DLN: 93493317033789

Form **990** 

Department of the Treasury Internal Revenue

# **Return of Organization Exempt From Income Tax**

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

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

2008
Open to Public

Inspection

┌Yes ┌No

Servi	ce							
A Fo	r the 2	008 ca	lendar yea	ar, or tax year beginning 01	01-2008 and ending 12-31-2008		B 5	
<b>B</b> Che	eck if ap	plicable	Please	C Name of organization Mercy Hospital of Buffalo			D Employer Id	entification number
☐ Add	Iress cha	ange	use IRS label or	Daing Business As			16-07563	
┌ Nar	ne chan	ge	print or	Doing Business As			E Telephone n	umber
┌ Inıt	ıal returi	n	type. See Specific	Number and street (or P.O. h	ox if mail is not delivered to street address	) Room/suite	(716) 828-	
┌ Ter	mınatıor	า	Instruc- tions.	515 Abbott Road No 500	ox ii maii is not delivered to succe dadress	y Room, suite	G Gross receip	ots \$ 259,996,523
	ended re olication	eturn pending		City or town, state or country Buffalo, NY 142202039	, and ZIP + 4	•		
			E Na	ne and address of Principal	Officer	11/->		
				n D McDonald	o incer	affiliat	s a group returi tes?	n for
				Main Street				,
	v ovomi	pt status		o, NY 14214 c) (3) ◀ (insert no )	-)/1) -:	• •	affiliates includ	· · · · · · · · · · · · · · · · · · ·
			v chsbuffal		a)(1) or   52/		o," attach a lis <sup>.</sup> p Exemption Ni	t See instructions) umber ►
							' '	
К Тур	e of orga	anızatıon	Corpora	tion trust association of	her <b>►</b>	<b>L</b> Year of For	mation 1957 M	State of legal domicile NY
Pa	rt I	Sumr	mary					
<u> </u>	1			he organization's mission o	most significant activities			
Governance	See A	dditiona	al Data Tal	ble				
Ĕ	2	Check	this box 🖵	- if the organization discont	inued its operations or disposed of	more than 2	5% of its asse	ts
š	3	Numbe	r of voting	members of the governing	oody (Part VI, line 1a)		3	27
Ĭ	4	Numbe	r of indepe	endent voting members of th	e governing body (Part VI, line 1b)	)	. 4	12
<b>25</b>				employees (Part V , line 2a)				2,595
Activities				olunteers (estimate if nece			6	166
5				·	Part VIII, line 12, column (C)	_	7a	0
् ब		-			Form 990-T, line 34	•	7 L	
						Prio	r Year	Current Year
	8	Contrib	hutions an	nd arants (Part VIII line 1 h	)		18,559	270,633
ā	9			revenue (Part VIII, line 2g		-	237,452,205	255,963,272
enue.	_	_		•	-			
Ϋ́	10			, , , , , , , , , , , , , , , , , , , ,	lines 3, 4, and 7d)		749,733	904,519
_	11 12		•		5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line		3,557,394	2,858,099
	12	12)					241,777,891	259,996,523
	13			ar amounts paid (Part IX, c				0
	14		•	or for members (Part IX, co	. ,,			0
Expenses	15	Salarie 10)	s, other c	ompensation, employee ber	efits (Part IX, column (A), lines 5-	:	113,372,712	119,853,579
क	16a	Profes	sional fund	draising fees (Part IX, colur	nn (A), line 11e)			0
ੜ	ь	(Total fu	ındraısıng ex	xpenses, Part IX, column (D), line	25 <u>0</u> )			
	17	Other	expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)		118,152,598	133,141,646
	18	Totale	xpenses-	–add lines 13–17 (must eq	ual Part IX, line 25, column (A))	2	231,525,310	252,995,225
	19	Revent	ue less ex	penses Subtract line 18 fro	om line 12		10,252,581	7,001,298
<u>জু</u>						Beginni	ng of Year	End of Year
E G	20	Totala	issets (Pa	irt X, line 16)			106,125,044	137,476,753
Not Assets or Fund Balances	21			Part X, line 26)			102,721,249	166,109,261
2.00 2.00 2.00 2.00 3.00 3.00 3.00 3.00	22		•	nd balances Subtract line 2	1 from line 20	-		
	t III		ature Bl		1 Hom line 20		3,403,795	-28,632,508
					nned this return, including accompanying s	chedules and st	tatements, and to	the best of my knowledge
					n of preparer (other than officer) is based			
Plea		****					11-13	
Sign Here		Signa	ature of office	er		Date		
	-		d P Macholz or print nam	VP, Finance/Corp Controller				
		<b> </b>	. or print nan	The unit time	Date		Prenarar's DTI	N (See Gen Inst )
D- ·			arer's			Check If self-	Fiehalet 2 kl	in (see gell tilst)
Paid	_	-	ature <b>P</b>			empolyed 🕨 🦵	-	
	pare		ı's name (or	yours <b>L</b>				
Use		ıf se	lf-employed	),			EIN Þ	
Only	y	addi	ress, and ZIP	· 〒 4 ·				
							Dhono no 🕨	
							Phone no 🕨	

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . . . . . . . . . . . .

# Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
	Inpatient Routine/Surgery Visits Acute Care Pat 28,769Inpatient Ambulatory Surgery Visits = 8,		orn Patient Days = 6,768Me	dıcal Rehab Patient Days = 6,2	53Skilled Nursing Patient Days =
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		vices during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services				
3	Did the organization cease conducting services?		changes in how it cond	ucts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	schedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947(a)(1) tr	usts are required to re	port the amount of grants	
4a	(Code ) (Expenses \$ Inpatient Routine/Surgery Visits Acute Care		including grants of \$	0) (Revenue \$	176,556,347 )
	28,769Inpatient Ambulatory Surgery Visits =	8,241			
4b	(Code ) (Expenses \$	55,281,328	including grants of \$	0) (Revenue \$	74,305,592 )
	Outpatient Routine/Surgery Services Emerge	ency Visits = 55,134Referr	ed Ambulatory Visits = 268,	979Outpatient Ambulatory Surg	ery Visits = 13,778
4c	(Code ) (Expenses \$	3,185,673	ıncludıng grants of \$	0 ) (Revenue \$	4,281,975 )
	Clinic/Primary Care Services Clinic Visits = 2	,972Primary Care Visits =	73,874		
11-1	Other program commercial (December 1)	n Cabadula O N			
4d	Other program services (Describe i (Expenses \$	n Schedule O ) including grants of:	\$	) (Revenue \$	)
4e	Total program service expenses \$	189,820,095	Must equal Part IX, L	ine 25, column (B).	

Part IV	Checklist of	Required	Schedules
	CIICCRIISCOI	IXC Guil Cu	Julicadios

			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?	2		Νο
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where 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,			
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		N o
	complete Schedule D, Part III 📆	8		N o
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Yes	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . . .

## Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R.	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal	1				
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	153			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?	; ·		1c		No
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this		2.595			
h	return		,			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the			2b	Yes	
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during return?	ing the	year covered by this	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc	hedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)?	_	·	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Financial Accounts.	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	rıng the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exem</i> Tax Shelter Transaction?	pt Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
ь	If "Yes," did the organization include with every solicitation an express statement					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo co more?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	   7d		70		110
<u>.</u>	11 res, indicate the number of forms 5252 med during the year.					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonalb	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	orm 1098-C as			
_	required?	• •		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		Νο
	year?		ļ	_		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds			_		
a	Did the organization make any taxable distributions under section 4966?			9a		N o
ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n?.		9b		No
10	Section 501(c)(7) organizations. Enter	1.0-	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l			
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management	

			165	140				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 27							
Ь	Enter the number of voting members that are independent 1b 12							
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		Νο				
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		Νο				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or 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	11		Νο				

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13.  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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 make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

David P Macholz VP FinanceCorporate 515 Abbott Road Suite 500 Buffalo, NY 14220 (716) 828-2993

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

- \* 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

compensated employees, and former suc Check this box if the organization did r		sate anv	offic	er. c	direc	tor, tr	uste	e or kev emplovee		
, Shock this box in the organization did i	.sc competis	Posit	(0	chec	k al	1			(F)	(F)
(A) Name and Title	(B) Average hours per week	The properties of the properti		Estimated amount of other compensation from the organization and related organizations						
Joseph McDonald , President & CEO, CHS	37 50	Х		X				0	839,762	32,251
Mark Sullivan , Executive VP/COO, CHS	37 50	Х		Х				0	316,356	22,242
Charles Urlaub , President & CEO MHB	37 50	Х		Х				311,779		16,625
Peter Bergmann , Director	37 50	X		_			<u> </u>	0	,	14,162
Mary Hoffman , Director	37 50			├			_	0	,	24,227
Christine Kluckhohn , Director  David Macholz , Director	37 50 37 50	X		$\vdash$	Х		-	0		48,904 17,752
James Millard , Director	37 50	X		$\vdash$			<u> </u>	0	·	81,208
Dr Joseph Anain , Director	1 00	×		$\vdash$		$\vdash$		0		0
William Buscaglia Jr , Director	1 00	×		$\vdash$		<u> </u>		0		0
Dr Adel Chouchani , Director	1 00	X						0		0
Dr Frances Crosby , Director	1 00	Х						0	0	0
Ms Nancy Dobson , Director	1 00	X						0	0	0
Dennis Dombek , Chairman of the Board	1 00	Х						0	-	0
Dr Michael Edbauer , Director	10 00	X		_				0	,	6,322
David Hall , Director	1 00	X		-			_	0		0
Mr William Lawley Jr , Director  Joseph Maddi MD , Director	1 00 1 00	X		-				0		0
James Manzella , Director	1 00	X		$\vdash$			<del>                                     </del>	0	-	0
Leo Michalek Jr MD , Director	1 00	×		$\vdash$				0		0
John Przylucki MD , Director	1 00	X						0		0
Douglas Roberts MD , Director	1 00	Х						0	0	0
Sr Mary Ann Schimschein, Director	1 00	Х						0	0	0
David Silverstein MD , Director	1 00	Х						0	0	0
Mr David Walborn , Director	1 00	X		<u> </u>				0		0
Cynthia Zane PhD , Director	1 00	X		├			_	0		0
Monsignor Robert E Zapf , Director  James A Dunlop Jr , Senior VP, Finance/CFO	1 00 37 50	Х		X			-	0		47,080
Dr Brian D'Arcy , Senior VP, Medical Affai	37 50			l ^				0	522,754	36,674
Nils Gunnerson , Chief Operating Officer	37 50			T X				210,979		26,135
K David Crone , Sr VP Strategic Service	37 50			<del>  ^ </del>	Х			0		36,398
Dr Thomas Raab , Physician	37 50				Х			337,693	0	76,550
John Davanzo , Sr VP Strategic Develop	37 50				Х			0	312,336	41,805
Michael Moley , Sr VP Human Resources	37 50				Х			0	292,499	34,428
Dr Timothy Gabryel , VP Medical Affairs	37 50			_	Х			272,911	0	21,382
John Stavros , Sr. VP Marketing	37 50 37 50		-	┢	X	_		0	201,010	15,548
Maria Foti , Sr VP Planning  Bartholomew Rodrigues , Sr VP Mission Integrati	37 50			$\vdash$	×		<u> </u>	0	202,002	13,036 17,718
Dr Donald Schmidt , Physician	37 50				^	Х		296,946		69,776
Dr Thomas Dilamarter J , Physician	40 00					X		238,736		17,566
Dr Lynn Aronica , Physician	37 50					Х		213,788		3,882
Dr Russell Carlson , Director Wellness & Outr	20 00					Х		190,565	0	9,122
Dr James Matthews , Physician	37 50					Х		171,151	0	25,949
				_						
			-	$\vdash$		-				
			1	$\vdash$		<del>                                     </del>	$\vdash$			
				$\vdash$		<del>                                     </del>				
						1				
			-	_		<del>                                     </del>	_			
				$\vdash$		<del>                                     </del>	$\vdash$			
-			1	$\vdash$		+	<del>                                     </del>			
				$\vdash$						
						1				

### Part VII Continued

		<b>(C)</b> Position (check all that apply)							(E)	<b>(F)</b>
<b>(A)</b> Name and Title	(B) Average hours per week	erage   Total   Reportable   Compensation   Form the   Compensation   Form the   Compensation   Compensation		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations				
				Н	_					
				Н	+					
					士					
					+					
1b Total				<u>.                                    </u>			<b>&gt;</b>	2,244,548	4,878,771	756,742
2 Total number of individuals (including	those in 1	2) who		- •	moro	thar	n d 1		<u> </u>	<u>'</u>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►60

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

<b>(A)</b> Name and business address	( <b>B</b> ) Description of services	(C) Compensation
Nursefinders Inc PO Box 910738 Dallas, TX 753910738	Nursing Services	2,011,191
Comprehensive Care Services 31330 Schoolcraft Livonia, MI 48150	Cardiac Services	1,121,730
Sodexho Operations LLC 60 Grider Street Buffalo, NY 14215	Laundry Services	1,106,757
Siemens Medical Solutions 51 Valley Stream Parkway Malverne, PA 19355	Maintenance Services	892,966
Kids Alliance Pediatric Group 2625 Harlem Rd Cheektowaga, NY 14225	Pediatric Services	798,000
Total number of independent contractors (including those in from the organization	, , , , , , , , , , , , , , , , , , , ,	37

Part VIII

Statement of Revenue

				<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1	.a		Revenue		312, 313, 01 314
まま	ь	Membership dues					
ΕŢΕ		1	ь ———				
ું.≝	С	Fundraising events 1	.c				
慧志	d	Related organizations <b>1</b>	d				
<u>₹</u>	е	Government grants (contributions) 1	е				
Program Serwce Revenue and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	270,633				
	g	<b>1</b> Noncash contributions included i	<b>f</b> n				
<u>a</u> Ö		lines 1a-1f \$	-				
-	h	Total (Add lines 1a-1f)		270,633			
			Business Code				
Ę	2a	Patient Care Services	900,099	181,641,234	181,641,234		
e Ke	b	Medicaid/Medicare Paym	900,099	73,502,680	73,502,680		
ъ Н	С	VA Contract Revenue	621,400	819,358	819,358		
rwc	d						
B	e						
gram	f	All other program service revenu	e				
Š	g	Total. Add lines 2a-2f					
	3	► \$ 255,963,272  Investment income (including div	vidends, interest				
		other similar amounts)		970,910			970,910
	4	Income from investment of tax-exempt	bond proceeds	-68,156			-68,156
	_	Davidhia	▶				
	5	Royalties (1) Real	(II) Personal				
	6a	Gross Rents	(II) Personal				
	ь	Less rental					
		expenses Rental income					
	С	or (loss)		224.005			224.005
	d	Net rental income or (loss)		234,005			234,005
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	. ▶	1,765			1,765
	8a	Gross income from fundraising events (not including					
4.		\$					
μe		of contributions reported on line					
<b></b> >		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ		\$15,000	a				
<u> </u>	ь	Less direct expenses	ь				
Other Revenue	С	Net income or (loss) from fundrai	sing events				
_	9a	Gross income from gaming					
		activities See part IV , line 19 Complete Schedule G if total					
		exceeds \$15,000					
			а				
	ь	Less direct expenses	ь				
	С	Net income or (loss) from gaming	g activities •				
	10a	Gross sales of inventory, less returns and allowances					
	ь	Less cost of goods sold	a				
	, c	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a	Cafeteria Revenue	900,099	941,027			941,027
	ь	Shared Services	900,099	661,645	661,645		
	c	Parking Revenue	900,099	585,535			585,535
			<del>                                     </del>	435,887	684		435,203
	d	All other revenue  Total. Add lines 11a-11d		·			
	e	I J. Cal. Add IIIICS 11a-11a	\$ 2,624,094				
	12	Total Revenue. Add lines 1h, 2g,	3, 4, 5, 6d, 7d,	259,996,523	256,625,601	0	3,100,289
		8c, 9c, 10c, and 11e	▶				

# Part IX Statement of Functional Expenses

А	Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re				).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	845,300		845,300	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	91,731,642	80,086,206		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,880,455	5,087,048	793,407	
9	Other employee benefits	14,562,858	12,597,997	1,964,861	
10	Payroll taxes	6,833,324	5,911,353	921,971	
11	Fees for services (non-employees)				
а	Management				
b	Legal	137,493		137,493	
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	5,917,336	5,178,941	738,395	
12	Advertising and promotion	106,612	15,572	91,040	
L3	Office expenses	60,384,148	58,096,969	2,287,179	
<b>L4</b>	Information technology				
L5	Royalties				
16	Occupancy	7,278,273	576,647	6,701,626	
17	Travel	58,053	37,839	20,214	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	138,019	61,665	76,354	
20	Interest	1,051,469	791,552	259,917	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,139,831	6,127,712	2,012,119	
23	Insurance	2,741,239	2,374,172	367,067	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Dues & Shared Services	27,656,412	0	27,656,412	(
ь	Purchase Services & Oth	14,338,965	7,682,626	6,656,339	ı
c	Bad Debts	5,193,796	5,193,796	0	I
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	252,995,225	189,820,095	63,175,130	
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>800</b> /2008

Part X	Balance	Sheet

					(A)		(B	
	1	Cash—non-interest-bearing			Beginning of year 16,842,490	1	End of	year 5.768.008
	2	Savings and temporary cash investments			3,004,256	2		5,454,555
	3	Pledges and grants receivable, net			3,004,230	3		3,434,333
	4	Accounts receivable, net			31,537,649	4	3	0,331,566
	5	Receivables from current and former officers, directors, trustee		omployees or	31,337,043	-+		0,551,566
		other related parties				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			921,423	8		985,919
÷	9	Prepaid expenses and deferred charges			474,457	9		569,834
Assets	10a	Land, buildings, and equipment cost basis	t basis   <b>10a</b>   96,306,601					
**	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	49,309,497	45,736,398	10c	4	6,997,104
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete in Schedule D		2,413,548	12		1,889,366	
	13	Investments—program-related See Part IV, line 11 Complete	II					
	14	of Schedule D  Intangible assets			13			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	5,194,823		:	5,480,401		
		D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			106,125,044	16		7,476,753
	17	Accounts payable and accrued expenses .			30,060,098	17	3.	2,679,764
	18	Grants payable			18			
	19	Deferred revenue			40.700.070	19		0 000 000
$\mathcal{L}$	20	Tax-exempt bond liabilities			12,769,278	20	3	6,629,333
Ilitie	21 22	Escrow account liability Complete Part IV of Schedule D Payable to current and former officers, directors, trustees, key		•		21		
Liabilities		employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>				22		
	23	Secured mortgages and notes payable to unrelated third partie		•	5,952,603	23		5,092,103
	24	Unsecured notes and loans payable	<b>.</b>	•	0,002,000	24		0,002,100
	25	Other liabilities Complete Part X of Schedule D			53,939,270	25	9	1,708,061
	26	Total liabilities. Add lines 17 through 25			102,721,249	26		6,109,261
		Organizations that follow SFAS 117, check here ▶ ✓ and com	nlete l	ines 27				-,,
<b>У</b> ФО		through 29, and lines 33 and 34.						
ani	27	Unrestricted net assets			1,048,915	27	-3	0,853,179
Balance	28	Temporarily restricted net assets			2,270,880	28		2,094,671
Ξ	29	Permanently restricted net assets			84,000	29		126,000
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 a	nd con	plete				
ō		lines 30 through 34.						
£	30	Capital stock or trust principal, or current funds				30		
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other f	unds		0.400.705	32		9 690 500
Net	33	Total net assets or fund balances			3,403,795	33		8,632,508
	34	Total liabilities and net assets/fund balances			106,125,044	34	13	7,476,753
Pa	rt XI	Financial Statements and Reporting						
		· -					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public Inspection

Service Name of the organization Mercy Hospital of Buffalo

**SCHEDULE A** 

(Form 990 or

Department of the

Internal Revenue

990EZ)

Treasury

**Employer identification number** 

16-0756336 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). 1 2 A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)  $\overline{\mathbf{v}}$ 3 A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	organization in t		(v) Did you notify the organization in col (i) of your support?		s the ation in rganized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
-									
· -									
Total									

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

#### **Additional Data**

Software ID: Software Version:

**EIN:** 16-0756336

Name: Mercy Hospital of Buffalo

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

The Catholic Health System (CHS) mission is to provide quality healthcare services in an acute care setting. Committed to a common mission, CHS providers continue the healing ministry of Jesus, seeking to improve the health of individuals and communities. We provide high quality services that has reverence, compassion, justice and excellence. The 2008 Community Service Report can be found on our website at www.chsbuffalo.org.

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The Catholic Health System (CHS) mission is to provide quality healthcare services in an acute care setting. Committed to a common mission, CHS providers continue the healing ministry of Jesus, seeking to improve the health of individuals and communities. We provide high quality services that has reverence, compassion, justice and excellence. The 2008 Community Service Report can be found on our website at www.chsbuffalo.org.

DLN: 93493317033789

OMB No 1545-0047

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

# **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** Mercy Hospital of Buffalo 16-0756336 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art,

(i) Revenues included in Form 990, Part VIII, line 1

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

provide the following amounts relating to these items

(ii) Assets included in Form 990, Part X

**-**\$

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

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Part	Organizations Maintaining Collection	ıs of Art, His	tori	<u>cal Treasu</u>	res, or Othe	er Similar As	sets (	continued)
3	Using the organization's accession and other records items (check all that apply)	, check any of th	e fol	lowing that are	e a significant i	use of its collec	tion	
а	Public exhibition	d	Γ	Loan or exch	nange programs	5		
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections Part XIV	and explain hov	v the	y further the o	rganization's e	xempt purpose	ın	
5	During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be mail						Г Yes	┌ No
Par	Trust, Escrow and Custodial Arrange Part IV, line 9, or reported an amount or				nızatıon answ	vered "Yes" to	Form	990,
1a	Is the organization an agent, trustee, custodian or oth included on Form 990, Part X?	ner intermediary	for c	ontributions o	r other assets		┌ Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the fo	lowing table						
						An	nount	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990,	Part X, line 21?					│ Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	<b>TEX</b> Endowment Funds. Complete if the or						(a)[a.us	Vaara Daalı
		ent Year <b>(b</b> )	Prior '	rear   (c) i w	Years Back (d)	Three Years Back	(e)rour	Tears back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end bala	ance held as						
а	Board designated or quasi-endowment							
ь	Permanent endowment							
с	Term endowment ▶							
3a	Are there endowment funds not in the possession of t	he organization	thata	are held and a	dmınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(		
_	(ii) related organizations					3a(		<del> </del>
	If "Yes" to 3a(II), are the related organizations listed	•				3	<b>b</b>	
4	Describe in Part XIV the intended uses of the organiz  t VI Investments—Land, Buildings, and E				wt V lung 10			
Раг	t VI Investments—Land, Buildings, and E	quipment. S		•	i - i		T	
	Description of investment			) Cost or other is (investment)	<b>(b)</b> Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ook value
1a	and			1,173,275	<u> </u>			1,173,275
b	Buildings			43,141,521		24,268,735	5	18,872,786
c	easehold improvements			5,261,843		554,817	7	4,707,026
d I	Equipment			44,035,659		24,439,979		19,595,680
	Other			2,694,303		45,966	<u> </u>	2,648,337
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Form 990, F</i>	Part X, column (B)	, lıne	10(c).)		▶		46,997,104
						Schedule [	) (Form	990) 200

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII Investments—Program Related. Sec	e Form 990 Part X line	13	
(a) Description of investment type			d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	15		
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip			(b) Book value
(a) Besent	7.1011		(B) Book Value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Deferred Comp Liability	145,455		
Due to Affiliates	2,409,740		
Interest Rate Swap	4,312,078		
Asset Retirement O bligation	4,718,363		
Accrued Pension	70,069,374		
LT General Liability IBNR	2,393,050		
LT Workers Compesation IBNR	7,660,001		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	91.708.061		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	259,996,523
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	252,995,225
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,001,298
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-570,228
9	Total adjustments (net) Add lines 4 - 8	9	-570,228
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,431,070
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	260,223,451
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 486,427		
e	Add lines <b>2a</b> through <b>2d</b>	2e	486,427
3	Subtract line <b>2e</b> from line <b>1</b>	3	259,737,024
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	259,499
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	259,996,523
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	253,792,381
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	797,156
3	Subtract line <b>2e</b> from line <b>1</b>	3	252,995,225
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	252,995,225
Pai	rt XIV Supplemental Information		
Cor	nplete this part to provide the descriptions required for Part II, lines $3,5,$ and $9,$ Part III, lines $1a$ and $4,$ P	art XIV	, lines 1b and 2b,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
		Contributions from Foundation Other revenue and expenses that have been included in the auditied financial statements which have not been included in this return are related to the Mercy Hospital Foundation The foundation is included in the audited financial statements but files a separate Form 990 return

Part XIV Supplemen	ntal Information(continued)	
Ident if ier	Return Reference	Explanation
		Contributions from Foundation Other revenue and expenses that have been included in the auditied financial statements which have not been included in this return are related to the Mercy Hospital Foundation. The foundation is included in the audited financial statements but files a separate Form 990 return.
	+	

# OMB No 1545-0047

## **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue

# Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Service Name of the organization **Employer identification number** Mercy Hospital of Buffalo Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) No 1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . . . . . . . . . . . . **1**b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care За 100% **b** Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . T 300% T 350% T 400% **C** 250% Cother % **C** 200% c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . . . . Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . . . . . . 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 50 **6a** Does the organization prepare an annual community benefit report? . . . . . . . . . . . . 6a 6b If "Yes," does the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (b) Persons **Charity Care and** (d) Direct offsetting activities or (c) Total community (e) Net community benefit (f) Percent of served benefit expense revenue expense total expense **Means-Tested Programs** programs (optional) (optional) Charity care at cost (from worksheets 1 and 2) . Unreimbursed Medicaid (from worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from worksheet 3, column b) d Total Charity Care and Means-Tested Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions

to community groups (from worksheet 8) j Total Other Benefits . . . k Total (line 7d and 7j) . . .

	activities) (Optional	(a) Number of activities or programs (optional)	mber of these or served (controllar) (contro			(d) Direct offsetting revenue			(e) Net comm building expe	,		rcent of expense	
1	Physical improvements and housing												
2	Economic development												
3	Community support												
4	· · ·												
5	Environmental improvements  Leadership development and training												
	for community members												
	Coalition building  Community health improvement												
	advocacy												
8 9	Workforce development												
10	Other Total												
	t IIII Bad Debt, Medicar	e. & Colle	ction Prac	tices (Optional	or 2008)				l				
				( - <i>p</i>									
Sect	ion A. Bad Debt Expense										Yes	No	
1	Does the organization report b			dance with Heathca	re Financi	al M	1 anag	jeme	ent Association	1			
2	Enter the amount of the organi			e (at cost)		٠,	. 2	İ		<u> </u>	+	+	
3	Enter the estimated amount of		-	•	t)	r	_						
	attributable to patients eligible		_			L	3			_			
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt an	ng methodolo	gy used in d	etermining the amo									
Sect	ion B. Medicare							ı					
5	Enter total revenue received fi		-	-		•	5						
6	Enter Medicare allowable cost					•	6			_			
7 8	Enter line 5 less line 6—surpl Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho					•				
	Cost accounting system	Гс	ost to charge	e ratio	┌ O the	r							
Sect	ion C. Collection Practices												
9a	Does the organization have a	written debt c	ollection pol	ıcy?						9a			
9b	If "Yes," does the organization									O.			
Dа	patients who are known to qua						rt V I	•	<u> </u>	9b		<u> </u>	
	(a) Name of entity  (b) Descript activity			on of primary	(c) Organization's true profit % or stock em ownership %				(d) Officers, directors trustees, or key employees' profi % or stock ownership%	profi	) Physicians' fit % or stock wnership %		
1									<u> </u>				
2										-			
3													
4													
5													
										+			
6													
7													
8													
9										+			
					-								
10		<u> </u>											
11													
12													
								]					
13													
13								I					

Facility Information (Required for 2008) Part V Children's hospita Teaching Research facility ER-24 hours General Licensed hospital Critical access hospita Name and address Other (Describe) medical & ) hospital eui gica Mercy Hospital of Buffalo 565 Abbott Rd Х Χ Χ Х Buffalo, NY 14220 Mercy Ambulatory Care Center OT,PT,ST,Radiology, Lab, CT, Х Х 3669 Southwestern Blvd Χ Χ Primary Med Care, all O/P Orchard Park, NY 14127 Clinical Lab 565 Abbott Rd Х Clinical Laboratory Service Buffalo, NY 14220 East Aurora Medical Center OT,PT,ST,Radiology-Diagnostic, Х 94 Olean St Clinical Lab, all O/P East Aurora, NY 14052 Chestnut Ridge Family Practice Extension Clinic Primary Medical 6300 Powers Rd Х Care O/P Orchard Park, NY 14127 Mercy Outpatient Clinc (Adult ObGyn P Extension Clinic Pediatric O/P, 515 Abbott Rd Х Prenatal O/P, Primary Medical Buffalo, NY 14220 Care O/P Mercy Health Center Extension Clinic Primary Χ 430 South Park Ave Medical Care O/P Buffalo, NY 14204 Holland Family Health Center Extension Clinic Primary 7430 Olean Rd Х Medical Care O/P Holland, NY 14080 Mercy Diagnostic and Treatment Center OT,PT,ST,Radiology-Diagnostic, 550 Orchard Park Rd Х Clinical Lab, all O/P West Seneca, NY 14224 **OLV Family Care Center** Extension Clinic Prenatal O/P, Х 227 Ridge Rd Primary Medical Care O/P Lackawanna, NY 14218 Mercy Nursing Facility 565 Abbott Rd Х Long Term Care Buffalo, NY 14220

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		<b>lucation of Eligibility for Assistance.</b> Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317033789

**Compensation Information** 

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J

(Form 990)

Name of the organization
Mercy Hospital of Buffalo

16-0756336

Pa	rt I Questions Regarding Compensation	n	<u>.</u>			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	<u>   </u>	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o	,	· · · · · · · · · · · · · · · · · · ·	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						
(i)							
(ii	)						

### Part III Supplemental Information

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

See Additional	Data Table	
Ident if ier	Return Reference	Explanation
		Tax Indemnification and Gross up Payment- Officers and key employees received tax indemnification and gross-up payment for reimbursement of withholding taxes in conjunction with certain taxable benefits paid on behalf of employee Housing allowance or residence for personal residence- Applicable taxable payments were made for expenses due to relocating for one official who relocated, as per policy
	Part I, Line 4a	Two Officers and three Key employees participated in a supplemental nonqualified retirement plan per the terms and conditions of their employment contract Pension Gap CHE SERP Joseph McDonald \$26,000 00 \$108,739 Dr Brian D'Arcy \$ 9,800 00 K David Crone \$17,000 00 John Davanzo \$16,875 00 Michael Moley \$20,697 00

Software ID: **Software Version:** 

**EIN:** 16-0756336

Name: Mercy Hospital of Buffalo

Form 990, Schedule J, F	art 1	II - Officers, Direc	tors, Trustees, Ke	y Employees, and	<b>Highest Compens</b>	ated Employees		
(A) Name		<b>(B)</b> Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(ii) Base Compensation (ii) Bonus & Incentive compensation		(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Joseph McDonald	(1) (11)	562,181		277,581	17,721	14,530	872,013	
Mark Sullivan	(ı) (ıı)	284,922		31,434	7,048	15,194	338,598	
Charles Urlaub	(1) (11)	254,570		57,209	2,670	13,955	328,404	
Peter Bergmann	(1) (11)	276,873		55,092	762	13,400	346,127	
Mary Hoffman	(1) (11)	206,997		17,334	12,474	11,753	248,558	
Christine Kluckhohn	(I) (II)			32,372	37,177	11,727	271,608	
David Macholz	(I) (II)			23,895	4,678	13,074	204,798	
James Millard	(I) (II)		55,000	36,543	69,066	12,142	373,023	
James A Dunlop Jr	(I) (II)		20,000	31,430	34,358	12,722	368,567	
Dr Brian D'Arcy	(I) (II)	251,703		271,051	23,495	13,179	559,428	
Nils Gunnerson	(I) (II)	181,614		29,365	25,738	397	237,114	
K David Crone	(I) (II)			55,116	21,893	14,505	399,067	
Dr Thomas Raab	(I) (II)	315,419		22,274	63,722	12,828	414,243	
John Davanzo	(I) (II)			80,178	27,010	14,795	354,141	
Mıchael Moley	(1) (11)	217,390		75,109	16,422	18,006	326,927	
Dr Tımothy Gabryel	(1) (11)	241,161		31,750	17,084	4,298	294,293	
John Stavros	(1) (11)	137,262		114,551		15,548	267,361	
Maria Foti	(1) (11)	150,224		31,408	8,052	4,984	194,668	
Bartholomew Rodrigues	(1) (11)	131,202		31,441	4,864	12,854		
Dr Donald Schmidt	(1) (11)	275,684		21,262	56,566	13,210		
Dr Thomas Dılamarter Jr	(ı) (ıı)	207,571		31,165	11,217	6,349	256,302	
Dr Lynn Aronica	(ı) (ıı)	198,126		15,662	3,639	243	217,670	
Dr Russell Carlson	(ı) (ıı)	190,385		180	8,936	186	199,687	
Dr James Matthews	(ı) (ıı)			20,913	12,426	13,523	197,100	

## Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	,	Tax Indemnification and Gross up Payment- Officers and key employees received tax indemnification and gross-up payment for reimbursement of withholding taxes in conjunction with certain taxable benefits paid on behalf of employee Housing allowance or residence for personal residence- Applicable taxable payments were made for expenses due to relocating for one official who relocated, as per policy
		Two Officers and three Key employees participated in a supplemental nonqualified retirement plan per the terms and conditions of their employment contract Pension Gap CHE SERP Joseph McDonald \$26,000 00 \$108,739 Dr Brian D'Arcy \$ 9,800 00 K David Crone \$17,000 00 John Davanzo \$16,875 00 Michael Moley \$20,697 00

DLN: 93493317033789

Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Mercy Hospital of Buffalo

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Employer identification number

	,									16-0756	336			
B	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	<b>(f)</b> Des	cription of	Purpose	<b>(g)</b> De	feased	Beh	On alf of suer
													Yes	No
A	Dormitory Authority of the State of New York	14-6000293	64983Q5R6	11-29-2006				To finance the cost of MHB's operating room expansion, & other facility exp				х		х
В	Dormitory Authority of the State of New York	14-6000293	6499035D9	11-19-2008				To finance the cost of a new lobby, rooftop helipa				х		х
Р	art III Proceeds (Optional for )	2008)		1				1						
1	Total Proceeds of Issue	<u> </u>	Α	<u> </u>	3		<u>;                                    </u>	D			E			
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	Proceeds												
7	Capital Expenditures from Proceed	İs												
8	Year of Substantial Completion					•		•		•				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	current refunding iss	sue?											
10	Were the bonds issued as part of a	n advance refunding	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain ad- final allocation of proceeds?													
Pa	rt IIII Private Business Use	(Optional for 2008	)											
		-			A		3			D		1	E	
	Was the organization a party	nortnorobin on a	umbar of an II.C	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in a which owned property financed by t		eniber of an LLC,											
2	Are there any lease arrangements which may result in private busine:		nanced property											
l	. D	. T.,	- 000			C-+ N- F01	025			C-1		/F		

Schedule K	(Form 990	2008		
Part III	Private	Business	Use	(Continued)

		4	A	E	3	(	С	I	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts with respect to the										
	financed property which may result in private business use?										
3b	A re there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	A	E	3	(	С	l	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

DLN: 93493317033789

## Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue

Schedule L

(Form 990 or 990-EZ)

or Form 990-EZ, Part V lines 38b or 40b.

Service **Employer identification number** Name of the organization Mercy Hospital of Buffalo **Part I** Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or Approved (e) In (q)Written (a) Name of interested person and from the (c)O riginal principal default? by board or agreement? (d)Balance due organization? purpose amount committee? Yes Yes No No Total **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons** Part IV To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship (e) Sharing of organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction person and the transaction revenues? organization No Bridget Walborn Wife of BOD, David 65,333 RN Walborn Brother of BOD, Msgr David Zapfel 57,420 HR Employee, CHS lΝο Robert Zapfel Kathleen Zapfel Sister-in-law of BOD, 50,111 HR Employee, St Francis Νo Msgr Robert Zapfel Marie Packard Daughter of BOD, Part time Physical Therapist at Νo Dennis Dombek McAuley Residence and St Susan Urlaub Wife of Mercy CEO, Corporate Nurse Educator

Kathleen Molev

See Additional Data Table

C J Urlaub Daughter of Key

Moley

Employee, Michael

25,194 HR Employee

l۷٥

# **SCHEDULE 0**

▶ Attach to Form 990. To be completed by organizations to provide additional information for Department of the responses to specific questions for the Form 990 or to provide any additional information.

**Supplemental Information to Form 990** 

DLN: 93493317033789 OMB No 1545-0047 Open to Public Inspection

Name of the organization Mercy Hospital of Buffalo

(Form 990)

Internal Revenue

Treasury

Service

Employer identification number

16-0756336

ldentifier	Return Reference	Explanation
 Form 990, Part VI, Section A, line 6		CHS has three members Ascension Health, Catholic Health East, and the Diocese of Buffalo, NY Each member is able to participate equally in electing the governing body, approving significant decisions of the governing body, and in receiving a share of net assets upon dissolution, according to the CHS Bylaw's

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		According to the CHS Bylaws, each member is equally allowed to appoint up to three individuals to act as its representatives on the Corporate Member Board, and in undertaking any action in its capacity as a Member The Corporate Member Board oversees the governance of the Catholic Health System

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Each member is entitled to one vote on each matter properly submitted at any membership meeting, and the members also have reserve powers which allow approval for certain business events and ratification of certain business transactions

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		An electronic copy of the entire Form 990 w as provided to each Board member prior to filing. The Board of Directors has delegated the responsibility to review the Form 990 to the Audit Committee. The Audit Committee of C. HS review ed in detail selected information for all CHS entities. The Audit Committee review ed the following forms. Form 990, Part IV. Checklist of Required Schedules. Form 990, Part VI. Governance, Management, and Disclosure. Form 990, Part VII. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors. Schedule J. Compensation Information. Schedule L. Transactions with Interest Persons. Schedule R. Related Organizations and Unrelated Partnerships as well as the process for which the remaining Form 990 was completed, utilizing audited financial information.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		All associates on the Merit program, all physicians and non physician practitioners as well as physician groups who are independent contractors or employees of CHS, and all board members must complete a Conflict of Interest Disclosure Statement (COIDS) in order to fulfill the annual requirements COIDS are distributed to all parties, as per applicable policy, and once complete are followed up with as follows 1. Associate and Physician completed COIDS are reviewed and signed off by the manager. If a disclosure is noted, it is discussed with the manager, the document is forwarded to the Compliance Officer who reviews and follows up as appropriate Once review/follow up is completed the Compliance Officer will sign the COIDS, maintain a copy in the Compliance office and return the original to HR for filing in the personnel file 2. All board member COIDS are returned to Compliance Officer for review and follow up as warranted. The Compliance Officer will sign each COIDS and retain on file in the compliance office in a confidential manner.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		In 2008, the Catholic Health System utilized a Compensation Committee of the Board of Directors to monitor the Executive Compensation as per the Executive Compensation Philosophy and Strategy for the CHS CEO, COO, CFO, CEO for each Ministry, and all Senior Vice Presidents. The Compensation Committee provides oversight to management decisions which are based on outlines approved by the committee, and performs a review of data. The outcome of these meetings is documented.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		We make our form 990 open for public inspection upon request. Our wiebsite includes an annual report within includes selected financial information. Our financial statements, governing documents and conflict of interest policy are provided upon request according to applicable federal and state laws.

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

#### DLN: 93493317033789

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

**Employer identification number** 

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service Name of the organization

**SCHEDULE R** 

(Form 990)

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Mercy Hospital of Buffalo				16-0756336	
Part I Identification of Disregarded Entities					
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> ind-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	ions				
( <b>A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	( <b>E)</b> Public charity stati (if section 501(c)(:	(F) us Direct controlling 3)) entity
See Additional Data Table					

Cat No 50135Y

Part III	Identification of Related Organizations	s Taxable as a	Partnership

	<del>-</del>			<del>-</del>			$\overline{}$			$\overline{}$	
(4)	(5)	(C)	(5)	(E)	1	(G)	(H	i)		Gor	( <b>J)</b> neral or
<b>(A)</b> Name, address, and EIN of	(B) Primary activity	Legal domicile	(D) Direct controlling	Predominant	(F) Share of total income	(G) Share of end-of-year	allocati	prtionate itions?	e (I) Code V—UBI amount on		naging
related organization	Pilliary activity	(state or	entity	ıncome(related,	Shale of total meonic	assets	anoca:	10113	Box 20 of K-1		rtner?
Toluccu organization	1	foreign	Circle,	investment,	1		1		Don 20 0 1	[	
	1	country)	1	unrelated)	1		1				,
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	<b></b> '	<b></b>		<u> </u> '	<b></b> '		Yes	No		Yes	s No
Marian Professional Center Associates LP	1	1	1	1	1		1 '				
350 Essjay Road Suite 101	Rental Real Estate	NY	N/A	Investment Income	460,813		1 '	No	46		No
Williamsville, NY14221	Remarked Estate	1 "	IN/A	Thresument means	100,013		1 '	(NO	70		INC I
16-1360469	1	1	1	1	1		1 '				
OLV-Brierwood Healthcare Co LLC	<u>'</u>			,							
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1	1	1	1		1 '	<b>L</b>			<u> </u>
6455 Lake Avenue Orchard Park, NY14127	Rental Real Estate	NY	N/A	N/A	1		1 '	No			No
16-1487207	1	1	1	1	1		1 '				
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## Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income	(G) Share of end-of-year assets	<b>(H)</b> Percentage ownership
Orchard Park Mercy Corporation Marian Professional Bldg Ste 500 51 Buffalo, NY14220 16-1470350	Real Estate Holding Company	NY		С	1,773		100 000 %
Aurora Mercy Corporation 565 Abbott Road Buffalo, NY14220 16-1354302	Real Estate Development	NY		С	41		100 000 %
Alsace Abbott Corporation 515 Abbott Road Suite 408 Buffalo, NY14220 16-1355092	Partnership Holding Corporation	NY		С	157,944		100 000 %
						Schedule	R (Form 990)

No

No

No

No

No

No

No

No

Yes

Yes

Yes

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j Yes

1k

11

1m Yes

1n

Yes

Yes

Yes

Part V	Transactions with Related Organizations	
Note	Complete line 1 if any entity is listed in Parts II III or IV	

NOTE. Complete line 1 If any entity is listed in Parts 11, 111 or 10	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- **e** Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees

(5)

(6)

0	Reimbursement paid to other organization for expenses	10	Yes				
р	p Reimbursement paid by other organization for expenses						
q	<b>q</b> Other transfer of cash or property to other organization(s)						
r	O ther transfer of cash or property from other organization(s)	1r	Yes				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds						
	(A) Name of other organization(s)  (B) Transaction type(a-r)  (C) Amount Involved						
(1)	Orchard Park Mercy Corporation		62,668	3			
(2)							
(3)							
(4)							

### Part VI Unrelated Organizations Taxable as a Partnership

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

								1		
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
						<del></del>		Cabadula	R (Form	200) 2000

Software ID: Software Version:

**EIN:** 16-0756336

Name: Mercy Hospital of Buffalo

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

<b>(A)</b> Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
Catholic Health System Inc					
565 Abbott Road Buffalo, NY14220 22-2565278	Health Care Delivery System	NY	501 c 3	Schedule A Line 3	N/A
Sisters of Charity Hospital					Catholic Health
2157 Main Street Buffalo, NY14214 16-0743187	Acute Care Hospital	NY	501 c 3	Schedule A Line 3	System Inc
Kenmore Mercy Hospital					Catholic Health
2950 Elmwood Avenue Kenmore, NY14217 16-0762843	Acute Care Hospital	NY	501 c 3	Schedule A Line 3	System Inc
St Joseph Hospital  2605 Harlem Road  Cheektowaga, NY14225  16-0804971	Acute Care Hospital	NY	501 c 3		Catholic Health System Inc
Nazareth Home of the Fransiscan Sisters	Skilled Nursing				Catholic Health
291 North Street Buffalo, NY14201 16-0813142	Facility	NY	501 c 3	schedule A Line 1	System Inc
St Clare Manor					Catholic Health
543 Locust Street Lockport, NY14094 16-0782647	Adult Home	NY	501 c 3	Schedule A Line 1	System Inc
St Elizabeth Home for the Aged					    Catholic Health
5539 Broadway Lancaster, NY14086	A dult Home	NY	501 c 3		System Inc
16-0743154 St Francis Home of Williamsville					
147 Reist Street Williamsville, NY14221 16-0743153	Skilled Nursing Facility	NY	501 c 3		Catholic Health System Inc
St Francis of Buffalo Inc					Catholic Health
34 Benwood Avenue Buffalo, NY14214 16-1523535	Skilled Nursing Facility	NY	501 c 3	Schedule A Line 1	System Inc
St Joseph Manor	Skilled Nursing				Catholic Health
2211 West State Street Olean, NY14760	Facility	NY	501 c 3	Schedule A Line 9	System Inc
St Luke Manor for the Chronically III					
17 Wiard Street Batavia, NY14020	Skilled Nursing Facility	NY	501 c 3		Catholic Health System Inc
16-0794811 St Mary's Manor					
515 6th Street Niagara Falls, NY14301 16-0924139	Skilled Nursing Facility	NY	501 c 3		Catholic Health System Inc
St Vincent Manor					Catholic Health
319 Washington Avenue Dunkirk, NY14048 16-0743167	Skilled Nursing Facility	NY	501 c 3		System Inc
WNY Catholic Long Term Care Inc	Skilled Nursing				Catholic Health
6400 Powers Road Orchard Park, NY14127	Facility	NY	501 c 3	Schedule A Line 1	System Inc
Niagara Homemaker Services (Mercy Home Care)					
Apple Tree Business Park 2875 Union Cheektowaga, NY14227 16-1317960	Home Care Provider	NY	501 c 3		Catholic Health System Inc
McAuley Seton Home Care					Catholic Health
Apple Tree Business Park 2875 Union Cheektowaga, NY14227 16-1310062	Home Care Provider	NY	501 c 3	Schedule A Line 1	System Inc
OLV Renaissance Corporation	Real Estate Holding				Catholic Health
291 North Street Buffalo, NY14201 20-0167745	Company	NY	501 c 3	Schedule A Line 1	System Inc
Mercy Hospital Foundation					Mercy Hospital of
515 Abbott Road Buffalo, NY14220 22-2209721	Foundation	NY	501 c 3		Buffalo
Southtowns Catholic MRI Inc					Catholic Health
200 International Drive Buffalo, NY14221 16-1554081	MRI Services	NY	501 c 3	Schedule A Line 9	System Inc