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

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

4a	(Code	) (Expenses \$	318,422,066	including grants of \$	1,672,048	) (Revenue \$	471,942,494
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4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$
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4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶	318,422,066
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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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	No
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	No
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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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?		
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?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring 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	1a	16		
b Enter the number of voting members included in line 1a, above, who are independent	1b	15		
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		Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Yes	
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		Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	OK
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records LYNN PINAROC 4300 WEST MEMORIAL ROAD OKLAHOMA CITY, OK 73120 (405) 752-3536	

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

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

☐ Check this box if neither the organization nor any related 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)	2,682,304	5,090,711	1,180,383

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 85

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JE DUNN CONSTRUCTION 929 HOLMES KANSAS CITY, MO 64106	CONSTRUCTION	23,753,723
MAYO MEDICAL LABS 200 SW FIRST STREET ROCHESTER, MN 55805	LABORATORY SERVICES	2,138,045
AMN HEALTHCARE 12400 HIGH BLUFF DR SAN DIEGO, CA 92130	STAFFING SERVICES	1,946,296
OK LABORISTS AND WOMENS SERV 4140 W MEMORIAL RD SUITE 321 OKLAHOMA CITY, OK 73120	PHYSICIAN SERVICES	1,262,544
AFFILIATED ANESTHESIOLOGISTS 13321 N MERIDIAN AVE STE 402 OKLAHOMA CITY, OK 73120	ANESTHESIA SERVICES	1,036,360

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 ► 37

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 . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	5,475,686			
	e	Government grants (contributions)	1e	131,325			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			5,607,011		
Program Service Revenue	2a	PATIENT SERVICE REVENUE NET	Business Code 622110	449,714,426	449,714,426		
	b	PHARMACY	446110	9,712,961	7,211,814	2,501,147	
	c	MDT LABORATORY SVC	621500	7,385,500		7,385,500	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			466,812,887		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,069,955		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross rents	(i) Real 4,518,051	(ii) Personal			
b		Less rental expenses	922,159				
c		Rental income or (loss)	3,595,892				
d		Net rental income or (loss)		3,595,892			3,595,892
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code					
11a		CAFETERIA & VENDING	722210	2,520,303			2,520,303
b	FITNESS CENTER	713940	1,745,090		1,745,090		
c							
d	All other revenue		3,384,517	3,384,517			
e	Total. Add lines 11a-11d			7,649,910			
12	Total revenue. See Instructions			486,735,655	460,310,757	11,631,737	9,186,150

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 domestic organizations and domestic governments. See Part IV, line 21	1,644,048	1,644,048		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	28,000	28,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,679,876		1,679,876	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	59,050		59,050	
7	Other salaries and wages	134,630,268	109,283,102	25,347,166	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,236,409	4,888,920	1,347,489	
9	Other employee benefits	15,126,992	11,632,743	3,494,249	
10	Payroll taxes	9,375,147	7,183,238	2,191,909	
11	Fees for services (non-employees)				
a	Management				
b	Legal	54,816		54,816	
c	Accounting	13,093		13,093	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,016,210	6,433,780	10,582,430	
12	Advertising and promotion	466,796	176,494	290,302	
13	Office expenses	9,533,313	3,604,518	5,928,795	
14	Information technology	103,997	85,742	18,255	
15	Royalties				
16	Occupancy	10,718,773	4,052,737	6,666,036	
17	Travel	477,226	349,302	127,924	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	749	283	466	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,826,224	10,109,469	5,716,755	
23	Insurance	2,338,090	442,572	1,895,518	
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	DRUGS & MEDICAL EXPENSE	111,778,335	108,248,327	3,530,008	
b	SHARED SERVICE FEES	57,654,252	29,980,211	27,674,041	
c	BAD DEBTS	18,589,446	18,589,446		
d	REPAIRS & MAINTENANCE	3,250,752	1,229,100	2,021,652	
e	All other expenses	1,257,684	460,034	797,650	
25	Total functional expenses. Add lines 1 through 24e	417,859,546	318,422,066	99,437,480	0
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)				

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		10,050,949	1	10,763,484	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		6,000	3	9,143	
	4	Accounts receivable, net		48,448,263	4	57,432,244	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	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			6		
	7	Notes and loans receivable, net		77,549	7	45,867	
	8	Inventories for sale or use		9,155,765	8	9,031,812	
	9	Prepaid expenses and deferred charges		536,200	9	271,823	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	431,046,437			
	b	Less: accumulated depreciation	10b	290,934,928	119,202,011	10c	140,111,509
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		7,454,384	13	7,417,258	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		198,913,258	15	19,570,928	
16	Total assets. Add lines 1 through 15 (must equal line 34)		393,844,379	16	244,654,068		
Liabilities	17	Accounts payable and accrued expenses		16,150,339	17	18,462,226	
	18	Grants payable			18		
	19	Deferred revenue		285,860	19	114,200	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	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			22		
	23	Secured mortgages and notes payable to unrelated third parties		1,506,563	23	1,108,455	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		1,882,289	25	1,981,109	
	26	Total liabilities. Add lines 17 through 25		19,825,051	26	21,665,990	
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		374,019,328	27	222,988,078	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	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		374,019,328	33	222,988,078	
	34	Total liabilities and net assets/fund balances		393,844,379	34	244,654,068	

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	486,735,655
2	Total expenses (must equal Part IX, column (A), line 25)	2	417,859,546
3	Revenue less expenses Subtract line 2 from line 1	3	68,876,109
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	374,019,328
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-219,907,359
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	222,988,078

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 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		No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
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	Yes	
	☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
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		

Additional Data

Software ID:
Software Version:
EIN: 73-0579285
Name: MERCY HOSPITAL OKLAHOMA CITY

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			
EVEREST TRICIA BOARD MEMBER	1 00 0 00	X						0	0	0
HARKESS MD JOHN BOARD MEMBER	1 00 0 00	X						0	0	0
HARTSUCK MD JAMES M BOARD MEMBER	1 00 1 00	X						0	0	0
HARVEY MD JOHN BOARD MEMBER	1 00 0 00	X						0	0	0
HENDRICKS RSM SR REBECCA ANN BOARD MEMBER	1 00 13 00	X						0	0	0
KOELSCH RSM SR CABRINI BOARD MEMBER	1 00 36 00	X						0	0	0
LEONARD RYAN BOARD MEMBER	1 00 0 00	X						0	0	0
LOVE JUDY BOARD MEMBER	1 00 0 00	X						0	0	0
NELSON GARY BOARD MEMBER	1 00 0 00	X						0	0	0
NOLAN RSM SR MIRIAM BOARD MEMBER	1 00 0 00	X						0	0	0

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			
O'NEAL MIKE E BOARD MEMBER	1 00 0 00	X						0	0	0
SALMERON PHD LOIS BOARD MEMBER	1 00 0 00	X						0	0	0
VISOR MD RICKY BOARD MEMBER	1 00 0 00	X						0	0	0
WARD RSM SR CLAUDIA BOARD MEMBER	1 00 40 00	X						0	0	0
WIENECKE MD ROBERT BOARD MEMBER	1 00 0 00	X						0	0	0
SMALLEY DIANA L PRESIDENT, WEST COMMUNITIES	2 00 58 00	X		X				0	795,366	104,962
GEBHART JIM R PRESIDENT, MERCY HOSPITAL OKLAHOMA CITY	42 00 18 00			X				0	653,640	210,209
RAJU GARY CHIEF FINANCIAL OFFICER	25 00 35 00			X				0	318,634	14,207
EDELSTEIN THOMAS VP-MISSION & ETHICS	38 00 12 00				X			181,198	0	40,362
ENLOE TRACY VP-FINANCIAL OPERATIONS	35 00 7 00				X			0	214,890	31,402

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			
JAMES KARYL CN OFFICER - STARTING 1/15	59 00 1 00				X			189,250	0	24,780
JOHNSON MARK C CHIEF MEDICAL OFFICER	50 00 1 00				X			569,487	0	137,047
LE BICH-VI REGIONAL VP-GENERAL COUNSEL	5 00 55 00				X			0	265,794	56,054
MINNIS KEITH REGIONAL VP-HR	15 00 45 00				X			0	241,056	49,788
PAYTON BECKY J REGIONAL VP-OPERATIONS	15 00 45 00				X			0	323,496	58,659
PINAROC LYNN VP-FINANCE	52 00 8 00				X			179,607	0	13,114
STEFFENS AARON L CHIEF OPERATING OFFICER	40 00 10 00				X			324,158	0	60,365
GUNCKEL RICHARD C DIRECTOR OF IMAGING SERVICES	60 00 0 00					X		171,211	0	43,540
HOLLINGSWORTH ALAN B MEDICAL DIRECTOR	60 00 0 00					X		237,006	0	29,986
OH MOONSEONG PHYSICIST	60 00 0 00					X		181,412	0	24,391

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			
SMITH RICHARD V MEDICAL DIRECTOR	60 00 0 00					X		234,509	0	18,583
YOUNG HOWARD K PHYSICIST	40 00 0 00					X		185,938	0	30,836
VITIELLO JONATHAN FORMER OFFICER	0 00 60 00						X	0	716,408	103,683
DIXSON MD JAMES D FORMER KEY EMPLOYEE	0 00 60 00						X	0	711,741	55,276
FANNING LINDA T FORMER KEY EMPLOYEE	0 00 0 00						X	228,528	0	14,517
MADISON KEITH FORMER KEY EMPLOYEE	0 00 40 00						X	0	198,914	20,213
ROBERTSON PATRICIA FORMER KEY EMPLOYEE	0 00 60 00						X	0	347,398	18,611
CARMICHAEL CINDY COO (ARDMORE)/FORMER HCE	0 00 60 00						X	0	303,374	19,798

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY HOSPITAL OKLAHOMA CITY

Employer identification number
73-0579285

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						► ☐
b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						► ☐
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						► ☐

Part III Support Schedule for Organizations Described in 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). ☐		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization MERCY HOSPITAL OKLAHOMA CITY	Employer identification number 73-0579285
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)	(b)
		Yes	No Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a	Volunteers?		No
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
c	Media advertisements?		No
d	Mailings to members, legislators, or the public?		No
e	Publications, or published or broadcast statements?		No
f	Grants to other organizations for lobbying purposes?	Yes	22,616
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i	Other activities?		No
j	Total. Add lines 1c through 1i.		22,616
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b	If "Yes," enter the amount of any tax incurred under section 4912		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	THE FILING ORGANIZATION IS A MEMBER OF AND PAYS DUES TO THE OKLAHOMA HOSPITAL ASSOCIATION, CATHOLIC HOSPITAL ASSOCIATION, AND AMERICAN HOSPITAL ASSOCIATION. FOR THE YEAR ENDED JUNE 30, 2016, DUES WERE \$80,360, \$58,542, AND \$31,525, RESPECTIVELY. APPROXIMATELY 17.20% OF OKLAHOMA HOSPITAL ASSOCIATION DUES, 3.11% OF CATHOLIC HOSPITAL ASSOCIATION DUES, AND 22.12% OF AMERICAN HOSPITAL ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERCY HOSPITAL OKLAHOMA CITY

Employer identification number
73-0579285

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

(continued)

3

Using the organization's 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" on 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, for escrow or custodial account liability?

☐

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 on 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" on 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)	Accumulated (c) depreciation	(d) Book value
1a Land		12,573,772		12,573,772
b Buildings		96,589,821	62,941,808	33,648,013
c Leasehold improvements		2,207,797	995,684	1,212,113
d Equipment		261,499,598	222,023,979	39,475,619
e Other		58,175,449	4,973,457	53,201,992
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				140,111,509

Schedule D (Form 990) 2015

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

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
PART X, LINE 2	FEDERAL INCOME TAX PRIMARILY ALL OF THE MERCY HEALTH ENTITIES ARE RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS CHARITABLE ORGANIZATIONS QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), BY VIRTUE OF IRS DETERMINATION LETTERS OR INCLUSION IN THE OFFICIAL CATHOLIC DIRECTORY. MERCY COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2016 OR 2015.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization MERCY HOSPITAL OKLAHOMA CITY	Employer identification number 73-0579285
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☒ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b		No
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,311,542		16,311,542	4.090 %
b Medicaid (from Worksheet 3, column a)			43,857,581	25,945,108	17,912,473	4.490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			60,169,123	25,945,108	34,224,015	8.580 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,460,007	138,433	1,321,574	0.330 %
f Health professions education (from Worksheet 5)			1,218,925		1,218,925	0.310 %
g Subsidized health services (from Worksheet 6)			492,085		492,085	0.120 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			596,110		596,110	0.150 %
j Total. Other Benefits			3,767,127	138,433	3,628,694	0.910 %
k Total. Add lines 7d and 7j			63,936,250	26,083,541	37,852,709	9.490 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		826		826	0 %
2	Economic development					
3	Community support		139,044		139,044	0 030 %
4	Environmental improvements		44,001		44,001	0 010 %
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy		2,018		2,018	0 %
8	Workforce development					
9	Other		198,162		198,162	0 050 %
10	Total		384,051		384,051	0 090 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 Yes

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2 5,186,275

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3 0

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME). 5 113,619,904

6 Enter Medicare allowable costs of care relating to payments on line 5. 6 111,844,818

7 Subtract line 6 from line 5. This is the surplus (or shortfall). 7 1,775,086

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year? 9a Yes

b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. 9b Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

1

See Additional Data Table

Schedule H (Form 990) 2015

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

MERCY HOSPITAL OKLAHOMA CITY

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) <u>WWW.MERCY.NET/ABOUT/COMMUNITY-BENEFITS</u> b ☐ Other website (list url) _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	7	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>	8	Yes
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>WWW.MERCY.NET/ABOUT/COMMUNITY-BENEFITS</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	10b	No
12a		12a	No
12b	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY HOSPITAL OKLAHOMA CITY

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % b ☐ Income level other than FPG (describe in Section C) c ☐ Asset level d ☐ Medical indigency e ☐ Insurance status f ☐ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) WWW MERCY NET b ☒ The FAP application form was widely available on a website (list url) WWW MERCY NET c ☒ A plain language summary of the FAP was widely available on a website (list url) WWW MERCY NET d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☐ Other (describe in Section C)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) e ☒ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

MERCY HOSPITAL OKLAHOMA CITY

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☒ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 14

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICESTHE ORGANIZATION DID NOT INCLUDE ANY PHYSICIAN CLINIC COSTS ON LINE 7G

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, COLUMN (A) ARE \$417,859,546 INCLUDED IN THIS AMOUNT WAS BAD DEBT EXPENSE (CHARGES) OF \$18,589,446 EXPENSES FOR THE PURPOSE OF CALCULATING LINE 7, COLUMN (F) ARE \$5,186,275

Form and Line Reference	Explanation
PART I, LINE 6A	COMMUNITY BENEFIT REPORTTHE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS PREPARED BY ITS ULTIMATE PARENT ENTITY, MERCY HEALTH (EIN 43-1423050)

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	MERCY HOSPITAL OKLAHOMA CITY, INC (MHOKC) COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITIES IN WHICH THEY SERVE THROUGH ACTIVE PARTICIPATION ON COMMUNITY BOARDS , NEIGHBORHOOD/COMMUNITY MEETINGS, AND INVOLVEMENT IN COMMUNITY-BASED EVENTS, MHOKC DEMONSTRATES ITS ONGOING COMMITMENT TO THE COMMUNITY COMMUNITY BUILDING ACTIVITIES SERVE AS A LINK TO ENGAGE MERCY COWORKERS TO LOOK BEYOND THE WALLS OF THE FACILITIES IN WHICH THEY SERVE SOME OF THE COMMUNITY BUILDING ACTIVITIES IN WHICH MHOKC SERVES ARE - SENATE BILL 250 PASSED BY THE OKLAHOMA LEGISLATURE REQUIRED THE OKLAHOMA HEALTHCARE AUTHORITY AND OKLAHOMA STATE DEPARTMENT OF HEALTH TO SUBMIT A PLAN OF ACTION BY JANUARY 2017 A DIABETES CAUCUS WAS CREATED TO ASSIST WITH THE ACTION PLAN TO IMPROVE HEALTH OUTCOMES AND TO DECREASE HEALTH CARE COSTS FOR OKLAHOMANS MONTHLY MEETINGS ARE ATTENDED BY STAFF OF MHOKC COMMUNITY HEALTH AND ACCESS DEPARTMENT MERCY HOSTED A DIABETES PREVENTION STATE ENGAGEMENT SPONSORED BY THE CENTERS FOR DISEASE CONTROL THE PURPOSE WAS TO CREATE A STATEWIDE STRATEGIC PLAN TO PREVENT TYPE II DIABETES IN OKLAHOMA THERE WERE 64 STATE STAKEHOLDERS IN ATTENDANCE FOR THE TWO DAY MEETING A DRAFT EVALUATION REPORT WAS DEVELOPED AND THEN DISTRIBUTED IN DECEMBER 2016 - A PARTNERSHIP BETWEEN THE OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT AND MHOKC BEGAN A PILOT PROJECT FOR COMMUNITY HEALTH WORKERS (CHWS) TO IMPROVE THE QUALITY, EFFICIENCY, AND VALUE OF PUBLIC HEALTH DELIVERY AS AN INTEGRATED COMPONENT OF EMERGENCY AND ACUTE CARE SETTINGS FOR AT-RISK POPULATIONS THIS PROVIDED FOR CHWS AT MHOKC EACH CHW PROVIDES CASE MANAGEMENT FOR 20-25 UNINSURED PATIENTS WHO FREQUENT THE EMERGENCY ROOM AS A MEANS OF PRIMARY MEDICAL CARE AFTER THE FIRST YEAR IT WAS DECIDED TO EXTEND THE PROJECT FOR ANOTHER YEAR TO OBTAIN AN ACCURATE PICTURE OF OUTCOME MEASUREMENTS AND COST-SAVINGS - THE WELLNESS NOW COALITION IS MADE UP OF OVER 200 STAKEHOLDERS FROM OKLAHOMA COUNTY AND IS ADMINISTERED THROUGH THE OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT THE COALITION'S MISSION IS TO IMPROVE THE HEALTH AND WELLNESS OF OKLAHOMA COUNTY COMMUNITY STAFF OF THE COMMUNITY HEALTH AND ACCESS DEPARTMENT ATTEND THE QUARTERLY FULL COALITION MEETINGS AND MONTHLY WORKGROUP MEETINGS FOR TOBACCO USE PREVENTION, NUTRITION AND PHYSICAL ACTIVITY, FAITH-BASED, AND CARE COORDINATION WORKGROUPS - MHOKC WAS A FOUNDING PARTNER OF THE HEALTH ALLIANCE FOR THE UNINSURED (HAU), WHICH WAS FORMED TO IMPROVE ACCESS OF HEALTHCARE FOR THE UNINSURED THERE ARE 17 CLINICS AFFILIATED WITH THE HAU THE RN STAFF POSITION SALARY IS SUPPORTED BY MERCY HOSPITAL OKLAHOMA CITY THE VICE-PRESIDENT OF MISSION/ETHICS SERVES ON THE EXECUTIVE BOARD OF DIRECTORS - THE HEALTH ALLIANCE FOR THE UNINSURED IS A CATALYST FOR IMPROVED HEALTH CARE SERVICES FOR THOSE WHO OTHERWISE WOULD BE UNABLE TO OBTAIN THEM HAU AND MERCY COLLABORATION S INCLUDE SUPER SATURDAYS FOR WOMEN WHICH PROVIDES SPECIALIZED WOMEN'S HEALTH SERVICES THIS SERVICE MEETS A CRITICAL NEED FOR LOW INCOME UNINSURED WOMEN THE COOPERATIVE CENTRAL PHARMACY PROVIDES FREE ON-SITE PRESCRIPTIONS TO THE UNINSURED AS WELL AS MEDICATIONS TO PARTNER CHARITABLE CLINICS THERE WERE FOUR SUPER SATURDAYS FOR WOMEN HELD THIS YEAR MERCY ALSO PROVIDED FREE RADIOLOGY SERVICES TO 1,215 CLIENTS REFERRED FROM THE HEALTH ALLIANCE FOR THE UNINSURED - FRIDAY MERCY MEALS PREPARES AND DELIVERS A MEAL EACH WEEK TO 23 CLIENTS ENROLLED IN THE MOBILE MEALS, INC OF OKLAHOMA COUNTY THERE ARE 35 MHOKC CO-WORKERS PARTICIPATING IN THIS ENDEAVOR - THE GOOD SHEPHERD CATHOLIC SCHOOL AT MERCY IS A COLLABORATIVE PARTNERSHIP BETWEEN MHOKC, THE UNIVERSITY OF CENTRAL OKLAHOMA AND THE ARCHDIOCESE OF OKLAHOMA CITY IT PROVIDES EDUCATIONAL AND BEHAVIORAL SERVICES FOR 3-9 YEAR OLD CHILDREN WHO HAVE BEEN DIAGNOSED WITH AUTISTIC SPECTRUM AND SIMILAR NEUROLOGICAL DISORDERS THE SCHOOL HAS GROWN FROM TO SERVE 21 STUDENTS FIVE STUDENTS HAVE GRADUATED FROM THE SCHOOL TO BE MAINSTREAMED INTO PUBLIC SCHOOL SETTINGS - MHOKC ADMINISTERED OVER 1,000 FREE FLU SHOTS TO UNDERSERVED COMMUNITY MEMBERS AT FREE MEDICAL CLINICS AND RESIDENTS OF THE OK HOUSING AUTHORITY COMPLEXES - MHOKC PROVIDED FREE LAB, RADIOLOGY, PHARMACY, ULTRASOUND AND CARDIOLOGY SERVICES FOR 852 PATIENTS OF LIGHTHOUSE MINISTRIES FREE CLINIC, CROSS AND CROWN FREE CLINIC, GOOD SAMARITAN FREE CLINIC AND ST CHARLES FREE CLINIC - PROJECT EARLY DETECTION (PED) PROVIDED BREAST CARE SERVICES FOR 450 UNINSURED WOMEN IN THE OKLAHOMA CITY AREA THEY RECEIVE BREAST HEALTH SERVICES THAT INCLUDE SCREENING MAMMOGRAMS, DIAGNOSTIC MAMMOGRAMS, DIAGNOSTIC PROCEDURES, BIOPSIES, MRI'S AND TREATMENT REFERRALS - MHOKC CONNECTS WITH OUR SCHOOLS IN THE AREA THROUGH MERCY MENTORS, WHO ARE MERCY EMPLOYEES THAT PROVIDE WEEKLY TUTORING TO LINWOOD ELEMENTARY, AN INNER-CITY, LOW- INCOME ELEMENTARY SCHOOL, AN ANNUAL NEIGHBORHOOD HEALTH FAIR, AND NUTRITION LESSONS LINWOOD ELEMENTARY RECEIVED FUNDING FROM MERCY CARITAS FOR OK5210@LINWOOD THIS PROGRAM'S FOCUS IS ON IM

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	PROVIDING FITNESS AND NUTRITION AMONG LINWOOD FAMILIES AND STUDENTS - THE TOBACCO FREE MERCY PROGRAM WAS IMPLEMENTED IN MERCY CLINIC FOR PATIENTS NEEDING TOBACCO CESSATION RESOURCES IN 2015 IT WENT LIVE FOR MHOKC PATIENTS AND HAS ALSO AT THE FOUR NORTHERN RURAL OKLAHOMA HOSPITALS NEARLY 1300 PATIENTS HAVE BEEN HELPED THROUGH THE TOBACCO FREE MERCY PROGRAM THE PRESIDENT OF MHOKC CURRENTLY SERVES AS THE CHAIRMAN OF THE BOARD FOR THE TOBACCO SETTLEMENT ENDOWMENT TRUST (TSET) WHICH FUNDS INITIATIVES THAT ADDRESS HEALTH/ WELLNESS IMPROVEMENTS ACROSS OKLAHOMA THE BETTER BREATHERS SUPPORT GROUP MEETS QUARTERLY WITH AN EDUCATIONAL PROGRAM AND LUNCHEON FOR PEOPLE IN THE COMMUNITY WHO HAVE CHRONIC RESPIRATORY CONDITIONS - MERCY PROJECT ACCESS IS A PROGRAM THAT AIMS TO IMPROVE HEALTHCARE ACCESS AND PROVIDE PRIMARY CARE STRATEGIES FOR UNINSURED INDIVIDUALS WITH UNMET HEALTH-RELATED NEEDS PATIENTS RECEIVE ASSISTANCE WITH ACCESS TO MEDICATIONS, PREVENTATIVE AND PRIMARY CARE, AND CARE MANAGEMENT SUPPORT THERE ARE 24 FULLY-ENROLLED PATIENTS

Form and Line Reference	Explanation
PART III, LINE 2	TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE, AT COST, BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENT ACCOUNTS WAS MULTIPLIED BY A RATIO OF COST TO CHARGES THE RATIO OF COST TO CHARGES USED WAS BASED ON DETAILED COST ACCOUNT, WHERE AVAILABLE WHERE COST ACCOUNTING IS NOT AVAILABLE, COST REPORT COST TO CHARGE RATIOS WERE UTILIZED

Form and Line Reference	Explanation
PART III, LINE 3	THE FILING ORGANIZATION DETERMINED THAT THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS \$0. ALTHOUGH THE CHARITY CARE POLICY REQUIRES THE PARTICIPATION OF THE PATIENT REQUESTING ASSISTANCE, WE HAVE A PROCESS UNDER PRESUMPTIVE CHARITY TO ADDRESS ACCOUNTS FOR PATIENTS WHO DO NOT PROVIDE THE INFORMATION. WE BELIEVE THAT OUR CHARITY POLICY IS COMPREHENSIVE ENOUGH TO CAPTURE ALMOST ALL PATIENTS WHO QUALIFY FOR CHARITY CARE.

Form and Line Reference	Explanation
PART III, LINE 4	THE TEXT OF THE FOOTNOTE THAT IS INCLUDED IN MERCY HEALTH AND SUBSIDIARIES AUDITED FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE FOLLOWS "PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF THE HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET THE HEALTH SYSTEM'S CHARITY CARE POLICY. THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES IS BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES BASED UPON THE PAYOR COMPOSITION AND AGING OF RECEIVABLES AS OF THE REPORTING DATE WITH CONSIDERATION OF THE HISTORICAL PAYMENT AND WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THESE REVIEWS ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE RECEIVABLES TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE HEALTH SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING PAST-DUE BALANCES WITH COLLECTION AGENCIES."

Form and Line Reference	Explanation
PART III, LINE 8	IT IS THE POSITION OF MERCY HOSPITAL OKLAHOMA CITY THAT 100% OF ANY SHORT FALL SHOULD BE TREATED AS COMMUNITY BENEFIT THIS AMOUNT REPRESENTS COST OF PROVIDING SERVICES THAT REMAIN UNCOMPENSATED TO THE PROVIDER THE UNREIMBURSED COSTS OF MEDICARE IS CALCULATED BY THE GROSS CHARGES NET OF THE COST TO CHARGE RATIO LESS ANY PAYMENTS, DEDUCTIONS OR REIMBURSEMENTS USING THE ANNUAL MEDICARE COST REPORT (CMS FORM 2552-96)

Form and Line Reference	Explanation
PART III, LINE 9B	MERCY'S COLLECTION POLICY PROVIDES THAT MERCY WILL PERFORM A REASONABLE COMMUNICATION AND/OR REVIEW OF PATIENT ACCOUNTS AS IT RELATES TO ANY SERVICE PROVIDED AT OUR FACILITIES BEFORE TURNING THE ACCOUNT TO BAD DEBT OR TAKING LEGAL ACTION FOR NONPAYMENT. MERCY ACTIVELY SCRUBS ACCOUNTS FOR PAYOR PLAN COVERAGE'S, INCLUDING MEDICAID. IN THE EVENT AN ACCOUNT IS TURNED TO COLLECTIONS, AND IS IDENTIFIED IN NEED OF FINANCIAL ASSISTANCE DUE TO CIRCUMSTANCE CHANGES, OR NOW REQUESTING ASSISTANCE, THE ACCOUNTS ARE RETURNED BY THE AGENCY AND CONSIDERED FOR CHARITY IF THE PATIENT PROVIDES THE REQUESTED INFORMATION. IF THE PATIENT FAILS TO RETURN THE INFORMATION, THE ACCOUNT WILL QUALIFY FOR COLLECTIONS. MERCY UTILIZES THE EXPERIAN TOOL TO ENHANCE THE ABILITY TO DETERMINE THE CHARITY QUALIFICATION PRIOR TO TURNING TO BAD DEBT, KNOWN AS PRESUMPTIVE CHARITY. MERCY WILL GRANT CHARITY IN SITUATIONS WHERE THERE HAS BEEN AN INABILITY TO OBTAIN INFORMATION FROM PATIENTS OR THE INFORMATION PROVIDED IS NOT COMPLETE ENOUGH TO MAKE A CHARITY DETERMINATION WHEN A PATIENT HAS SUBMITTED AN APPLICATION. IN ADDITION, MERCY UTILIZES THE SAME TOOL TO QUALIFY ACCOUNTS PER THE PRACTICE OF PRESUMPTIVE CHARITY PRIOR TO BAD DEBT PLACEMENT FOR BALANCES IN EXCESS OF \$6500. ALL ACCOUNT BALANCES RELATING TO ACCOUNTS IDENTIFIED BY THE HIGHER BALANCES WILL BE CONSIDERED AND FLAGGED FOR CHARITY IF THERE IS AN INABILITY TO PAY AFTER A RETURN FROM THE COLLECTION AGENCY AT APPROXIMATELY 120 DAYS. MERCY WILL PURSUE APPROPRIATE MEANS IN THE COLLECTION OF DELINQUENT ACCOUNTS FROM PATIENTS WITH AN ESTABLISHED ABILITY TO PAY OR AN UNWILLINGNESS TO COOPERATE IN VALIDATING ELIGIBILITY FOR FINANCIAL ASSISTANCE. THESE APPROPRIATE MEANS MAY INCLUDE LEGAL ACTION CONSISTENT WITH MERCY MISSION AND VALUES AFTER A SENDING 3 MONTHLY STATEMENTS WITH THE FINAL INCLUDING NOTIFICATION, IF NO RESOLUTION THEY WILL BE TURNED TO COLLECTIONS. ADDITIONALLY, THEY MAY INCLUDE LIENS UPON REAL PROPERTY AND REASONABLE WAGE GARNISHMENTS. LEGAL ACTIONS WILL GENERALLY NOT INCLUDE BANK GARNISHMENTS, REPOSSESSION OF ASSETS OR FORECLOSURES TO ENSURE SATISFACTION OF A LIEN. MERCY HAS POLICIES AND PROCEDURES ESTABLISHED TO ADDRESS THE INITIATION OF LEGAL ACTION AND ANNUALLY REVIEW COMPLIANCE WITH POLICIES BUT ENSURE 120 DAYS OF BILLING AND COLLECTIONS OCCURS PRIOR TO ANY EXTRAORDINARY COLLECTIONS ARE PURSUED.

Form and Line Reference	Explanation
PART VI, LINE 2	THE OKLAHOMA CITY/COUNTY HEALTH DEPARTMENT AS WELL AS THE OKLAHOMA STATE HEALTH DEPARTMENT SERVES AS PRIMARY PARTNERS FOR MERCY HOSPITAL, OKLAHOMA CITY IN THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. OTHER COMMUNITY PARTNERS INCLUDE HEALTH ALLIANCE FOR THE UNINSURED, LINWOOD ELEMENTARY, A LOW-INCOME INNER CITY SCHOOL, FREE AND CHARITABLE MEDICAL CLINICS, REGIONAL FOOD BANK OF OKLAHOMA, TURNING POINT COUNCIL, WELLNESS NOW COALITION, AND OTHER COMMUNITY GROUPS WHO STRIVE TO IMPROVE THE HEALTH OF OKLAHOMANS. METHODS OF COLLECTING AND ANALYZING DATA AND INFORMATION INCLUDE SURVEYS, FOCUS GROUPS, PUBLISHED DATA, AND HOSPITAL SPECIFIC DATA. A QUALTRICS SURVEY WAS DESIGNED TO ASSESS THE PERCEPTIONS AND THOUGHTS OF COMMUNITY MEMBERS ABOUT THE HEALTH NEEDS IN THEIR COMMUNITY. IT WAS AVAILABLE IN BOTH HARD COPY AND ON-LINE FORMAT. THERE WERE 92 INDIVIDUALS COMPLETED THE SURVEY OVER THE PAST 6 MONTHS. PATIENTS ENROLLED IN THE COMMUNITY HEALTH WORKER PILOT PROJECT AT MERCY HOSPITAL PARTICIPATED IN A FOCUS GROUP WITH CONTINUED DIALOGUE. THESE UNINSURED PATIENTS HAVE BEEN IDENTIFIED THROUGH EMERGENCY ROOM DATA AS THOSE IN NEED OF A MEDICAL HOME AND HAVE MULTIPLE CHRONIC HEALTH CONDITIONS. THIS PILOT PROJECT BEGAN IN OCTOBER OF 2015 AND CURRENTLY THERE ARE 53 PATIENTS ENROLLED REPRESENTING VARIOUS ETHNICITIES. PARENTS WHO ATTEND SMART START AT LINWOOD ELEMENTARY PARTICIPATED IN DISCUSSIONS CONCERNING BARRIERS THEY ENCOUNTER IN THE PARENTING PROCESS. AN AVERAGE OF 18 SPANISH-SPEAKING PARENTS ATTENDED MONTHLY MEETINGS DURING THE SCHOOL YEAR. A COMMUNITY CHAT WAS CONDUCTED IN THE OKLAHOMA CITY AREA IN COLLABORATION WITH THE TURNING POINT COALITION AND THE CITY/COUNTY HEALTH DEPARTMENT IN 2014. THOSE IN ATTENDANCE INCLUDED BUSINESS LEADERS, SCHOOL TEACHERS, HEALTHCARE PROVIDERS, PROFESSIONAL ORGANIZATIONS, TRIBAL NATIONS, AND MANY OTHERS. THE CONVERSATION REAFFIRMED THE IDEA THAT IMPLEMENTING BEST PRACTICES WILL RESULT IN SUSTAINABLE CHANGE. OVER 50 WERE IN ATTENDANCE. PLEASE REFER TO THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH CAN BE FOUND AT WWW/MERCY.NET/COMMUNITY-BENEFITS

Form and Line Reference	Explanation
PART VI, LINE 3	MERCY INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY THROUGH SEVERAL MEANS IF AT ANY TIME A PATIENT EXPRESSES HARDSHIP AND INABILITY TO PAY, THE ACCOUNTS IS PLACED FOR REVIEW IN ADDITION, PATIENT HAVE SIGNAGE ABOUT THE POLICY AT THE ACCESS POINTS, AND ALL STAFF WORKING WITH THE PATIENT AT POINT OF SERVICE, SCHEDULING, CUSTOMER SERVICE, AND EVEN THROUGH THE MEDICAID ELIGIBILITY SCREENING, HAVE THE MEANS TO SEND THE ACCOUNT FOR REVIEW THERE IS THE PLAIN LANGUAGE SUMMARY THAT IS BEING PROVIDED TO ALL WHOM EXPRESS HARDSHIP, IN ADDITION TO THE WEB ADDRESS PROVIDING THE APPLICATION, POLICIES, AND EVEN HOW UNINSURED ACCOUNTS ARE HANDLED LASTLY, THE STATEMENTS MESSAGE TO THE PATIENT THAT MERCY DOES HAVE A FINANCIAL ASSISTANCE PROGRAM AND TO CALL TO SEE IF THEY ARE ELIGIBLE MERCY STAFFS INTERNAL RESOURCES CERTIFIED TO ASSIST PATIENTS WITH MEDICAID APPLICATIONS AS WELL

Form and Line Reference	Explanation
PART VI, LINE 4	MERCY HOSPITAL OKLAHOMA CITY'S PRIMARY SERVICE AREA INCLUDES SIX COUNTIES IN CENTRAL OKLAHOMA, INCLUDING CANADIAN, CLEVELAND, KINGFISHER, LINCOLN, LOGAN AND OKLAHOMA THE FOLLOWING INFORMATION IS DERIVED FROM 2016 SG2 ANALYTICS DATA AND SG2 INSURANCE COVERAGE ESTIMATES THE AREA'S POPULATION IS 1,294,135 34% OF THE POPULATION'S AVERAGE HOUSEHOLD INCOME IS OVER \$75,000 37% OF THE POPULATION IS 45 AND OLDER 22% OF THE HOUSEHOLDS IS ON MEDICARE, 14% ON MEDICAID, AND 11% UNINSURED

Form and Line Reference	Explanation
PART VI, LINE 5	MERCY PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. MERCY IS A CATHOLIC HEALTH CARE CORPORATION THAT, PURSUANT TO THE ORGANIZATIONAL CORE BELIEF, THAT HEALTH CARE SERVICES ARE A VITAL AND INTEGRAL PART OF THE CHURCH'S HEALING MISSION, ENGAGES IN A MINISTRY WHICH PROVIDES GENERAL ACUTE CARE, AMBULATORY, LONG-TERM AND HOME CARE HEALTH SERVICES TO INDIVIDUALS AND FAMILIES IN ITS COMMUNITIES. MERCY OFFERS SERVICES AND PROGRAM WHICH FURTHER HEALTH PROMOTION, MAINTENANCE AND CARE TO THE COMMUNITY. PROGRAMS PROVIDED TO MEET THE COMMUNITY INCLUDE SUPPORT GROUPS, OUTREACH EVENTS, BLOOD DRIVES, AND CO-WORKER WORK DAYS. MERCY IS GOVERNED BY A BOARD OF DIRECTORS WHICH INCLUDES REPRESENTATION FROM COMMUNITY LEADERS FROM A VARIETY OF SECTORS. ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY. ANY POTENTIAL CONFLICTS OF INTEREST DISCLOSED ARE REVIEWED AND RESOLVED. THIS PROCESS ENSURES THAT PUBLIC, RATHER THAN PRIVATE INTERESTS ARE SERVED. SURPLUS FUND AND UNRESTRICTED ASSETS HELD ARE REINVESTED IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH INITIATIVES WHICH SUPPORT THE ORGANIZATION'S MISSION TO DELIVER COMPASSIONATE CARE AND EXCEPTIONAL HEALTH CARE SERVICES TO THE COMMUNITIES IT SERVES.

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM THE FILING ORGANIZATION IS PART OF MERCY HEALTH ("MERCY") MERCY IS A MISSOURI NON-PROFIT CORPORATION WITH ITS HEADQUARTERS ("MINISTRY OFFICE") IN ST LOUIS, MISSOURI MERCY PROVIDES HEALTH CARE SERVICES IN FOUR STATES - ARKANSAS, KANSAS, MISSOURI, AND OKLAHOMA - AND HAS OUTREACH MINISTRIES LOCATED IN LOUISIANA, MISSISSIPPI, AND TEXAS MERCY'S MISSION IS "AS THE SISTERS OF MERCY BEFORE US, WE BRING LIFE TO THE HEALING MINISTRY OF JESUS THROUGH OUR COMPASSIONATE CARE AND EXCEPTIONAL SERVICE " AS OF JUNE 30, 2016, MERCY FACILITIES INCLUDED 33 ACUTE CARE HOSPITALS, 3 MANAGED HOSPITALS, 4 HEART HOSPITALS, 2 CHILDREN'S HOSPITALS, 2 ORTHOPEDIC HOSPITALS AND 3 REHAB HOSPITALS FOR THE FISCAL YEAR ENDED JUNE 30, 2016, MERCY HAD MORE THAN 9 2 MILLION OUTPATIENT AND PHYSICIAN OFFICE VISITS, APPROXIMATELY 2,100 EMPLOYED PHYSICIANS, AND APPROXIMATELY 40,000 FULL-TIME EQUIVALENT EMPLOYEES, MAKING MERCY THE FIFTH LARGEST CATHOLIC HEALTH SYSTEM IN THE UNITED STATES MERCY IS SPONSORED BY MERCY HEALTH MINISTRY, WHICH IS GOVERNED BY MEMBERS THAT INCLUDE SISTERS OF MERCY MANY SERVICES THAT ARE ESSENTIAL TO FULFILLING MERCY'S MISSION ARE CENTRALIZED AT THE MINISTRY OFFICE SUCH CENTRALIZED SERVICES INCLUDE TREASURY, INFORMATION TECHNOLOGY, CLINICAL QUALITY MANAGEMENT, LEGAL AND COMPLIANCE COUNSEL, COMPENSATION AND BENEFITS, CONSULTING, PERFORMANCE MANAGEMENT, REVENUE MANAGEMENT, INTERNAL AUDIT, ACCOUNTING AND REPORTING, CAPITAL MANAGEMENT, CLINICAL ENGINEERING, AND CLINICAL SAFETY THE CENTRALIZATION OF SUCH SUPPORT SERVICES ENABLES MERCY TO ENSURE THAT EACH OF ITS COMMUNITIES, WHETHER LARGE OR SMALL, HAS THE SERVICES IT NEEDS

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 73-0579285
Name: MERCY HOSPITAL OKLAHOMA CITY

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	MERCY HOSPITAL OKLAHOMA CITY 4300 WEST MEMORIAL ROAD OKLAHOMA CITY,OK 73120 WWW.MERCY.NET/OKLAHOMACITYOK 2295	X	X				X			

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
1 1 - MERCY EDMOND I-35 2017 WI-35 FRONTAGE ROAD EDMOND,OK 73013	OUTPATIENT SURGERY,PHARMACY,FITNESS CENTER,PHYSICAL THERAPY,RADIOLOGY, LAB
1 2 - MERCY COLETTA BUILDING 4401 MCAULEY BLVD STE 2200 OKLAHOMA CITY,OK 73120	CANCER TREATMENT & CARE, BREAST CARE SERVICES,IMAGING & RADIATION SERVICES
2 3 - MHOKC - HOME HEALTH 4401 W MEMORIAL RD STE 143 OKLAHOMA CITY,OK 73134	HOME HEALTH SERVICES
3 4 - MHOKC - OUTPATIENT PHYSICAL THERAPY 4401 W MEMORIAL ROAD OKLAHOMA CITY,OK 73134	SPORTS & PHYSICAL THERAPY
4 5 - MHOKC OUTPATIENT REHAB-QUAILBROOK 4401 W MEMORIAL RD OKLAHOMA CITY,OK 73134	OUPTATIENT REHAB SERVICES
5 6 - THE OKLAHOMA CITY ASC LLC (AMSURG) 13313 N MERIDIAN BUILDING B OKLAHOMA CITY,OK 73120	ENDOSCOPY SERVICES
6 7 - MHOKC - HOSPICE 4401 W MEMORIAL RD STE 143 OKLAHOMA CITY,OK 73134	HOSPICE SERVICES
7 8 - MHOKC - SLEEP DISORDER CENTER 4345 W MEMORIAL ROAD OKLAHOMA CITY,OK 73134	SLEEP DISORDER SERVICES
8 9 - MHOKC-OUTPATIENT ONCOLOGY INFUSION 4401 MCAULEY BLVD 2ND FLOOR OKLAHOMA CITY,OK 73120	OUTPATIENT ONCOLOGY INFUSION SERVICES
9 10 - EDMOND OUTPATIENT REHAB 1919 N EASTERN AVE EDMOND,OK 73013	OUTPATIENT RAHAB SERVICES
10 11 - MHOKC - WOUND CARE CENTER 4140 WEST MEMORIAL RD SUITE 107 OKLAHOMA CITY,OK 73120	WOUND CARE CENTER
11 12 - MHOKC LAB 4200 W MEMORIAL RD OKLAHOMA CITY,OK 73120	LABORATORY SERVICES
12 13 - CANADIAN COUNTY OUTPATIENT REHAB 520 S MUSTANG RD YUKON,OK 73099	SPORTS & PHYSICAL THERAPY & REHAB
13 14 - MHOKC - CANADIAN COUNTY IMAGING CENTER 520 S MUSTANG RD YUKON,OK 73099	CT & ULTRASOUND SERVICES

2015

Open to Public Inspection

73-0579285

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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) TUITION SCHOLARSHIPS	10	28,000			

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
PART I, LINE 2	THE ORGANIZATION USES AN APPROVAL PROCESS TO DETERMINE WHICH ORGANIZATIONS AND INDIVIDUALS WILL RECEIVE GRANTS DURING THE FISCAL YEAR THE FUNDS ARE THEN GIVEN DIRECTLY TO THE NONPROFIT ORGANIZATIONS AND INDIVIDUALS

Additional Data

Software ID:
Software Version:
EIN: 73-0579285
Name: MERCY HOSPITAL OKLAHOMA CITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ARCHDIOCESE OF OK PO BOX 32180 OKLAHOMA CITY, OK 73123	73-0632924	501(C)(3)	89,751				GENERAL SUPPORT
EDMOND AREA CHAMBER OF COMMERCE 825 E 2ND SUITE 100 EDMOND, OK 73034	73-0544087	501(C)(6)	16,785				GENERAL SUPPORT
CATHOLIC CHARITIES 1501 N CLASSEN BLVD OKLAHOMA CITY, OK 73106	73-0636561	501(C)(3)	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOC 77272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	29,513				GENERAL SUPPORT
MARCH OF DIMES 5100 BROOKLINE STE 270 OKLAHOMA CITY, OK 73102	13-1846366	501(C)(3)	56,200				NICU FAMILY SUPPORT
OHERFT DEPT 96 0298 OKLAHOMA CITY, OK 73196	73-6111625	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GREATER OKLAHOMA CITY CHAMBER OF COMMERCE 123 PARK AVE OKLAHOMA CITY, OK 73102	73-0381180	501(C)(6)	8,340				EDUCATIONAL ENDOWMENT
OKLAHOMA CITY BALLET 7421 N CLASSEN BLVD OKLAHOMA CITY, OK 73116	23-7003520	501(C)(3)	10,000				GENERAL SUPPORT
OKLAHOMA NURSES ASSOC 6414 N SANTA FE SUITE A OKLAHOMA CITY, OK 73116	73-0563323	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HEALTH FOUNDATION OKLAHOMA CITY 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120	46-3184231	501(C)(3)	984,324				GENERAL SUPPORT
MERCY HEALTH FOUNDATION OF OKLAHOMA 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120	45-4732301	501(C)(3)	386,935				GENERAL SUPPORT
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW SUITE 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	11,200				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BOYS AND GIRLS CLUB OF OKLAHOMA COUNTY INC PO BOX 18701 OKLAHOMA CITY, OK 73154	73-1472202	501(C)(3)	5,000				GENERAL SUPPORT
ITN CENTRAL OKLAHOMA INC 313 NE 50TH ST STE 2 OKLAHOMA CITY, OK 73105	46-2250170	501(C)(3)	5,000				GENERAL SUPPORT
JUNIOR LEAGUE OF OKLAHOMA CITY OK INC 1001 NW GRAND BLVD OKLAHOMA CITY, OK 73118	73-6040128	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEADERSHIP OKLAHOMA INC 5500 NORTH WESTERN STE 142 OKLAHOMA CITY, OK 73118	73-1301631	501(C)(3)	5,000				GENERAL SUPPORT
LYRIC THEATRE OF OKLAHOMA INC 1727 NW 16TH ST OKLAHOMA CITY, OK 73106	73-1001687	501(C)(3)	5,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MERCY HOSPITAL OKLAHOMA CITY

Employer identification number
73-0579285

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☒ First-class or charter travel ☒ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	CHARTER TRAVEL IS PROVIDED TO CERTAIN EMPLOYEES AS AND WHEN APPROPRIATE, AND AS DEEMED NECESSARY FOR BUSINESS TRAVEL. AFTER CHARTER TRAVEL APPROVAL HAS BEEN GRANTED IN ACCORDANCE WITH THE FINANCIAL JUSTIFICATION PROCESS, THE APPROVED CHARTER TRAVEL FOR BUSINESS IS A REIMBURSABLE EXPENSE WHICH IS NOT TAXABLE TO THE EMPLOYEES. TRAVEL FOR COMPANIONS FOR NONBUSINESS REASONS IS PROVIDED IN CERTAIN INSTANCES AND IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES. WHERE COMPANION TRAVEL HAS RESULTED IN A TAXABLE EVENT, THE EMPLOYEES ARE TAXED FOR SUCH TRAVEL. LIMITED INSTANCES OF TAX GROSS-UPS MAY HAVE OCCURRED WITH RESPECT TO EXECUTIVES. HOUSING BENEFITS ARE PROVIDED THROUGH A RELOCATION PROGRAM IN ACCORDANCE WITH COMPANY POLICY. SUCH BENEFITS ARE SUBJECT TO TAX TO THE EMPLOYEES OF A RELATED ORGANIZATION, GARY RAJU AND PATRICIA ROBERTSON. PAYMENT BY THE COMPANY OF COSTS FOR TEMPORARY HOUSING BY EMPLOYEES FOR THE CONVENIENCE OF THE COMPANY IS MADE IN ACCORDANCE WITH THE CO-WORKER TRAVEL AND OTHER EXPENSE POLICY AND PROCEDURES. AS A REIMBURSABLE EXPENSE, THIS TYPE OF LODGING IS NOT TAXABLE TO THE EMPLOYEE.
PART I, LINES 4A-B	LINDA FANNING RECEIVED \$185,161 OF SEVERANCE COMPENSATION. RICHARD GUNCKEL RECEIVED \$50,536 OF SEVERANCE COMPENSATION. MARK JOHNSON RECEIVED \$77,876 OF SEVERANCE COMPENSATION. SCHEDULE J, PART I, QUESTION 4B. MERCY HEALTH, THE PARENT COMPANY, OFFERS SUPPLEMENTAL RETIREMENT PLANS TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON VESTING DATE BASED ON COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE WITH THE COMPANY AND/OR ITS AFFILIATES, AND LENGTH OF TENURE IN THE PLAN. THE PLANS ARE CLOSED TO NEW ENTRANTS. THE INDIVIDUALS REPORTABLE ON THIS RETURN WHO PARTICIPATE IN THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS INCLUDE DIANA SMALLEY (DC), JIM GEBHART (DC). THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL MANAGEMENT RETIREMENT PLAN: LINDA FANNING, MARK JOHNSON, BECKY PAYTON, JONATHAN VITIELLO, BICH-VI LE, JAMES D DIXSON, AARON STEFFENS. THE AMOUNT OF ALL ACCRUED BENEFITS IS INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C). NO PERSONS LISTED ON THIS RETURN RECEIVED PAYMENT UNDER THE PLANS DURING THE TAX YEAR.
PART I, LINE 3	THE FILING ORGANIZATION RELIES ON A RELATED ORGANIZATION, REFER TO SCHEDULE O, PART VI, QUESTION 15A AND 15B FOR THE PROCESS THE RELATED ORGANIZATION FOLLOWS.

Additional Data

Software ID:
Software Version:
EIN: 73-0579285
Name: MERCY HOSPITAL OKLAHOMA CITY

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SMALLEY DIANA L PRESIDENT, WEST COMMUNITIES	(i)	0	0	0	0	0	0	0
	(ii)	544,835	241,632	8,899	85,731	19,231	900,328	0
1GEBHART JIM R PRESIDENT, MERCY HOSPITAL OKLAHOMA C	(i)	0	0	0	0	0	0	0
	(ii)	395,608	183,326	74,706	192,173	18,036	863,849	0
2RAJU GARY CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	198,469	44,196	75,969	9,898	4,309	332,841	0
3EDELSTEIN THOMAS VP-MISSION & ETHICS	(i)	141,652	26,482	13,064	27,833	12,529	221,560	0
	(ii)	0	0	0	0	0	0	0
4ENLOE TRACY VP-FINANCIAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	163,596	32,465	18,829	13,811	17,591	246,292	0
5JAMES KARYL CN OFFICER - STARTING 1/15	(i)	129,666	33,653	25,931	8,394	16,386	214,030	0
	(ii)	0	0	0	0	0	0	0
6JOHNSON MARK C CHIEF MEDICAL OFFICER	(i)	258,599	168,676	142,212	130,157	6,890	706,534	0
	(ii)	0	0	0	0	0	0	0
7LE BICH-VI REGIONAL VP-GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	188,135	50,580	27,079	38,260	17,794	321,848	0
8MINNIS KEITH REGIONAL VP-HR	(i)	0	0	0	0	0	0	0
	(ii)	173,079	46,842	21,135	32,158	17,630	290,844	0
9PAYTON BECKY J REGIONAL VP-OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	233,237	61,975	28,284	44,676	13,983	382,155	0
10PINAROC LYNN VP-FINANCE	(i)	141,242	19,327	19,038	5,813	7,301	192,721	0
	(ii)	0	0	0	0	0	0	0
11STEFFENS AARON L CHIEF OPERATING OFFICER	(i)	254,828	61,765	7,565	42,137	18,228	384,523	0
	(ii)	0	0	0	0	0	0	0
12GUNCKEL RICHARD C DIRECTOR OF IMAGING SERVICES	(i)	67,864	7,485	95,862	35,533	8,007	214,751	0
	(ii)	0	0	0	0	0	0	0
13HOLLINGSWORTH ALAN B MEDICAL DIRECTOR	(i)	224,855	-3,238	15,389	16,510	13,476	266,992	0
	(ii)	0	0	0	0	0	0	0
14OH MOONSEONG PHYSICIST	(i)	150,702	40	30,670	8,312	16,079	205,803	0
	(ii)	0	0	0	0	0	0	0
15SMITH RICHARD V MEDICAL DIRECTOR	(i)	229,921	40	4,548	5,365	13,218	253,092	0
	(ii)	0	0	0	0	0	0	0
16YOUNG HOWARD K PHYSICIST	(i)	142,148	40	43,750	13,277	17,559	216,774	0
	(ii)	0	0	0	0	0	0	0
17VITIELLO JONATHAN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	420,946	233,293	62,169	84,728	18,955	820,091	0
18DIXSON MD JAMES D FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	530,025	131,278	50,438	41,237	14,039	767,017	0
19FANNING LINDA T FORMER KEY EMPLOYEE	(i)	16,986	12,616	198,926	14,290	227	243,045	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21MADISON KEITH FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	145,949	19,505	33,460	12,830	-7,383	-219,127	0
1ROBERTSON PATRICIA FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	161,932	66,028	119,438	10,420	-8,191	-366,009	0
2CARMICHAEL CINDY COO (ARDMORE)/FORMER HCE	(i)	0	0	0	0	0	0	0
	(ii)	217,026	79,828	6,520	11,979	-7,819	-323,172	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
MERCY HOSPITAL OKLAHOMA CITY

Employer identification number
73-0579285

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$												

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) OKLAHOMA HEART HOSPITAL LLC	SEE SCHEDULE O	121,021	INDEPENDENT CONTRACTOR		No
(2) MERCY REHABILITATION HOSPITAL LLC	SEE SCHEDULE O	2,587,327	DISTRIBUTIONS FROM MERCY REHABILITATION HOSPITAL, LLC		No
(3) DANIELLE ENLOE	FAMILY MEMBER OF TRACY ENLOE, KEY EMPLOYEE	59,050	EMPLOYMENT ARRANGEMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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

2015**Open to Public
Inspection**Name of the organization
MERCY HOSPITAL OKLAHOMA CITY**Employer identification number**

73-0579285

Return Reference**Explanation**FORM 990, PART VI, SECTION A,
LINE 6MERCY HOSPITAL OKLAHOMA CITY HAS A SOLE CORPORATE MEMBER, MERCY HEALTH OKLAHOMA
COMMUNITIES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MERCY HEALTH OKLAHOMA COMMUNITIES MAY APPOINT AND REMOVE MEMBERS OF THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED SOLELY UNTO MERCY HEALTH OKLAHOMA COMMUNITIES - ADOPT OR AMEND THE MISSION AND PHILOSOPHY OF THE CORPORATION AND ANY ORGANIZATION CONTROLLED BY THE CORPORATION, - ADOPT OR AMEND THE STRATEGIC PLANS, GOALS, AND OBJECTIVES OF THE CORPORATION AND ANY ORGANIZATION CONTROLLED BY THE CORPORATION, - ADOPT OR AMEND THE OPERATING AND CAPITAL BUDGETS OF THE CORPORATION AND ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND ANY CHANGES IN SUCH BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE MEMBER, - REVIEW AND APPROVE ANY CAPITAL EXPENDITURES OR RECOMMENDATIONS NOT PREVIOUSLY APPROVED AS PART OF THE CORPORATION'S BUDGETS, - AUTHORIZE OR APPROVE THE ASSIGNMENT, TRANSFER, SALE OR LEASE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION OR INTEREST THEREIN IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE MEMBER, - AUTHORIZE OR APPROVE THE GRANT OF ANY PLEDGE, LIEN, ENCUMBRANCE, MORTGAGE, DEED OF TRUST OR OTHER SECURITY INTEREST IN ANY OR ALL OF THE ASSETS OF THE CORPORATION AND ANY ORGANIZATION CONTROLLED BY THE CORPORATION, - AUTHORIZE OR APPROVE THE INCURRENCE OF DEBT (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND THE GRANT ANY SECURITY INTERESTS, THE PLACEMENT OF ANY ENCUMBRANCES, THE ENTERING INTO ANY COVENANTS, AND THE EXECUTION OF ANY DOCUMENTS AND THE TAKING OF ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, - MERGE, DISSOLVE OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, - AMEND THE CERTIFICATE OF INCORPORATION AND BYLAWS OF THE CORPORATION AND ANY ORGANIZATION CONTROLLED BY THE CORPORATION, - ESTABLISH ALL COMPENSATION AND BENEFIT TERMS FOR PHYSICIANS AND OTHER MEDICAL PROFESSIONALS EMPLOYED OR OTHERWISE RETAINED BY THE CORPORATION, - APPROVE THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH, ANY OTHER ORGANIZATION CONTROLLED BY THE CORPORATION, - APPROVE CONTRACTS IN WHICH THE CORPORATION ASSUMES FINANCIAL RISK, INCLUDING BUT NOT LIMITED TO MANAGED CARE CONTRACTS, SUBJECT TO CONSULTATION WITH THE MANAGED CARE CONTRACTING COMMITTEE OF THE MEMBER, - APPROVE THE CLINIC'S MANPOWER PLAN, - THROUGH THE SOLE ACTION OF THE PRESIDENT OF THE MEMBER (WITH THE APPROVAL OF THE PRESIDENT OF MERCY, APPOINT AND REMOVE THE PRESIDENT OF THE CORPORATION, AND - AUTHORIZE AND AMEND THE CHARITY CARE POLICY OF THE CLINIC

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, USING INFORMATION PROVIDED BY THE FILING ORGANIZATION. A DRAFT FORM 990 IS REVIEWED BY THE FILING ORGANIZATION'S FINANCE TEAM, INCLUDING THE MANAGER OF ACCOUNTING AND THE VICE-PRESIDENT OF FINANCE. THE DRAFT FORM 990 IS ALSO REVIEWED BY MERCY HEALTH'S TAX DEPARTMENT, TO ENSURE ACCURACY AND CONSISTENCY WITH OTHER RELATED ORGANIZATIONS' FORM 990S. AFTER QUESTIONS ARISING FROM THE VARIOUS REVIEWS ARE ADDRESSED AND INCORPORATED INTO THE FORM 990, A REVISED DRAFT IS PROVIDED TO THE FILING ORGANIZATION'S LEADERSHIP TEAM, INCLUDING THE CFO AND CEO, FOR REVIEW. ONCE REVIEWED AND APPROVED BY THE FILING ORGANIZATION'S LEADERSHIP TEAM, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW, IT IS THEN SIGNED AND FILED WITH THE IRS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS, KEY EMPLOYEES AND OTHER DISQUALIFIED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY AND DID SO IN THE NORMAL COURSE FOR THE YEAR ENDED JUNE 30, 2016 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, SECTION B, LINE 15B	FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION BY THE COMPENSATION COMMITTEE OF THE BOARD OF THE SISTER OF MERCY HEALTH SYSTEM FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR

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

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 XI, LINE 9	NET TRANSFERS TO/FROM AFFILIATES -220,011,650 UNRESTRICTED DONATED PROPERTY 5,016,639 CONTRIBUTIONS ADJUSTMENTS -4,912,348

Return Reference	Explanation
PART XII, LINE 2	AUDITED FINANCIAL STATEMENTS THE FILING ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE MERCY HEALTH AND SUBSIDIARIES ANNUAL FINANCIAL STATEMENT AUDIT. MERCY HEALTH AND SUBSIDIARIES RECEIVED AN UNQUALIFIED OPINION FROM THE EXTERNAL AUDITORS FOR FISCAL 2016 (THE TAX YEAR CURRENTLY BEING REPORTED). HOWEVER, NO SEPARATE AUDIT OPINION IS ISSUED ON THE FINANCIAL STATEMENTS OF THE FILING ORGANIZATION. THE ULTIMATE RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE EXTERNAL AUDITOR LIES WITH THE STEWARDSHIP COMMITTEE (FORMERLY FINANCE, AUDIT, AND COMPLIANCE COMMITTEE) OF THE MERCY HEALTH BOARD OF DIRECTORS. AUDIT RESULTS ARE COMMUNICATED TO THIS COMMITTEE.

Return Reference	Explanation
FORM 990, PART V, QUESTION 1A	INDEPENDENT CONTRACTORS FOR THE FILING ORGANIZATION ARE PAID BY MERCY HEALTH (EIN 43-1423050) AS SUCH, ALL REQUIRED FORM 1099 AND FORM 1096 REPORTING IS MADE FOR THE ENTIRE HEALTH SYSTEM (WITH LIMITED EXCEPTIONS) UNDER THE MERCY HEALTH EIN

Return Reference	Explanation
FORM 990, PART V, LINE 2A	W-3 FILING SALARIES AND WAGES WITH LIMITED EXCEPTIONS, THE SALARIES AND WAGES REPORTED ON FORM 990, PART IX, LINE 7 REPRESENT AN ALLOCATION OF SALARIES AND WAGES FROM A RELATED ORGANIZATION MOST EMPLOYEES ARE PAID BY A RELATED ORGANIZATION UNDER A COMMON PAY MASTER ARRANGEMENT AS SUCH, ALL REQUIRED PAYROLL FILING FOR THESE EMPLOYEES (INCLUDING W-2 AND W-3'S) IS REPORTED UNDER THE RELATED ORGANIZATION, MHM SUPPORT SERVICES, EIN 20-2553101

Return Reference	Explanation
FORM 990, SCHEDULE R, PART II	MERCY HOSPITALS EAST COMMUNITIES MERCY HOSPITALS EAST COMMUNITIES CONSISTS OF MERCY HOSPITALS EAST COMMUNITIES ST LOUIS, EIN 43-0653493, AND MERCY HOSPITALS EAST COMMUNITIES WASHINGTON, EIN 43-1066883

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V	SYSTEM LIMITATIONS MERCY HEALTH (MERCY) HAS MANY LEGAL ENTITIES WITHIN ITS STRUCTURE. LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY MERCY, AND THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON. WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON EXTRACTING THE RELATED ORGANIZATION INFORMATION FROM LAWSON. DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES P AND Q, AND THE INFORMATION INCLUDES RELATED PARTY TRANSACTIONS FOR ALL OF MERCY, RATHER THAN ONLY THE FILING ENTITY.

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV	RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DIANA SMALLEY, BOARD MEMBER AND MARK JOHNSON, KEY EMPLOYEE OF THE ORGANIZATION, ARE BOARD MEMBERS OF OKLAHOMA HEART HOSPITAL, LLC

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV	RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION GEBHART IS AN OFFICER OF THE ORGANIZATION, PAYTON AND JOHNSON ARE KEY EMPLOYEES OF THE ORGANIZATION ALL ARE BOARD MEMBERS OF MERCY REHABILITATION HOSPITAL, LLC

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY HOSPITAL OKLAHOMA CITY

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Employer identification number
73-0579285

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
(1) NEUROSCIENCE INSTITUTE SERVICES ORGANIZATION LLC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 30-0487934	MGD CARE SERVICES	OK	0	0	MERCY HOSPITAL OKLAHOMA CITY

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) SOUTHERN OKLAHOMA DIAG CTR LLC 1011 FOURTEENTH AVENUE NW ARDMORE, OK 73401 43-1971232	MRI SERVICES - DISSOLVED 12/2015	OK	MERCY HOSPITAL ARDMORE INC	N/A				No			No	
(2) RESOURCE OPTIMIZ & INNOVLLC 645 MARYVILLE CTR DRSTE 200 ST LOUIS, MO 63141 46-0468368	CENTRAL DISTRIBUTION CENTER	MO	MHN INC - MHNSR INC	N/A				No			No	
(3) MERCY AMBULATORY SURGERY CENTER LLC 7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0827721	AMBULATORY SURGERY CENTER	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	
(4) FORT SMITH EMERGENCY MEDICAL SERVICES 1701 SOUTH GREENWOOD FORT SMITH, AR 72901 71-0416615	EMERGENCY MEDICAL SERVICES	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	
(5) ST EDWARD MERCY MC M-P OFFICE BLDG 7301 ROGERS AVENUE FORT SMITH, AR 72903 71-0554050	OFFICE BUILDING	AR	MERCY HOSPITAL FORT SMITH	N/A				No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(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		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		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
See Additional Data Table			

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
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Additional Data

Software ID:

Software Version:

EIN: 73-0579285

Name: MERCY HOSPITAL OKLAHOMA CITY

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
CASA DE MISERICORDIA 1602 MCCLELLAND STREET LAREDO, TX 78044 74-2912461	WOMEN'S DOMESTIC VIOLENCE SHELTER	TX	501C3	7	MERCY MINISTRIES OF LAREDO	Yes	
JEFFERSON LAND COMPANY INC 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1330360	HOLDING COMPANY	MO	501C2		MERCY HOSPITAL JEFFERSON	Yes	
MCAULEY PORTFOLIO MGMT CO 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 26-1708048	PORTFOLIO MANAGEMENT	MO	501C3	11-II	MERCY HEALTH	Yes	
MERCY ACO CLINICAL SERVICES INC 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 46-4504901	VIRTUAL CARE CENTER	MO	501C3	3	MERCY HEALTH	Yes	
MERCY CLINIC EAST COMMUNITIES 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-1771217	PHYSICIAN GROUP	MO	501C3	9	MERCY HEALTH EAST COMMUNITIES	Yes	
MERCY CLINIC FORT SMITH COMM 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318597	PHYSICIAN CLINIC	AR	501C3	9	MERCY HEALTH FORT SMITH COMM	Yes	
MERCY CLINIC OKLAHOMA COMM 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 27-0473057	PHYSICIAN GROUP	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
MERCY CLINIC SPRINGFIELD COMM 1965 FREMONT STREET SUITE 2950 SPRINGFIELD, MO 65804 43-1560263	PHYSICIAN GROUP	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
MERCY FAMILY CENTER 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 72-1069468	FAMILY COUNSELING SERVICES	MO	501C3	7	MERCY HEALTH	Yes	
MERCY HEALTH FOUNDATION 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-0901499	FOUNDATION	MO	501C3	11-II	MERCY HEALTH	Yes	
MERCY HEALTH 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1423050	CORPORATE OFFICE	MO	501C3	1	N/A		No
MERCY HEALTH EAST COMMUNITIES 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-1718408	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
MERCY HEALTH EAST COMMUNITIES - SR 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 46-1412322	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
MERCY HEALTH FORT SMITH COMM 7301 ROGERS AVENUE FORT SMITH, AR 72917 26-1318515	HOLDING COMPANY	AR	501C3	11-II	MERCY HEALTH	Yes	
MERCY HEALTH FOUNDATION ADA 430 N MONTE VISTA STREET ADA, OK 74820 46-3596274	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL ADA	Yes	
MERCY HEALTH FOUNDATION ARDMORE 1011 14TH AVENUE NW ARDMORE, OK 73401 71-0962525	FOUNDATION	OK	501C3	11-I	MERCY HOSPITAL ARDMORE	Yes	
MERCY HEALTH FOUNDATION BERRYVILLE 214 CARTER STREET BERRYVILLE, AR 72616 71-0759301	FOUNDATION	AR	501C3	11-I	MERCY HOSPITAL BERRYVILLE	Yes	
MERCY HEALTH FOUNDATION FT SCOTT 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1077073	FOUNDATION	KS	501C3	11-III	MERCY KANSAS COMMUNITIES INC	Yes	
MERCY HEALTH FOUNDATION HOT SPRINGS 300 WERNER STREET HOT SPRINGS, AR 71913 71-0804718	FOUNDATION	AR	501C3	11-II	MISSION CLINICAL SERVICES	Yes	
MERCY HEALTH FOUNDATION INDEPENDENCE 800 W MYRTLE INDEPENDENCE, KS 67301 48-1079981	FOUNDATION	KS	501C3	11-I	MERCY KANSAS COMMUNITIES INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
MERCY HEALTH FOUNDATION JEFFERSON 1400 US HIGHWAY 61 SOUTH FESTUS, MO 63028 46-2797051	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES - SR	Yes	
MERCY HEALTH FOUNDATION JOPLIN 100 MERCY WAY JOPLIN, MO 64804 27-0906136	FOUNDATION	MO	501C3	11-I	MERCY HEALTH SW MOKS COMM	Yes	
MERCY HEALTH FOUNDATION LINCOLN 1000 EAST CHERRY STREET TROY, MO 63379 81-1477159	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
MERCY HEALTH FOUNDATION NW ARK 2710 RIFE MEDICAL LN ROGERS, AR 72858 71-0601687	FOUNDATION	AR	501C3	11-III	MERCY HOSPITAL ROGERS	Yes	
MERCY HEALTH FOUNDATION OF OK 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 45-4732301	FOUNDATION	OK	501C3	11-I	MERCY HEALTH OK COMMUNITIES	Yes	
MERCY HEALTH FOUNDATION OK CITY 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 46-3184231	FOUNDATION	OK	501C3	11-I	MERCY HEALTH OK COMMUNITIES	Yes	
MERCY HEALTH FOUNDATION SPRINGFIELD 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 32-0195818	FOUNDATION	MO	501C3	11-II	MERCY HEALTH SPRINGFIELD COMM	Yes	
MERCY HEALTH FOUNDATION STL 615 SOUTH NEW BALLAS ROAD ST LOUIS, MO 63141 56-2410020	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
MERCY HEALTH FOUNDATION WASHINGTON 901 E FIFTH STREET WASHINGTON, MO 63090 56-2410022	FOUNDATION	MO	501C3	11-II	MERCY HEALTH EAST COMMUNITIES	Yes	
MERCY HEALTH NW ARK COMMUNITIES 2710 RIFE MEDICAL LN ROGERS, AR 72758 62-1684203	PHYSICIAN GROUP	AR	501C3	11-II	MERCY HEALTH	Yes	
MERCY HEALTH OK COMMUNITIES 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1453048	HEALTH SYSTEM	OK	501C3	11-II	MERCY HEALTH	Yes	
MERCY HEALTH PLANS OF MISSOURIINC 3265 S NATIONAL AVENUE SPRINGFIELD, MO 65807 32-0481419	HMO	MO	501C4		MERCY HEALTH	Yes	
MERCY HEALTH PLANSINC 3265 S NATIONAL AVENUE SPRINGFIELD, MO 65807 32-0486150	PPO	MO	501C4		MERCY HEALTH PLANS OF MISSOURIINC	Yes	
MERCY HEALTH SW MOKS COMM 100 MERCY WAY JOPLIN, MO 64804 30-0584463	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
MERCY HEALTH SPRINGFIELD COMM 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 43-1856028	HEALTH SYSTEM	MO	501C3	11-II	MERCY HEALTH	Yes	
MERCY HOME HEALTH BERRYVILLE 804 W FREEMAN SUITE 4 BERRYVILLE, AR 72616 87-0781247	HOME HEALTH AND HOSPICE OPERATIONS	AR	501C3	11-III	MERCY HOSPITAL SPRINGFIELD	Yes	
MERCY HOSPITAL ADA INC 430 N MONTE VISTA STREET ADA, OK 74820 46-2288155	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
MERCY HOSPITAL ARDMORE 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1500629	HOSPITAL	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
MERCY HOSPITAL AURORA 500 PORTER AVENUE AURORA, MO 65605 43-1936696	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
MERCY HOSPITAL BERRYVILLE 214 CARTER STREET BERRYVILLE, AR 72616 71-0759299	HOSPITAL	AR	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
MERCY HOSPITAL BOONEVILLE 880 WEST MAIN STREET BOONEVILLE, AR 72927 46-3851119	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
MERCY HOSPITAL CARTHAGE 3125 DR RUSSELL SMITH WAY CARTHAGE, MO 64836 45-3808607	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
MERCY HOSPITAL CASSVILLE 94 MAIN STREET CASSVILLE, MO 65625 43-1936699	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
MERCY HOSPITAL COLUMBUS 220 PENNSYLVANIA AVENUE COLUMBUS, KS 66725 27-0842031	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
MERCY HOSPITAL EL RENO 2115 PARKVIEW DRIVE EL RENO, OK 73036 27-2716065	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
MERCY HOSPITAL FORT SMITH 7301 ROGERS AVENUE FORT SMITH, AR 72917 71-0240352	HOSPITAL	AR	501C3	3	MERCY HEALTH FORT SMITH COMM	Yes	
MERCY HOSPITAL HEALDTON INC 3462 HOSPITAL RD HEALDTON, OK 73438 26-3173902	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ARDMORE INC	Yes	
MERCY HOSPITAL JEFFERSON 1400 HIGHWAY 61 SOUTH FESTUS, MO 63028 43-0687077	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES - SR	Yes	
MERCY HOSPITAL JOPLIN 100 MERCY WAY JOPLIN, MO 64804 27-0814858	HOSPITAL	MO	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
MERCY HOSPITAL KINGFISHER INC 1000 HOSPITAL CIRCLE KINGFISHER, OK 73750 46-3433074	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
MERCY HOSPITAL LEBANON 100 HOSPITAL DRIVE LEBANON, MO 65536 43-1767432	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
MERCY HOSPITAL LINCOLN 1000 EAST CHERRY STREET TROY, MO 63379 47-2219204	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes	
MERCY HOSPITAL LOGAN COUNTY INC 200 SOUTH ACADEMY GUTHRIE, OK 73044 45-2998842	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	
MERCY HOSPITAL OZARK 801 W RIVER STREET OZARK, AR 72949 71-0689680	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
MERCY HOSPITAL PARIS 500 E ACADEMY PARIS, AR 72855 71-0655753	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
MERCY HOSPITAL ROGERS 2710 RIFE MEDICAL LN ROGERS, AR 72758 71-0294390	HOSPITAL	AR	501C3	3	MERCY HEALTH NW ARK COMMUNITIES	Yes	
MERCY HOSPITAL SPRINGFIELD 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 44-0552485	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
MERCY HOSPITAL TISHOMINGO 1000 SOUTH BYRD TISHOMINGO, OK 73460 27-4433830	HOSPITAL	OK	501C3	3	MERCY HOSPITAL ARDMORE	Yes	
MERCY HOSPITAL WALDRON 1341 W 6TH STREET WALDRON, AR 72958 71-0557895	HOSPITAL	AR	501C3	3	MERCY HOSPITAL FORT SMITH	Yes	
MERCY HOSPITAL WATONGA INC 500 CLARENCE NASH BLVD WATONGA, OK 73772 45-5199762	HOSPITAL	OK	501C3	3	MERCY HOSPITAL OKLAHOMA CITY	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
MERCY HOSPITALS EAST COMM 645 MARYVILLE CTR DR STE 100 ST LOUIS, MO 63141 43-0653493	HOSPITAL	MO	501C3	3	MERCY HEALTH EAST COMMUNITIES	Yes	
MERCY KANSAS COMMUNITIES INC 401 WOODLAND HILLS BLVD FT SCOTT, KS 66701 48-0956045	HOSPITAL	KS	501C3	3	MERCY HEALTH SW MOKS COMM	Yes	
MERCY RESEARCH 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 87-0796305	RESEARCH - CLINICAL TRIALS	MO	501C3	4	MERCY HEALTH SPRINGFIELD COMM	Yes	
MERCY MINISTRIES OF LAREDO 2500 ZACATECAS LAREDO, TX 78043 20-0198462	OUTREACH	TX	501C3	7	MERCY HEALTH	Yes	
MERCY ST FRANCIS HOSPITAL 100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 44-0607149	HOSPITAL	MO	501C3	3	MERCY HEALTH SPRINGFIELD COMM	Yes	
MHM SUPPORT SERVICES 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 20-2553101	CENTRALIZED HEALTH SYSTEM FUNCTIONS	MO	501C3	11-II	MERCY HEALTH	Yes	
MISSION CLINICAL SERVICES 300 WERNER STREET HOT SPRINGS, AR 71913 13-4239691	CHILD ADVOCACY CENTER	AR	501C3	9	MERCY HEALTH	Yes	
ST EDWARD MERCY FOUNDATION 7301 ROGERS AVENUE FORT SMITH, AR 72917 23-7330425	FOUNDATION	AR	501C3	7	MERCY HOSPITAL FORT SMITH	Yes	
ST MARYS HOSP ENID OK 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 73-0614655	INACTIVE	OK	501C3	3	MERCY HEALTH OK COMMUNITIES	Yes	
THE SR M CORNELIA BLASKO FN 100 W HIGHWAY 60 MOUNTAIN VIEW, MO 65548 43-1873914	FOUNDATION	MO	501C3	11-I	MERCY ST FRANCIS HOSPITAL	Yes	
UNITY AMBULATORY CARE 14528 S OUTER FORTY ST 100 CHESTERFIELD, MO 63017 43-1861745	INACTIVE	MO	501C3	11-III	MERCY HEALTH EAST COMMUNITIES	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
(1) MERCY COMM SERVICES INC 401 WOODLAND HILLS BLVD FORT SCOTT, KS 66701 48-1078101	RETAIL PHARMACY	KS	MERCY KANSAS COMM INC	C					No
(1) FRONTENAC PROPERTIES INC 14528 S OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 52-1914421	HOLDS ANCILLARY ASSETS & OWNS AIRCRAFT	DE	MERCY HEALTH	C					No
(2) INVENO HEALTH INC 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804 26-4509571	TECHNOLOGY TRANSFER COMPANY	MO	MERCY HEALTH SPRINGFIELD COMM	C					No
(3) UNITY SUPPORT SERVICES INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 43-1797042	INACTIVE	MO	MERCY HEALTH EAST COMMUNITIES	C					No
(4) UH L CORP INC 645 MARYVILLE CENTRE DRIVE SUITE 10 ST LOUIS, MO 63141 74-2499535	HOLDING COMPANY	MO	MERCY HEALTH SERVICES LLC	C					No
(5) MHN OF THE SOUTHERN REGION INC 1011 14TH AVENUE NW ARDMORE, OK 73401 73-1580607	HOLDING COMPANY	OK	MERCY MANAGED CARE CORP	C					No
MERCY HEALTH CENTER (6) CONDOMINIUM INC 4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120 68-0640970	ADMINISTRATOR OF CERTAIN REAL PROPERTY AND IMPROVEMENTS	OK	MERCY HOSPITAL OKLAHOMA CITYINC	C	20,446	816,046	88 000 %		No
MERCY MANAGED CARE (7) CORPORATION 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1441665	HOLDING COMPANY	OK	MERCY HEALTH	C					No
(8) MERCY HEALTH NETWORK INC 4300 W MEMORIAL ROAD OKLAHOMA CITY, OK 73120 73-1381689	HOLDING COMPANY	OK	MERCY MANAGED CARE CORP	C					No
(9) MERCY COMMERCIAL SERVICES INC 14528 SOUTH OUTER FORTY SUITE 100 CHESTERFIELD, MO 63017 46-4953543	CORP PARENT OF VCC TAXABLE COMMERCIALIZ SVCS	OK	MHN INC AND MHNSR INC	C					No

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MERCY HEALTH FOUNDATION OKLAHOMA CITY	C	5,475,686	FMV
(1)	MERCY HEALTH FOUNDATION OKLAHOMA CITY	B	984,324	FMV
(2)	MERCY HEALTH FOUNDATION OF OKLAHOMA	B	386,935	FMV
(3)	MERCY CLINIC OKLAHOMA COMMUNITIES INC	Q	240,857,051	FMV
(4)	MERCY HEALTH	P	126,184	FMV
(5)	MERCY HEALTH OKLAHOMA COMMUNITIES INC	Q	29,977,197	FMV
(6)	MERCY HEALTH FOUNDATION OKLAHOMA CITY	P	3,907,804	FMV
(7)	MERCY HEALTH FOUNDATION OKLAHOMA	Q	448,171	FMV
(8)	MERCY HEALTH FOUNDATION ADA	Q	136,730	FMV
(9)	MERCY HOSPITAL ARDMORE INC	Q	15,868,642	FMV
(10)	MERCY HOSPITAL ADA	Q	15,107,311	FMV
(11)	MERCY HOSPITAL EL RENO INC	Q	9,413,065	FMV
(12)	MERCY HOSPITAL HEALDTON INC	Q	543,991	FMV
(13)	MERCY HOSPITAL KINGFISHER INC	Q	2,021,426	FMV
(14)	MERCY HOSPITAL LOGAN COUNTY INC	Q	913,153	FMV
(15)	MERCY HOSPITAL TISHOMINGO INC	Q	2,081,975	FMV
(16)	MERCY HOSPITAL WATONGA INC	Q	1,461,823	FMV
(17)	MERCY HOSPITALS EAST COMMUNITIES	Q	136,607	FMV
(18)	MERCY HOSPITAL FORT SMITH	Q	291,473	FMV
(19)	MHM SUPPORT SERVICES	P	58,431,464	FMV
(20)	MERCY ACO CLINICAL SERVICES INC	P	1,713,664	FMV
(21)	RESOURCE OPTIMIZATION & INNOVATION LLC	P	12,998,525	FMV