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Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1Briefly describe the organization’s mission

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

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4Describe 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 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 \$ 648,444 including grants of \$ 58,735) (Revenue \$ 0)

SHELTER PROGRAM THE PURPOSE OF CASA DE MISERICORDIA (CASA) DOMESTIC VIOLENCE PROGRAM IS TO PROVIDE A SAFE AND SECURE ENVIRONMENT IN WHICH VICTIMS OF DOMESTIC VIOLENCE CAN ACCESS THE BEST OF SERVICES IN ORDER TO MAKE INFORMED DECISIONS ABOUT THEIR FUTURE CASA DE MISERICORDIA OFFERS 24 HOUR-A-DAY FULL SERVICE SHELTER AND 24 HOUR-A-DAY CRISIS TELEPHONE HOTLINES CASA PROVIDES ADVOCACY AND INTERVENTION SERVICES, SAFETY PLANNING, COUNSELING AND SUPPORT GROUPS, INFORMATION AND REFERRAL SERVICES, LEGAL AND IMMIGRATION ADVOCACY AND TRANSPORTATION CASA ALSO PROVIDES CHILD CENTERED ACTIVITIES THESE ACTIVITIES INCLUDE SAFETY PLANNING, COUNSELING AND COUNSELING REFERRALS, MUSIC CLASSES, TUTORING, SUMMER CAMPS, PRIMARY PREVENTION AND ANTI-BULLYING ACTIVITIES FOR CHILDREN, AND PROJECTS FOR TEENAGERS IN WHICH THEY CAN LEARN ABOUT TEEN DATING VIOLENCE IN FISCAL YEAR 2014, CASA PROVIDED RESIDENTIAL SERVICES TO 263 ADULTS AND 475 CHILDREN FOR A TOTAL 7823 SHELTER DAYS THE SHELTER PROGRAM ALSO PROVIDED 2587 COUNSELING HOURS TO AN AVERAGE OF 93 ADULT VICTIMS PER MONTH CASA HOSTED 97 SUPPORT AND THERAPY GROUP SESSIONS IN WHICH ATTENDEES TOTALED 1241 ADULTS AND 2417 CHILDREN DURING THIS SAME PERIOD, CASA PROVIDED 29 COURT ACCOMPANIMENTS, DISTRIBUTED 1021 ADULT BUS TICKETS AND 605 CHILDREN'S BUS TICKETS, AND PROVIDED MUSIC CLASSES TO 15 ATTENDEES AND TUTORING TO 148 ATTENDEES ALL OF THESE SERVICES ARE IMPORTANT IN THAT THEY NOT ONLY PROVIDE SAFETY AND SECURITY FOR VICTIMS OF DOMESTIC VIOLENCE BUT ALSO BECAUSE THEY BREAK DOWN BARRIERS FOR VICTIMS AND HELP THEM DEVELOP COPING SKILL, SELF-ESTEEM, KNOWLEDGE OF COMMUNITY RESOURCES AND SUPPORT NETWORKS

4b

(Code) (Expenses \$ 274,705 including grants of \$ 0) (Revenue \$ 0)

EDUCATION CENTER PROGRAM THE PURPOSE OF THE EDUCATION CENTER PROGRAM IS TWO-FOLD THE FIRST IS TO EMPOWER WOMEN AND CHILDREN TO DEVELOP THE KNOWLEDGE, SKILLS AND RESOURCES NEEDED TO LIVE A LIFE FREE FROM VIOLENCE THE SECOND IS TO PROVIDE OPPORTUNITIES FOR COMMUNITY EDUCATION IN WHICH THE COMMUNITY CAN LEARN ABOUT DOMESTIC VIOLENCE, ITS EFFECTS AND HOW THE COMMUNITY PLAYS A ROLE IN ENDING DOMESTIC VIOLENCE THE EDUCATION CENTER PROVIDES A NUMBER OF CLASSES, SOME OF WHICH ARE OFFERED AT DIFFERENT LEVELS OF PROFICIENCY, AIMED AT HELPING VICTIMS OF DOMESTIC VIOLENCE BECOME SELF-SUFFICIENT CASA WORKS WITH LAREDO COMMUNITY COLLEGE, THE MEXICAN CONSULATE, AND INDIVIDUALS FROM THE COMMUNITY TO PROVIDE INSTRUCTORS AND MATERIALS FOR EACH CLASS IN FISCAL YEAR 2014, CASA PROVIDED BEAUTY, COMPUTER, ENGLISH AS A SECOND LANGUAGE, SEWING, AEROBICS, ART, FINANCE AND JOB SKILLS CLASSES THROUGH THE EDUCATIONAL AND LIFE SKILLS CLASSES SURVIVORS OF DOMESTIC VIOLENCE ARE ABLE TO GAIN THE SKILLS NEEDED TO ESTABLISH OR SUPPLEMENT AN INCOME NEEDED TO ATTAIN FINANCIAL INDEPENDENCE A TOTAL OF 180 ATTENDEES PARTICIPATED IN THE BEAUTY CLASSES, 456 IN THE COMPUTER CLASSES, 1385 IN ESL CLASSES, 259 IN SEWING CLASSES, 275 IN AEROBICS CLASSES, 45 IN FINANCE CLASSES, 176 IN ART CLASSES, AND 78 IN JOB SKILLS CLASSES THROUGH THE EDUCATION CENTER, CASA PROVIDES MANY OPPORTUNITIES FOR COMMUNITY EDUCATION THE EDUCATION CENTER BOTH HOSTS DIFFERENT EVENTS IN WHICH THE COMMUNITY COMES TO THE CENTER TO LEARN MORE ABOUT DOMESTIC VIOLENCE AND GOES OUT INTO THE COMMUNITY TO PROVIDE PRESENTATIONS CASA HAS PROVIDED PRESENTATIONS TO DIFFERENT BUSINESSES, SCHOOLS, SOCIAL SERVICE AND GOVERNMENT AGENCIES, AND SOCIAL AND COMMUNITY ORGANIZATIONS ABOUT DOMESTIC VIOLENCE, ITS EFFECTS, AND HOW THE COMMUNITY CAN SUPPORT AND RESPOND TO THE NEEDS OF VICTIMS OF DOMESTIC VIOLENCE IN FISCAL YEAR 2014, CASA PROVIDED 218 COMMUNITY PRESENTATIONS TO 9,175 ATTENDEES, 52 TELEVISION INTERVIEWS AND/OR PUBLIC SERVICE ANNOUNCEMENTS, 1 RADIO INTERVIEW, AND 28 NEWSPAPER INTERVIEWS/ARTICLES CASA IS COMMITTED TO WORKING WITH COMMUNITY COLLABORATORS CASA IS ONE OF THE FOUNDING MEMBERS OF THE WEBB COUNTY DOMESTIC VIOLENCE COALITION, A GRASS ROOTS ORGANIZATION COMPOSED OF APPROXIMATELY 35 COMMUNITY ORGANIZATIONS THAT MEETS MONTHLY TO DISCUSS HOW BEST THE COMMUNITY CAN ADDRESS DOMESTIC VIOLENCE IN THE COMMUNITY THE COALITION ALSO FACILITATES AN ANNUAL CONFERENCE THAT BRINGS TOGETHER LAW ENFORCEMENT, ADVOCACY AND HEALTH PROFESSIONALS, AND THOSE WHO WORK IN THE FIELD OF EDUCATION TO LEARN

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 ▶ 923,149

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	No
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ELIZABETH CASSO CFO 2500 ZACATECAS ST Laredo, TX 78046 (956) 721-7411

Check if Schedule O contains a response or note to any line in this Part VII ☒

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** 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 organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	0	89,689	17,623

2 Total number of individuals (including but not limited to those l
\$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	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a83,347			
	b	Membership dues	1b			
	c	Fundraising events	1c40,195			
	d	Related organizations	1d45,956			
	e	Government grants (contributions)	1e555,841			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f559,880			
	g	Noncash contributions included in lines 1a-1f \$	6,500			
	h	Total. Add lines 1a-1f		1,285,219		
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	0		
4		Income from investment of tax-exempt bond proceeds	0			
5		Royalties	0			
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)	0	0		
d		Net rental income or (loss)	0			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)	0			
8a		Gross income from fundraising events (not including \$ 40,195 of contributions reported on line 1c) See Part IV, line 18	a50,074			
b		Less direct expenses	b19,983			
c		Net income or (loss) from fundraising events	30,091			30,091
9a		Gross income from gaming activities See Part IV, line 19	a14,731			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities	14,731			14,731
10a		Gross sales of inventory, less returns and allowances	a			
b		Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory	0			
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d	0				
12	Total revenue. See Instructions		1,330,041		44,822	

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).

Check if Schedule O contains a response or note to any line 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.	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	58,735	58,735		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages.	599,579	435,393	153,319	10,867
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	31,162	21,744	8,765	653
9	Other employee benefits.	128,430	93,126	33,806	1,498
10	Payroll taxes.	41,157	30,045	10,701	411
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	0	0	0	0
c	Accounting.	10,000	0	10,000	0
d	Lobbying.	0	0	0	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	51,789	51,789		
12	Advertising and promotion.	0	0	0	0
13	Office expenses.	79,391	64,104	14,804	483
14	Information technology.	11,930	8,469	3,323	138
15	Royalties.	0	0	0	0
16	Occupancy.	46,797	37,573	8,987	237
17	Travel.	5,451	3,696	1,730	25
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	0	0	0	0
20	Interest.	0	0	0	0
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	70,259	65,453	4,728	78
23	Insurance.	5,130	3,694	1,385	51
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	BAD DEBT	2,500	0	2,500	0
b	REPAIRS & MAINTENANCE	34,649	23,320	11,147	182
c	DRUGS AND MEDICAL EXPENSES	3,120	3,120	0	0
d	MISCELLANEOUS	25,270	22,888	2,377	5
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	1,205,349	923,149	267,572	14,628
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	223,764
	2	Savings and temporary cash investments		151,431	2	0
	3	Pledges and grants receivable, net		322,778	3	313,686
	4	Accounts receivable, net		14,937	4	5,389
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	12,500
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a2,504,808			
	b	Less accumulated depreciation	10b719,041	1,743,571	10c	1,785,767
	11	Investments—publicly traded securities		1,877,255	11	2,138,748
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		259	15	260
	16	Total assets. Add lines 1 through 15 (must equal line 34)		4,110,231	16	4,480,114
Liabilities	17	Accounts payable and accrued expenses		120,831	17	122,483
	18	Grants payable		0	18	0
	19	Deferred revenue		240,500	19	223,234
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		361,331	26	345,717
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		3,722,302	27	4,070,700
	28	Temporarily restricted net assets		26,598	28	63,697
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,748,900	33	4,134,397
	34	Total liabilities and net assets/fund balances		4,110,231	34	4,480,114

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,330,041
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,205,349
3	Revenue less expenses Subtract line 2 from line 1	3	124,692
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,748,900
5	Net unrealized gains (losses) on investments	5	261,493
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-688
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,134,397

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
Seca Calixto Board member	1 0 0 0	X						0	0	0
Torres Jesus Board member	1 0 0 0	X						0	0	0
Ulbricht John Board member	1 0 0 0	X						0	0	0
Valdez Augustin Board member	1 0 0 0	X						0	0	0
Vaswani Priya Board member	1 0 0 0	X						0	0	0
Vera RSM Sr Maria Luisa Board member	15 0 45 0	X						0	0	0
Wawroski Judy Board member	1 0 0 0	X						0	0	0
Casso Elizabeth Chief financial officer	30 0 30 0			X				0	89,689	17,623
Welsh RSM Sr Rosemary Executive director	59 0 1 0			X				0	0	0

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization Casa de Misericordia	Employer identification number 74-2912461
--	--

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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Type I

Type II

Type III - Functionally integrated

Type III - Non-functionally integrated

(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 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?

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	917,069	1,022,790	990,096	1,145,588	1,285,219	5,360,762
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	917,069	1,022,790	990,096	1,145,588	1,285,219	5,360,762
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)						800,850
6 Public support. Subtract line 5 from line 4						4,559,912

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	917,069	1,022,790	990,096	1,145,588	1,285,219	5,360,762
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,311	1,946	1,180	627		10,064
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	250	0	250
11	Total support (Add lines 7 through 10)						5,371,076
12	Gross receipts from related activities, etc (see instructions)					12	320,482
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 2013 (line 6, column (f) divided by line 11, column (f))	14	84.898 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	89.569 %
16a	33 1/3% support test—2013. 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—2012. If the organization did not check a 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—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Casa de Misericordia	Employer identification number 74-2912461
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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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

Using the organization's acquisition, 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 XIII
- 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | | 312,465 | | 312,465 |
| b Buildings | | 1,919,532 | 537,577 | 1,381,955 |
| c Leasehold improvements | | 46,878 | 31,839 | 15,039 |
| d Equipment | | 225,933 | 149,625 | 76,308 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 1,785,767 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,599,534
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	261,493
b	Donated services and use of facilities	2b	8,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	269,493
3	Subtract line 2e from line 1	3	1,330,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,330,041

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,213,349
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	8,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	8,000
3	Subtract line 2e from line 1	3	1,205,349
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,205,349

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

[illegible]

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization Casa de Misericordia	Employer identification number 74-2912461
--	--

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

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

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

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

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DINNER/SPEAKER</u> (event type)	 (event type)	<u>0</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	87,748		87,748
	2	Less Contributions . . .	40,195		40,195
	3	Gross income (line 1 minus line 2)	47,553		47,553
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	18,583		18,583
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					28,970

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))
Direct Expenses	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, 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 _____

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 Enter 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Casa de Misericordia

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
74-2912461

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

3

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

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Assistance to Shelter Residents	1693	58,735			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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.
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization Casa de Misericordia	Employer identification number 74-2912461
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Return Reference	Explanation
FORM 990, PART V, QUESTION 2A	W3-FILING EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAY MASTER ARRANGEMENT AS SUCH, ALL REQUIRED PAYROLL FILING (INCLUDING W-2, W-3'S) WAS REPORTED UNDER THE RELATED ORGANIZATION'S EIN

Return Reference	Explanation
FORM 990, PART VI, LINE 6A, LINE 7A, 7B	CLASSES OF MEMBERS OR STOCKHOLDERS MERCY MINISTRIES OF LAREDO IS THE SOLE CORPORATE MEMBER OF CASA DE MISERICORDIA THE POWER TO APPOINT AND REMOVE MEMBERS OF THE BOARD OF DIRECTORS IS RESERVED SOLELY TO THE CORPORATE MEMBER, MERCY MINISTRIES OF LAREDO THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED UNTO THE CORPORATE MEMBER - APPROVAL OF THE ADOPTION OF AND ANY REVISIONS TO THE MISSION, VISION, AND OPERATING VALUES PURSUANT TO WHICH THE CORPORATION WILL OPERATE, - APPROVAL OF ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION AND THE BY LAWS, - APPOINTMENT AND REMOVAL OF MEMBERS OF THE BOARD OF DIRECTORS AS PROVIDED IN ARTICLE III, SECTIONS IV & V OF THE BY LAWS, - APPOINTMENT AND REMOVAL OF THE EXECUTIVE DIRECTOR OF THE CORPORATION AS PROVIDED IN ARTICLE VII, SECTION VII OF THESE BY LAWS, - ADOPTION OF BUDGETS FOR THE CORPORATION, - TO LEASE OR SELL ANY OF THE ASSETS OF THE CORPORATION IN EXCESS OF ONE MILLION DOLLARS (\$1,000,000), - TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	DSCR THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, USING INFORMATION PROVIDED BY THE FILING ORGANIZATION A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S FINANCE TEAM THE DRAFT FORM 990 IS ALSO REVIEWED BY MERCY HEALTH'S TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORMS 990 AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS PROVIDED TO THE FILING ORGANIZATION'S LEADERSHIP TEAM, INCLUDING THE CFO AND CEO, FOR REVIEW ONCE REVIEWED AND APPROVED BY THE FILING ORGANIZATION'S LEADERSHIP TEAM, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW, IT IS THEN SIGNED AND FILED WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND DID SO IN THE NORMAL COURSE FOR THE YEAR ENDED JUNE 30, 2014. 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 STEWARDSHIP COMMITTEE (FORMERLY FINANCE, AUDIT AND COMPLIANCE COMMITTEE) OF THE BOARD OF DIRECTORS.

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15A & 15B	OFFICERS & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIES UPON MERCY HEALTH, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE COMPENSATION COMMITTEE OF THE BOARD OF MERCY HEALTH

Return Reference	Explanation
FORM 990, PART VI, QUESTION 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY , & FIN STMT TO GEN PUBLIC GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST BUT ARE NOT PUBLISHED PUBLICLY

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN B	AVERAGE HOURS PER WEEK THE HOURS PER WEEK DISCLOSED IN PART VII IS THE AVERAGE HOURS THE LISTED PERSON WORKED OR DEVOTED PER WEEK WHILE EMPLOYED OR ASSOCIATED WITH THE FILING ORGANIZATION AND RELATED ORGANIZATIONS (IF APPLICABLE)

Return Reference	Explanation
FORM 990, PART XII, QUESTION 2C	AUDIT OF FINANCIAL STATEMENTS IN ADDITION TO THE SEPARATE AUDIT AND BEING INCLUDED IN THE CONSOLIDATED MERCY MINISTRIES OF LAREDO ANNUAL FINANCIAL STATEMENT AUDIT, THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT. MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2014 (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 STEWARDSHIP COMMITTEE (FORMERLY FINANCE, AUDIT, AND COMPLIANCE COMMITTEE) OF MERCY HEALTH BOARD OF DIRECTORS. AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Casa de Misericordia

Employer identification number
74-2912461

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) 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 entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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 or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s 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

1s

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MERCY MINISTRIES OF LAREDO	0	798,982	FMV

Schedule R (Form 990) 2013

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V	LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY HEALTH SYSTEM, INC 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 LINE P

Additional Data

Software ID:

Software Version:

EIN: 74-2912461

Name: Casa de Misericordia

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Jefferson Land Company Inc 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-1330360	Holding co	MO	501c2		MH Jffrson	Yes	
(1) Laredo Medical Group 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 74-2764726	INACTIVE	TX	501c3	9	MH Texas	Yes	
(2) McAuley Portfolio Management Company 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 26-1708048	PORT MGMT	MO	501c3	11b	Mercy Health	Yes	
(3) Mercy ACO Clinical Services Inc 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 46-4504901	VIRTUAL CARE	MO	501c3	3	Mercy Health	Yes	
(4) Mercy Clinic East Communities 645 Maryville Ctr Dr Ste 100 St Louis, MO 63141 43-1771217	PHYS GROUP	MO	501c3	9	MH East Comm	Yes	
(5) Mercy Clinic Fort Smith Communities 7301 Rogers Avenue Fort Smith, AR 72903 26-1318597	PHYS CLINIC	AR	501c3	9	MH FS COMM	Yes	
(6) Mercy Clinic Hot Springs Communities 1 Mercy Lane Hot Springs, AR 71913 26-1125131	Sold 03/31/14	AR	501c3	9	MH HS COMM	Yes	
(7) Mercy Clinic Oklahoma Communities Inc 4300 W Memorial Road Oklahoma City, OK 73120 27-0473057	PHYS GROUP	OK	501c3	9	MH Ok Comm	Yes	
(8) Mercy Clinic Springfield Communities 1965 Fremont Street Suite 2950 Springfield, MO 65804 43-1560263	PHYS GROUP	MO	501c3	9	MH SF COMM	Yes	
(9) Mercy Family Center 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 72-1069468	COUNSELING	MO	501c3	7	Mercy Health	Yes	
(10) Mercy Health Foundation 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 20-0901499	Foundation	MO	501c3	11b	Mercy Health	Yes	
(11) Mercy Health 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-1423050	Corp Office	MO	501c3	1	NA		No
(12) Mercy Health East Communities 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-1718408	HLTH SYSTEM	MO	501c3	11b	Mercy Health	Yes	
(13) Mercy Health East Communities - Southern 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 46-1412322	HLTH SYSTEM	MO	501c3	11b	MH East Comm	Yes	
(14) Mercy Health Fort Smith Communities 7301 Rogers Avenue Fort Smith, AR 72917 26-1318515	Holding Co	AR	501c3	11b	Mercy Health	Yes	
(15) Mercy Health Foundation Ada 430 N Monte Vista Street Ada, OK 74820 46-3596274	Foundation	OK	501c3	11a	MH Ada Inc	Yes	
(16) Mercy Health Foundation Ardmore 1011 14th Avenue NW Ardmore, OK 73401 71-0962525	Foundation	OK	501c3	11a	MH Ardmore	Yes	
(17) Mercy Health Foundation Berryville 214 Carter Street Berryville, AR 72616 71-0759301	Foundation	AR	501c3	11a	MH Bryville	Yes	
(18) Mercy Health Foundation Fort Scott 401 Woodland Hills Blvd Fort Scott, KS 66701 48-1077073	Foundation	KS	501c3	11c	M KS Comm	Yes	
(19) Mercy Health Foundation Hot Springs 300 Werner Street Hot Springs, AR 71913 71-0804718	Foundation	AR	501c3	11b	MC Srvcs	Yes	

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

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						Yes	No
(21) Mercy Health Foundation Independence 800 W Myrtle Independence, KS 67301 48-1079981	Foundation	KS	501c3	11a	M KS Comm	Yes	
(1) Mercy Health Foundation Jefferson 1400 US Highway 61 South Festus, MO 63028 46-2797051	Foundation	MO	501c3	11b	MH E Comm SR	Yes	
(2) Mercy Health Foundation Joplin 100 Mercy Way Joplin, MO 64804 27-0906136	Foundation	MO	501c3	11a	MH SWMK COMM	Yes	
(3) Mercy Health Foundation NW Arkansas 2710 Rife Medical Lane Rogers, AR 72758 71-0601687	Foundation	AR	501c3	11c	MH ROGERS	Yes	
(4) Mercy Health Foundation of Oklahoma 4300 W Memorial Road Oklahoma City, OK 73120 45-4732301	Foundation	OK	501c3	11a	MH Ok Comm	Yes	
(5) Mercy Health Center Foundation Inc 4300 W Memorial Road Oklahoma City, OK 73120 73-1593024	Dslvd 5/20/14	OK	501c3	11a	MH Ok City	Yes	
(6) Mercy Health Foundation Oklahoma City 4300 W Memorial Road Oklahoma City, OK 73120 46-3184231	Foundation	OK	501c3	11a	MH Ok City	Yes	
(7) Mercy Health Foundation Springfield 1235 E Cherokee Street Springfield, MO 65804 32-0195818	Foundation	MO	501c3	11b	MH SF COMM	Yes	
(8) Mercy Health Foundation St Louis 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 56-2410020	Foundation	MO	501c3	11b	MH East Comm	Yes	
(9) Mercy Health Foundation Washington 901 E Fifth Street Washington, MO 63090 56-2410022	Foundation	MO	501c3	11b	MH East Comm	Yes	
(10) Mercy Health Hot Springs Communities 300 Werner Street Hot Springs, AR 71913 26-1125064	Sold 3/31/14	AR	501c3	11b	Mercy Health	Yes	
(11) Mercy Health NW Arkansas Communities 2710 Rife Medical Lane Rogers, AR 72758 62-1684203	Phys Group	AR	501c3	11b	Mercy Health	Yes	
(12) Mercy Health Oklahoma Communities Inc 4300 W Memorial Road Oklahoma City, OK 73120 73-1453048	Holding co	OK	501c3	11b	Mercy Health	Yes	
(13) Mercy Health Southwest MOKS Communities 100 Mercy Way Joplin, MO 64804 30-0584463	HIth System	MO	501c3	11b	Mercy Health	Yes	
(14) Mercy Health Springfield Communities 1235 E Cherokee Street Springfield, MO 65804 43-1856028	HIth System	MO	501c3	11b	Mercy Health	Yes	
(15) Mercy Health System of Texas Inc 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 74-2764727	Dslvd 5/15/14	TX	501c3	11b	Mercy Health	Yes	
(16) Mercy Home Health Berryville 804 W Freeman Suite 4 Berryville, AR 72616 87-0781247	Home Health	AR	501c3	11c	MH SF	Yes	
(17) Mercy Hospital Ada Inc 430 N Monte Vista Street Ada, OK 74820 46-2288155	Hospital	OK	501c3	3	MH Ok Comm	Yes	
(18) Mercy Hospital Ardmore Inc 1011 14th Avenue NW Ardmore, OK 73401 73-1500629	Hospital	OK	501c3	3	MH Ok Comm	Yes	
(19) Mercy Hospital Aurora 500 Porter Avenue Aurora, MO 65605 43-1936696	Hospital	MO	501c3	3	MH SF COMM	Yes	

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						Yes	No
(41) Mercy Hospital Berryville 214 Carter Street Berryville, AR 72616 71-0759299	Hospital	AR	501c3	3	MH SF COMM	Yes	
(1) Mercy Hospital Booneville 880 West Main Street Booneville, AR 72927 46-3851119	Hospital	AR	501c3	3	MH FT SMITH	Yes	
(2) Mercy Hospital Carthage 3125 Dr Russell Smith Way Carthage, MO 64836 45-3808607	Hospital	MO	501c3	3	MH SWMK COMM	Yes	
(3) Mercy Hospital Cassville 94 Main Street Cassville, MO 65625 43-1936699	Hospital	MO	501c3	3	MH SF COMM	Yes	
(4) Mercy Hospital Columbus 220 Pennsylvania Avenue Columbus, KS 66725 27-0842031	Hospital	MO	501c3	3	MH SWMK COMM	Yes	
(5) Mercy Hospital El Reno Inc 2115 Parkview Drive El Reno, OK 73036 27-2716065	Hospital	OK	501c3	3	MH Ok Comm	Yes	
(6) Mercy Hospital Fort Smith 7301 Rogers Avenue Fort Smith, AR 72917 71-0240352	Hospital	AR	501c3	3	MH FS COMM	Yes	
(7) Mercy Hospital Healdton Inc 918 South 8th Street Healdton, OK 73438 26-3173902	Hospital	OK	501c3	3	MH ARDMORE	Yes	
(8) Mercy Hospital Hot Springs 300 Werner Street Hot Springs, AR 71913 71-0236913	Sold 3/31/14	AR	501c3	3	MH HS COMM	Yes	
(9) Mercy Hospital Jefferson 1400 Highway 61 South Festus, MO 63028 43-0687077	Hospital	MO	501c3	3	MH E Comm SR	Yes	
(10) Mercy Hospital Joplin 100 Mercy Way Joplin, MO 64804 27-0814858	Hospital	MO	501c3	3	MH SWMK COMM	Yes	
(11) Mercy Hospital Kingfisher Inc 1000 Kingfisher Regional Hosp Drive Kingfisher, OK 73750 46-3433074	Hospital	OK	501c3	3	MH Ok City	Yes	
(12) Mercy Hospital Lebanon 100 Hospital Drive Lebanon, MO 65536 43-1767432	Hospital	MO	501c3	3	MH SF COMM	Yes	
(13) Mercy Hospital Logan County Inc 200 South Academy Guthrie, OK 73044 45-2998842	Hospital	OK	501c3	3	MH Ok Comm	Yes	
(14) Mercy Hospital of Laredo 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 74-1189682	Dslvd 5/15/14	TX	501c3	3	MHS TEXAS	Yes	
(15) Mercy Hospital Oklahoma City Inc 4300 W Memorial Road Oklahoma City, OK 73120 73-0579285	Hospital	OK	501c3	3	MH Ok Comm	Yes	
(16) Mercy Hospital Ozark 801 W River Street Ozark, AR 72949 71-0689680	Hospital	AR	501c3	3	MH FT SMITH	Yes	
(17) Mercy Hospital Paris 500 E Academy Paris, AR 72855 71-0655753	Hospital	AR	501c3	3	MH FT SMITH	Yes	
(18) Mercy Hospital Rogers 2710 Rife Medical Lane Rogers, AR 72758 71-0294390	Hospital	AR	501c3	3	MH NWAR COMM	Yes	
(19) Mercy Hospital Springfield 1235 E Cherokee Street Springfield, MO 65804 44-0552485	Hospital	MO	501c3	3	MH SF COMM	Yes	

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

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						Yes	No
(61) Mercy Hospital Tishomingo Inc 1000 South Byrd Tishomingo, OK 73460 27-4433830	Hospital	OK	501c3	3	MH ARDMORE	Yes	
(1) Mercy Hospital Waldron 1341 W 6th Street Waldron, AR 72958 71-0557895	Hospital	AR	501c3	3	MH FT SMITH	Yes	
(2) Mercy Hospital Watonga Inc 500 Clarence Nash Blvd Watonga, OK 73772 45-5199762	Hospital	OK	501c3	3	MH Ok Comm	Yes	
(3) Mercy Hospitals East Communities 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-0653493	Hospital	MO	501c3	3	MH East Comm	Yes	
(4) Mercy Kansas Communities Inc 401 Woodland Hills Blvd Ft Scott, KS 66701 48-0956045	Hospital	KS	501c3	3	MH SWMK COMM	Yes	
(5) Mercy Medical Research Institute 1235 E Cherokee Street Springfield, MO 65804 87-0796305	Research	MO	501c3	4	MH SF COMM	Yes	
(6) Mercy Ministries of Laredo 2500 Zacatecas Laredo, TX 78046 20-0198462	outreach	TX	501c3	7	Mercy Health		No
(7) Mercy St Francis Hospital 100 W Highway 60 Mountain View, MO 65548 44-0607149	Hospital	MO	501c3	3	MH SF COMM	Yes	
(8) MHM Support Services 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 20-2553101	HOSPITAL	MO	501c3	11b	Mercy Health	Yes	
(9) Mission Clinical Services 300 Werner Street Hot Springs, AR 71913 13-4239691	Child advuC	AR	501c3	9	Mercy Health	Yes	
(10) St Edward Mercy Foundation 7301 Rogers Avenue Fort Smith, AR 72917 23-7330425	Foundation	AR	501c3	7	MH FT SMITH	Yes	
(11) St John's Children's Hospital Inc 1235 E Cherokee Street Springfield, MO 65804	Inactive	MO	501c3	3	MH SF COMM	Yes	
(12) St Mary's Hospital of Enid Oklahoma 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 73-0614655	Inactive	OK	501c3	3	MH Ok Comm	Yes	
(13) The Sister M Cornelia Blasko Foundation 100 W Highway 60 Mountain View, MO 65548 43-1873914	Foundation	MO	501c3	11a	M St Francis	Yes	
(14) Unity Ambulatory Care 14528 S Outer Forty Ste 100 Chesterfield, MO 63017 43-1861745	Inactive	MO	501c3	11c	MH East Comm	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Frontenac Properties Inc 14528 S Outer Forty Suite 100 Chesterfield, MO 63017 52-1914421	HOLDING COMP	DE	NA	C-CORP				Yes	
Inveno Health Inc 1235 E Cherokee Street Springfield, MO 65804 26-4509571	Product Commer	MO	NA	C-CORP				Yes	
Mercy Commercial Services Inc 14528 South Outer Forty Suite 100 Chesterfield, MO 63017 46-4953543	Parent of VCC	MO	NA	C-CORP				Yes	
Mercy Community Services Inc 401 Woodland Hills Blvd Fort Scott, KS 66701 48-1078101	RETAIL PHARMACY	KS	NA	C-CORP				Yes	
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK 73120 68-0640970	Real estate	OK	NA	C-CORP				Yes	
Mercy Health Network of the Southern Reg 1011 14th Avenue NW Ardmore, OK 73401 73-1580607	HOLDING COMP	OK	NA	C-CORP				Yes	
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK 73120 73-1381689	HOLDING COMP	OK	NA	C-CORP				Yes	
Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK 73120 73-1441665	HOLDING COMP	OK	NA	C-CORP				Yes	
UHL Corp Inc 645 Maryville Centre Drive Suite 1 St Louis, MO 63141 74-2499535	HOLDING COMP	MO	NA	C-CORP				Yes	
Unity Support Services Inc 645 Maryville Centre Drive Suite 1 St Louis, MO 63141 43-1797042	PRACTICE MGT	MO	NA	C-CORP				Yes	
The Apothecary Services Inc PO Box 350 Crystal City, MO 63019 43-1627267	RETAIL PHARMACY	MO	NA	C-CORP				Yes	
St John's Mercy Mail Order Inc 13645 Shoreline Drive Earth City, MO 63045 43-1014222	Mail Odr pharmacy	MO	NA	C-CORP				Yes	
St John's Mercy PBM Inc 13175 Lakefront Drive Earth City, MO 63045 74-3089567	Pharmacy benefit	MO	NA	C-CORP				Yes	
UH Holdings Inc 645 Maryville Centre Drive Suite 1 St Louis, MO 63141 43-1845682	HOLDING COMP	MO	NA	C-CORP				Yes	