 0928	
J Website: ▶ WWW.MERCY.NET/ARDMORE.OK			

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 2003	M State of legal domicile OK
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Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO SUPPORT THE ACTIVITIES OF AND RAISE FUNDS FOR MERCY HOSPITAL ARDMORE																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>13</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>11</td></tr><tr><td>5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>0</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>11</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	13	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0	6 Total number of volunteers (estimate if necessary)	6	11	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						
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>6,858,116</td><td>5,352,081</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>24,532</td><td>3,709</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>6,833,584</td><td>5,348,372</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	6,858,116	5,352,081	21 Total liabilities (Part X, line 26)	24,532	3,709	22 Net assets or fund balances Subtract line 21 from line 20	6,833,584	5,348,372												
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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	2013-05-17 Date		
	JON VITIELLO 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) P00013488
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	PLEUS AND COMPANY LLC 14323 S OUTER FORTY STE 310N CHESTERFIELD, MO 63017		EIN ▶ 56-2632458
				Phone no ▶ (314) 317-9916

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

TO SUPPORT THE ACTIVITIES OF AND RAISE FUNDS FOR MERCY HOSPITAL ARDMORE

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 \$ 2,485,825 including grants of \$ 2,485,825) (Revenue \$)

THE ORGANIZATION SUPPORTS MERCY HOSPITAL ARDMORE

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 \$ 2,485,825

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	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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	No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	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	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
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	Yes
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	Yes
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer 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		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
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	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b		
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		Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
8				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
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		14a		No
		14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	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
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	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	OK
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.	
JON VITIELLO 1011 14TH AVENUE NW ARDMORE, OK 73401 (405) 752-3724		

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) BATES MITA BOARD MEMBER	1 00	X						0	0	0
(2) BURDICK MALINDA PRESIDENT, MERCY HOSPITAL ARDMORE	40 00	X						0	398,021	60,149
(3) COX BRIDGE BOARD MEMBER	1 00	X						0	0	0
(4) DEXTER BOB BOARD MEMBER	1 00	X						0	0	0
(5) DUNLAP THOMAS F BOARD MEMBER	1 00	X						0	0	0
(6) GRAVES RON BOARD MEMBER	1 00	X						0	0	0
(7) LODES CLAYTON BOARD MEMBER	1 00	X						0	0	0
(8) MARTIN STEVE BOARD MEMBER	1 00	X						0	0	0
(9) MCMILLIN LOVELL BOARD MEMBER	1 00	X						0	0	0
(10) MOORE ANDRE EXECUTIVE DIRECTOR	40 00	X						0	125,178	14,386
(11) RIESEN MARK BOARD MEMBER	1 00	X						0	0	0
(12) ROBERTS HENRY BOARD MEMBER	1 00	X						0	0	0
(13) SMALLEY ALLISON BOARD MEMBER	1 00	X						0	0	0
(14) SMALLEY DIANA L CEO, MERCY OKLAHOMA	40 00			X				0	556,630	199,937
(15) VITIELLO JONATHAN CFO, MERCY OKLAHOMA	40 00			X				0	439,767	61,898
(16) GEIGER MARILYN REGIONAL VP-PHILANTHROPY	40 00				X			0	172,413	7,003
(17) NEWMAN JAMES FORMER OFFICER	0 00						X	0	194,377	3,063

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	0	1,886,386	346,436

2 Total number of individuals (including but not limited to those I
\$100,000 of reportable compensation from the organization) 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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

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 ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	86,148			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,335,166			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		1,421,314			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		4,004		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ 86,148 of contributions reported on line 1c) See Part IV, line 18	a	63,169			
b		Less direct expenses	b	63,169			
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 . .					
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 . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		1,425,318	0	0	4,004	

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	2,485,825	2,485,825		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	190,666		95,333	95,333
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	184		92	92
9	Other employee benefits	19,428		9,714	9,714
10	Payroll taxes	13,250		6,625	6,625
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	4,200		4,200	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	5,057		2,529	2,528
12	Advertising and promotion				
13	Office expenses	7,090		3,545	3,545
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	SHARED SERVICE FEES	184,830		92,415	92,415
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,910,530	2,485,825	214,453	210,252
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,132,758	1	1,030,362
	2	Savings and temporary cash investments			4,010,781	2	3,301,200
	3	Pledges and grants receivable, net			1,713,773	3	1,020,306
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			804	15	213
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,858,116	16	5,352,081
Liabilities	17	Accounts payable and accrued expenses			18,450	17	
	18	Grants payable			6,082	18	3,709
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			24,532	26	3,709
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			1,108,225	27	1,026,653
	28	Temporarily restricted net assets			5,725,359	28	4,321,719
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			6,833,584	33	5,348,372
	34	Total liabilities and net assets/fund balances			6,858,116	34	5,352,081

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,425,318
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,910,530
3	Revenue less expenses Subtract line 2 from line 1	3	-1,485,212
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,833,584
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	5,348,372

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 MERCY HEALTH FOUNDATION ARDMORE FKA MERCY MEMORIAL HEALTH CENTER FOUNDATION	Employer identification number 71-0962525
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

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(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	
(A) MERCY HOSPITAL ARDMORE	731500629	03	Yes		Yes		Yes		2,485,825
Total									2,485,825

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization MERCY HEALTH FOUNDATION ARDMORE FKA MERCY MEMORIAL HEALTH CENTER FOUNDATION	Employer identification number 71-0962525
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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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other			
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶			0

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)	11,425,318
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,910,530
3	Excess or (deficit) for the year Subtract line 2 from line 1	-1,485,212
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-1,485,212

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	11,488,487
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d63,169	
e	Add lines 2a through 2d2e	63,169
3	Subtract line 2e from line 13	1,425,318
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	1,425,318

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	12,973,699
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d63,169	
e	Add lines 2a through 2d2e	63,169
3	Subtract line 2e from line 13	2,910,530
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	2,910,530

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MERCY HEALTH AND SUBSIDIARIES DO NOT INCLUDE A FOOTNOTE TO REPORT THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48, AS THEY ARE DEEMED IMMATERIAL FOR DISCLOSURE
PART XII, LINE 2D - OTHER ADJUSTMENTS		RECLASS ITEMS 63,169
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RECLASS ITEMS 63,169

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
MERCY HEALTH FOUNDATION ARDMORE FKA
MERCY MEMORIAL HEALTH CENTER FOUNDATION

Employer identification number
71-0962525

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

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

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

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		A2A MARATHON (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	149,317		149,317
	2	Less Charitable contributions	86,148		86,148
	3	Gross income (line 1 minus line 2)	63,169		63,169
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	63,169		63,169
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					0

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

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

Yes

No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

Address

15a

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

Yes

No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

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

Yes

No

b

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

Part IV

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

Identifier	ReturnReference	Explanation
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OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
71-0962525

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.

[illegible]

- | | | |
|----------|---|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | <u>1</u> |
| 3 | Enter total number of other organizations listed in the line 1 table | 0 |

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

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
		THE PURPOSE OF THE GRANT WAS TO SUPPORT THE OPERATIONS OF MERCY HOSPITAL ARDMORE, A RELATED ORGANIZATION THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY REVIEWING THE SUPPORTED ORGANIZATION'S FINANCIAL DATA THROUGHOUT THE YEAR

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 MERCY HEALTH FOUNDATION ARDMORE FKA MERCY MEMORIAL HEALTH CENTER FOUNDATION	Employer identification number 71-0962525
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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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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		
4a Receive a severance payment or change-of-control payment?	Yes	
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b Any related organization?		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?		No
b Any related organization?		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		No
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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	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.
	PART I, LINES 4A-B	JAMES NEWMAN RECEIVED \$194,377 OF SEVERANCE COMPENSATION FROM MERCY HEALTH. MERCY HEALTH, THE PARENT COMPANY, 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 FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN: MINDY BURDICK, JONATHAN VITIELLO. THE INDIVIDUALS LISTED ABOVE DID NOT RECEIVE PAYMENTS FROM THE SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN DURING THE YEAR FROM THE FILING ORGANIZATION OR RELATED ORGANIZATIONS. THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN: DIANA SMALLEY. THE INDIVIDUAL LISTED ABOVE DID NOT RECEIVE PAYMENTS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN DURING THE YEAR FROM THE FILING ORGANIZATION OR RELATED ORGANIZATIONS. THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C).
	PART I, LINE 7	THE RELATED ORGANIZATION WHICH EMPLOYS THOSE INDIVIDUALS LISTED ON PART VII PROVIDES A NON-FIXED BONUS PLAN FOR WHICH CERTAIN TIERS OF ITS EMPLOYEES ARE ELIGIBLE. FOR FISCAL YEAR 2012 (JULY 1, 2011 - JULY 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 ARE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE OF MERCY HEALTH AND ARE THEN TAKEN INTO ACCOUNT WHEN ANALYZING EXECUTIVE COMPENSATION FOR REASONABLENESS.
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I, QUESTION 3. THE FILING ORGANIZATION RELIES ON A RELATED ORGANIZATION, REFER TO SCHEDULE O, PART VI, QUESTION 15A AND 15B FOR THE PROCESS THE RELATED ORGANIZATION FOLLOWS.

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 MERCY HEALTH FOUNDATION ARDMORE FKA MERCY MEMORIAL HEALTH CENTER FOUNDATION	Employer identification number 71-0962525
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MERCY HOSPITAL ARDMORE IS THE SOLE MEMBER OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MERCY HOSPITAL ARDMORE BOARD OF DIRECTORS MAY TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	MERCY HOSPITAL ARDMORE RESERVES THE FOLLOWING POWERS AND RESPONSIBILITIES -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 BY LAWS OF THE CORPORATION IN ACCORDANCE WITH ARTICLES IX AND X OF THESE BY LAWS AND TO AMEND THE ORGANIZATIONAL DOCUMENTS OF ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE EXECUTIVE DIRECTOR 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, -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 AN AMOUNT ESTABLISHED FROM TIME TO TIME BY MERCY, -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 OKLAHOMA GENERAL CORPORATION ACT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, USING INFORMATION PROVIDED BY THE FILING ORGANIZATION. A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S FINANCE TEAM. THE DRAFT FORM 990 IS ALSO REVIEWED BY THE MERCY HEALTH TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORM 990S. AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS PROVIDED TO THE FILING ORGANIZATION'S LEADERSHIP TEAM FOR REVIEW. THE FOUNDATION IS DIRECTLY CONTROLLED AS NOTED ON SCHEDULE R. UPON REVIEW AND APPROVAL OF THE LEADERSHIP TEAM, THE FORM 990 IS SIGNED AND FILED WITH THE IRS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE FROM TIME TO TIME BUT ARE NOT PUBLISHED PUBLICLY

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	PART XI, LINE 2	IN ADDITION TO THE SEPARATE FINANCIAL STATEMENT AUDIT, THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT. MERCY HEALTH AND SUBSIDIARIES, AND THE FOUNDATION, EACH RECEIVED UNQUALIFIED OPINIONS FROM EXTERNAL AUDITORS FOR FISCAL 2012 (THE TAX YEAR CURRENTLY BEING REPORTED). THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE FINANCE, AUDIT, AND COMPLIANCE COMMITTEE OF MERCY HEALTH BOARD OF DIRECTORS. AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE.

Identifier	Return Reference	Explanation
SINGLE AUDIT ACT AND OMB CIRCULAR A-133	PART XI, LINE 3	THE CONSOLIDATED GROUP OF MERCY HEALTH IS REQUIRED TO UNDERGO AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 THE SINGLE AUDIT WAS CONDUCTED ON A CONSOLIDATED BASIS

Identifier	Return Reference	Explanation
MERCY HOSPITALS EAST COMMUNITIES	FORM 990, SCHEDULE R, PART II	MERCY HOSPITALS EAST COMMUNITIES CONSISTS OF MERCY HOSPITALS EAST COMMUNITIES ST LOUIS, EIN 43-065393, AND MERCY HOSPITALS EAST COMMUNITIES WASHINGTON, EIN 43-1066883

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

Identifier	Return Reference	Explanation
HOURS PER WEEK	FORM 990, PART VII	SEVERAL INDIVIDUALS ARE DISCLOSED AS OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ON MULTIPLE FORM 990S THAT ARE FILED BY ORGANIZATIONS INCLUDED IN THE MERCY HEALTH OKLAHOMA COMMUNITIES SYSTEM THE AVERAGE HOURS PER WEEK REPORTED INCLUDES HOURS WORKED FOR ALL OF THESE ORGANIZATIONS

Identifier	Return Reference	Explanation
SALARIES AND WAGES	FORM 990, PART V, LINE 2A	THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX, LINE 7 REPRESENT AN ALLOCATION OF SALARIES AND WAGES FROM A RELATED ORGANIZATION. EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAYMASTER ARRANGEMENT. AS SUCH, ALL REQUIRED PAYROLL FILING (INCLUDING W-2 AND W-3'S) WAS REPORTED UNDER THE RELATED ORGANIZATION'S EIN.

Identifier	Return Reference	Explanation
INDEPENDENT CONTRACTORS	FORM 990, PART V, QUESTION 1A	INDEPENDENT CONTRACTORS 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

Identifier	Return Reference	Explanation
	SCHEDULE O DISCLOSURE FORM 990, HEADING, BOX B	DURING THE TAX YEAR ENDED JUNE 30, 2012, SISTERS OF MERCY HEALTH SYSTEM ("MERCY HEALTH") BEGAN A SYSTEM-WIDE REBRANDING INITIATIVE TO HELP PATIENTS, PHYSICIANS, CO-WORKERS, AND THE PUBLIC BETTER UNDERSTAND THE FULL SCOPE AND LOCATIONS OF MERCY HEALTH'S SERVICES. SEVERAL OF THE MERCY HEALTH AFFILIATES HAVE CHANGED OR ARE IN THE PROCESS OF CHANGING LEGAL NAMES. PRIOR TO FILING THE 2011 FORMS 990 (DUE MAY 15, 2013), MERCY HEALTH NOTIFIED THE IRS OF THESE NAME CHANGES, THEREFORE BOX B "NAME CHANGE" HAS NOT BEEN CHECKED ON THIS FORM 990.

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

MERCY HEALTH FOUNDATION ARDMORE FKA
MERCY MEMORIAL HEALTH CENTER FOUNDATION

Employer identification number

71-0962525

Part I

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

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

Part II

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

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate 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) SOUTHERN OKLAHOMA DIAG CTR LLC 1011 FOURTEENTH AVENUE NW ARDMORE, OK 73401 43-1971232	MRI SERVICES	OK	MERCY HOSPITAL ARDMORE INC	N/A				No			No	
(2) RESOURCE OPTIMIZ & INNOVLLC 645 MARYVILLE CTR DRSTE 200 ST LOUIS, MO 63141 46-0468368	CENTRAL DISTRIBUTION CENTER	MO	MHN INC - MHNSR INC	N/A				No			No	
(3) MERCY AMBULATORY SURGERY CENTER LLC 7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0827721	AMBULATORY SURGERY CENTER	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	
(4) FORT SMITH EMERGENCY MEDICAL SERVICES 1701 SOUTH GREENWOOD FORT SMITH, AR 72901 71-0416615	EMERGENCY MEDICAL SERVICES	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	
(5) ST EDWARD MERCY MC M-P OFFICE BLDG 7301 ROGERS AVENUE FORT SMITH, AR 72903 71-0554050	OFFICE BUILDING	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	

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

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) MERCY HEALTH OKLAHOMA COMMUNITIES INC	O	188,735	
(2) MERCY HOSPITAL ARDMORE	P	422,593	
(3) MHM SUPPORT SERVICES	O	66,338	
(4) MERCY HOSPITAL ARDMORE	B	2,485,825	
(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	
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Software ID:

Software Version:

EIN: 71-0962525

Name: MERCY HEALTH FOUNDATION ARDMORE FKA
MERCY MEMORIAL HEALTH CENTER FOUNDATION

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 ST 3RD FLOOR HOT SPRINGS, AR 71913 71-0816634	LONG TERM ACUTE-CARE HOSPITAL	AR	501C3	3	MERCY HEALTH		No
CASA DE MISERICORDIA 1602 MCCLELLAND STREET LAREDO, TX 78044 74-2912461	WOMEN'S DOMESTIC VIOLENCE SHELTER	TX	501C3	7	MERCY MINISTRIES OF LAREDO		No
LAREDO MEDICAL GROUP 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 74-2764726	INACTIVE	TX	501C3	9	MERCY HEALTH SYSTEM TX		No
MCAULEY PORTFOLIO MGMT CO 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 26-1708048	PORTFOLIO MANAGEMENT	MO	501C3	11-II	MERCY HEALTH		No
MERCY CLINIC EAST COMMUNITIES 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-1771217	PHYSICIAN GROUP	MO	501C3	9	MERCY HEALTH EAST COMMUNITIES		No
MERCY CLINIC FORT SMITH COMM 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318597	PHYSICIAN CLINIC	AR	501C3	9	MERCY HEALTH FORT SMITH COMM		No
MERCY CLINIC HOT SPRINGS COMM 1 MERCY LANE HOT SPRINGS, AR 71913 26-1125131	PHYSICIAN CLINIC	AR	501C3	9	MERCY HEALTH HOT SPRINGS COMM		No
MERCY CLINIC OKLAHOMA COMM 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 27-0473057	PHYSICIAN GROUP/CLINIC	OK	501C3	9	MERCY HEALTH OK COMMUNITIES		No
MERCY CLINIC SPRINGFIELD COMM 1965 FREMONT STREET SUITE 2950 SPRINGFIELD, MO 65804 43-1560263	PHYSICIAN GROUP	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM		No
MERCY FAMILY CENTER 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 72-1069468	FAMILY COUNSELING SERVICES	MO	501C3	7	MERCY HEALTH		No
MERCY FDTN HEALTH INNOV 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-0901499	FOUNDATION	MO	501C3	11-II	MERCY HEALTH		No
MERCY HEALTH 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1423050	HEALTH SYSTEM - CORPORATE OFFICE	MO	501C3	1	N/A		No
MERCY HEALTH EAST COMMUNITIES 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-1718408	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH		No
MERCY HEALTH FORT SMITH COMM 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318515	HOLDING COMPANY	AR	501C3	11-II	MERCY HEALTH		No
MERCY HEALTH FOUNDATION BERRYVILLE 214 CARTER STREET BERRYVILLE, AR 72616 71-0759301	FOUNDATION	AR	501C3	11-I	MERCY HOSPITAL BERRYVILLE		No
MERCY HEALTH FOUNDATION FT SCOTT 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1077073	FOUNDATION	KS	501C3	11-III	MERCY KANSAS COMMUNITIES INC		No
MERCY HEALTH FOUNDATION HOT SPRINGS 300 WERNER STREET HOT SPRINGS, AR 71913 71-0804718	FOUNDATION	AR	501C3	11-II	MERCY HOSPITAL HOT SPRINGS		No
MERCY HEALTH FOUNDATION INDEPENDENCE 800 W MYRTLE INDEPENDENCE, KS 67301 48-1079981	FOUNDATION	KS	501C3	11-I	MERCY KANSAS COMMUNITIES INC		No
MERCY HEALTH FOUNDATION JOPLIN 2817 ST JOHNS BLVD JOPLIN, MO 64804 27-0906136	FOUNDATION	MO	501C3	11-I	MERCY HEALTH SW MOKS COMM		No
MERCY HEALTH FOUNDATION NW ARK 2710 RIFE MEDICAL LN ROGERS, AR 72858 71-0601687	FOUNDATION	AR	501C3	11-III	MERCY HOSPITAL ROGERS		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
MERCY HEALTH FOUNDATION OK CITY 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1593024	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL OKLAHOMA CITY		No
MERCY HEALTH FOUNDATION OF OK 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 45-4732301	FOUNDATION	OK	501C3	11-I	MERCY HEALTH OK COMMUNITIES		No
MERCY HEALTH FOUNDATION SPRINGFIELD 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 32-0195818	FOUNDATION	MO	501C3	11-II	MERCY HEALTH SPRINGFIELD COMM		No
MERCY HEALTH FOUNDATION STL 615 SOUTH NEW BALLAS ROAD ST LOUIS, MO 63141 56-2410020	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES		No
MERCY HEALTH FOUNDATION WASHINGTON 901 E FIFTH STREET WASHINGTON, MO 63090 56-2410022	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES		No
MERCY HEALTH HOT SPRINGS COMM 300 WERNER STREET HOT SPRINGS, AR 71913 26-1125064	HOLDING COMPANY	AR	501C3	11-II	MERCY HEALTH		No
MERCY HEALTH NWARK COMMUNITIES 2710 RIFE MEDICAL LN ROGERS, AR 72758 62-1684203	PHYSICIAN GROUP	AR	501C3	11-II	MERCY HEALTH		No
MERCY HEALTH OK COMMUNITIES 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1453048	HOLDING COMPANY	OK	501C3	11-II	MERCY HEALTH		No
MERCY HEALTH SW MOKS COMM 2817 ST JOHNS BLVD JOPLIN, MO 64804 30-0584463	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH		No
MERCY HEALTH SPRINGFIELD COMM 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 43-1856028	HOLDING COMPANY	MO	501C3	11-II	MERCY HEALTH		No
MERCY HEALTH SYSTEM TX 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 74-2764727	INACTIVE	TX	501C3	11-II	MERCY HEALTH		No
MERCY HOME HEALTH BERRYVILLE 804 W FREEMAN SUITE 4 BERRYVILLE, AR 72616 87-0781247	HOME HEALTH AND HOSPICE OPERATIONS	AR	501C3	11-III	MERCY HOSPITAL SPRINGFIELD		No
MERCY HOSPITAL ARDMORE 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1500629	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES		No
MERCY HOSPITAL AURORA 500 PORTER AVENUE AURORA, MO 65605 43-1936696	OPERATING CO FOR LEASED HOSP	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM		No
MERCY HOSPITAL BERRYVILLE 214 CARTER STREET BERRYVILLE, AR 72616 71-0759299	HOSPITAL	AR	501C3	3	MERCY HEALTH SPRINGFIELD COMM		No
MERCY HOSPITAL CARTHAGE 3125 DR RUSSELL SMITH WAY CARTHAGE, MO 64836 45-3808607	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM		No
MERCY HOSPITAL CASSVILLE 94 MAIN STREET CASSVILLE, MO 65625 43-1936699	OPERATING CO FOR LEASED HOSP	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM		No
MERCY HOSPITAL COLUMBUS 220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725 27-0842031	CRITICAL ACCESS HOSPITAL	MO	501C3	9	MERCY HEALTH SW MOKS COMM		No
MERCY HOSPITAL EL RENO 2115 PARKVIEW DRIVE EL RENO , OK 73036 27-2716065	OPERATING CO FOR LEASED HOSP	OK	501C3	3	MERCY HEALTH OK COMMUNITIES		No
MERCY HOSPITAL FORT SMITH 7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0240352	HOSPITAL	AR	501C3	3	MERCY HEALTH FORT SMITH COMM		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
MERCY HOSPITAL HEALDTON 918 SOUTH STREET HEALDTON, OK 73438 26-3173902	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ARDMORE		No
MERCY HOSPITAL HOT SPRINGS 300 WERNER STREET HOT SPRINGS, AR 71913 71-0236913	HOSPITAL	AR	501C3	3	MERCY HEALTH HOT SPRINGS COMM		No
MERCY HOSPITAL JOPLIN 2817 ST JOHNS BLVD JOPLIN, MO 64804 27-0814858	HOSPITAL	MO	501C3	9	MERCY HEALTH SW MOKS COMM		No
MERCY HOSPITAL LEBANON 100 HOSPITAL DRIVE LEBANON, MO 65536 43-1767432	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM		No
MERCY HOSPITAL LOGAN COUNTY INC 200 SOUTH ACADEMY GUTHRIE, OK 73044 45-2998842	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES		No
MERCY HOSPITAL OF LAREDO 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 74-1189682	INACTIVE	TX	501C3	3	MERCY HEALTH SYSTEM TX		No
MERCY HOSPITAL OKLAHOMA CITY 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-0579285	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES		No
MERCY HOSPITAL OZARK 801 W RIVER STREET OZARK, AR 72949 71-0689680	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH		No
MERCY HOSPITAL PARIS 500 E ACADEMY PARIS, AR 72855 71-0655753	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH		No
MERCY HOSPITAL ROGERS 2710 RIFE MEDICAL LN ROGERS, AR 72758 71-0294390	HOSPITAL	AR	501C3	3	MERCY HEALTH NWAR COMMUNITIES		No
MERCY HOSPITAL SPRINGFIELD 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 44-0552485	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM		No
MERCY HOSPITAL TISHOMINGO 1000 SOUTH BYRD TISHOMINGO, OK 73460 27-4433830	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ARDMORE		No
MERCY HOSPITAL WALDRON 1341 W 6TH STREET WALDRON, AR 72958 71-0557895	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH		No
MERCY HOSPITAL WATONGA INC 500 CLARENCE NASH BLVD WATONGA, OK 73772 45-5199762	LEASED HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES		No
MERCY HOSPITALS EAST COMM 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-0653493	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES		No
MERCY KANSAS COMMUNITIES INC 401 WOODLAND HILLS BLVD FT SCOTT, KS 66701 48-0956045	HOSPITAL,RURAL HEALTH CLINICS	KS	501C3	3	MERCY HEALTH SW MOKS COMM		No
MERCY MEDICAL RESEARCH INST 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 87-0796305	RESEARCH - CLINICAL TRIALS	MO	501C3	4	MERCY HEALTH SPRINGFIELD COMM		No
MERCY MINISTRIES OF LAREDO 2500 ZACATECAS LAREDO, TX 78043 20-0198462	HEALTHCARE, OUTREACH,FOOD PANTRY	TX	501C3	7	MERCY HEALTH		No
MERCY ST FRANCIS HOSPITAL 100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 44-0607149	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM		No
MERCY SUPPORT SERVICES 615 S NEW BALLAS ROAD ST LOUIS, MO 63141 43-1677952	INACTIVE	MO	501C3	11-III	MERCY HOSPITALS EAST COMM		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
MHM SUPPORT SERVICES 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-2553101	CENTRALIZED HEALTH SYSTEM FUNCTIONS	MO	501C3	11-II	MERCY HEALTH		No
MISSION CLINICAL SERVICES 300 WERNER STREET HOT SPRINGS, AR 71913 13-4239691	PHYSICIAN CLINICS	AR	501C3	9	MERCY HEALTH HOT SPRINGS COMM		No
ST EDWARD MERCY FOUNDATION PO BOX 17000 FORT SMITH, AR 72917 23-7330425	FOUNDATION	AR	501C3	7	MERCY HOSPITAL FORT SMITH		No
ST JOHNS CHILDRENS HOSP 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804	INACTIVE	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM		No
ST MARYS HOSP ENID OK 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 73-0614655	INACTIVE	OK	501C3	3	MERCY HEALTH OK COMMUNITIES		No
THE SR M CORNELIA BLASKO FN 100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 43-1873914	FOUNDATION	MO	501C3	11-I	MERCY ST FRANCIS HOSPITAL		No
UNITY AMBULATORY CARE 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1861745	INACTIVE	MO	501C3	11-III	MERCY HEALTH EAST COMMUNITIES		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
MERCY COMM SERVICES INC 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1078101	RETAIL PHARMACY	KS	MERCY KANSAS COMM INC	C			
FRONTENAC PROPERTIES INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 52-1914421	HOLDS ANCILLARY ASSETS & OWNS AIRCRAFT	DE	MERCY HEALTH	C			
INVENO HEALTH INC 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 26-4509571	TECHNOLOGY TRANSFER COMPANY	MO	MERCY HEALTH SPRINGFIELD COMM	C			
UNITY SUPPORT SERVICES INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 43-1797042	INACTIVE	MO	MERCY HEALTH EAST COMMUNITIES	C			
UH L CORP INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 74-2499535	HOLDING COMPANY	MO	MERCY HEALTH SERVICES LLC	C			
MHN OF THE SOUTHERN REGION INC 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1580607	HOLDING COMPANY	OK	MERCY MANAGED CARE CORP	C			
MERCY HEALTH CENTER CONDOMINIUM INC 4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120 68-0640970	ADMINISTRATOR OF CERTAIN REAL PROPERTY AND IMPROVEMENTS	OK	MERCY HOSPITAL OKLAHOMA CITYINC	C			
MERCY MANAGED CARE CORPORATION 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1441665	HOLDING COMPANY	OK	MERCY HEALTH	C			
MERCY HEALTH NETWORK INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1381689	HOLDING COMPANY	OK	MERCY MANAGED CARE CORP	C			