


Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Mercy Hospital of Buffalo		D Employer identification number 16-0756336
		Doing Business As		E Telephone number (716) 828-2993
		Number and street (or P O box if mail is not delivered to street address) 515 Abbott Road No 500	Room/suite	G Gross receipts \$ 282,777,176
		City or town, state or country, and ZIP + 4 Buffalo, NY 142202039		
	F Name and address of principal officer Joseph D McDonald 2121 Main Street Buffalo, NY 14214		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: ▶ www.chsbuffalo.org		H(c) Group exemption number ▶		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1957	M State of legal domicile NY	

Part I		Summary		
Activities & Governance	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 service that has reverence, compassion, justice, and excellence. The 2009 Community Service Plan can be found at www.chsbuffalo.org 		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>2</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u></u>	
	5	Total number of employees (Part V, line 2a)	5 <u>2,51</u>	
	6	Total number of volunteers (estimate if necessary)	6 <u>13</u>	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <u></u>	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b <u></u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>270,633</u>	Current Year <u>707,209</u>
	9	Program service revenue (Part VIII, line 2g)	<u>255,963,272</u>	<u>279,390,584</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>904,519</u>	<u>363,860</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,858,099</u>	<u>2,315,523</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>259,996,523</u>	<u>282,777,176</u>
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>120,351,619</u>	<u>128,449,426</u>
16a		Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
b		Total fundraising expenses (Part IX, column (D), line 25) <u>0</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>133,141,646</u>	<u>143,551,057</u>
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>253,493,265</u>	<u>272,000,483</u>
19		Revenue less expenses. Subtract line 18 from line 12	<u>6,503,258</u>	<u>10,776,693</u>
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	<u>137,476,753</u>	<u>147,377,799</u>
	21	Total liabilities (Part X, line 26)	<u>164,649,055</u>	<u>163,294,246</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>-27,172,302</u>	<u>-15,916,447</u>

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-10-28</div> <div>Date</div> </div>
	<div> <div>David P Macholz VP, Finance/Corp Controller</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div>Check if self-employed <input type="checkbox"/></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>EIN</div> </div>
	<div> <div></div> <div>Phone no</div> </div>

Part III

Statement of Program Service Accomplishments

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 2009 Community Service Report can be found at www.chsbuffalo.org

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 145,556,896 including grants of \$ 0) (Revenue \$ 196,390,031)

Inpatient Routine/Surgery Visits Acute Care Patient Days = 85,342Newborn Patient Days = 6,821Medical Rehab Patient Days = 5,826Skilled Nursing Patient Days = 30,588Inpatient Ambulatory Surgery Visits = 8,068

4b

(Code) (Expenses \$ 56,420,549 including grants of \$ 0) (Revenue \$ 76,124,414)

Outpatient Routine/Surgery Services Emergency Visits = 57,797Referred Ambulatory Visits = 255,005Outpatient Ambulatory Surgery Visits = 14,222

4c

(Code) (Expenses \$ 4,519,595 including grants of \$ 0) (Revenue \$ 6,097,983)

Clinic/Primary Care Services Clinic Visits = 3,158Primary Care Visits = 85,315

4d












Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 206,497,040

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	157		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	2,516		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	No	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No	
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a	No	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No	
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	24	
b	Enter the number of voting members that are independent	1b	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	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			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 Controller 515 Abbott Road Buffalo, NY 142202039 (716) 828-2993

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b Total	2,485,695	5,477,320	774,610
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **68**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Pike Company One Circle Street Rochester, NY 14607	Construction Services	2,996,734
Telco Construction Inc 500 Buffalo Road East Aurora, NY 14052	Construction Services	1,827,580
Aurora Hospitalist PC 400 Clifton Corporate Pkwy Suite 4 Clifton Park, NY 120653839	Medical Services	1,134,700
Sodexho Operations LLC 60 Grider Street Buffalo, NY 14215	Laundry Services	1,105,824
Nursefinders Inc PO Box 910738 Dallas, TX 753910738	Nursing Services	1,038,494

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **29**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	707,209				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			707,209			
Program Service Revenue			Business Code					
	2a	Patient Care Services	900,099	203,219,461	203,219,461			
	b	Medicaid/Medicare Paym	900,099	75,392,966	75,392,966			
	c	VA Contract Revenue	621,400	778,157	778,157			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			279,390,584			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			321,675		321,675	
	4	Income from investment of tax-exempt bond proceeds . . .			42,185		42,185	
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		157,893						
		157,893						
	d	Net rental income or (loss)			157,893		157,893	
	7a	(i) Securities		(ii) Other				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
		Less direct expenses		b				
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances		a				
		Less cost of goods sold		b				
	c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue		Business Code					
11a	Cafeteria Revenue	900,099	910,526			910,526		
b	Parking Revenue	900,099	597,827			597,827		
c	Shared Services	900,099	301,240	301,240				
d	All other revenue		348,037			348,037		
e	Total. Add lines 11a-11d			2,157,630				
12	Total revenue. See Instructions			282,777,176	279,691,824	0	2,378,143	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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	1,441,510		1,441,510	
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	95,855,317	84,774,287	11,081,030	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,271,214	7,206,671	1,064,543	
9	Other employee benefits	15,905,435	13,858,334	2,047,101	
10	Payroll taxes	6,975,950	6,078,114	897,836	
11	Fees for services (non-employees)				
a	Management				
b	Legal	108,950		108,950	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	6,181,219	5,660,454	520,765	
12	Advertising and promotion	32,745	11,900	20,845	
13	Office expenses	68,357,833	64,833,116	3,524,717	
14	Information technology				
15	Royalties				
16	Occupancy	7,358,620	600,158	6,758,462	
17	Travel	48,740	39,338	9,402	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	92,955	73,249	19,706	
20	Interest	1,000,345	730,238	270,107	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,608,922	6,284,397	2,324,525	
23	Insurance	2,459,134	2,146,020	313,114	
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)				
a	Dues & Shared Services	28,594,442		28,594,442	
b	Purchase Services & O th	14,233,842	7,727,454	6,506,388	
c	Bad Debts	6,473,310	6,473,310		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	272,000,483	206,497,040	65,503,443	0
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			25,768,008	1	28,835,313
	2	Savings and temporary cash investments			25,454,555	2	15,054,794
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			30,331,566	4	34,057,348
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			985,919	8	938,346
	9	Prepaid expenses and deferred charges			569,834	9	932,642
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	114,761,307	46,997,104	10c	60,924,026
	b	Less accumulated depreciation	10b	53,837,281			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			1,889,366	12	1,838,175
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,480,401	15	4,797,155
	16	Total assets. Add lines 1 through 15 (must equal line 34)			137,476,753	16	147,377,799
Liabilities	17	Accounts payable and accrued expenses			32,329,315	17	29,348,417
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			36,629,333	20	36,091,089
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			5,092,103	23	3,900,644
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			90,598,304	25	93,954,096
	26	Total liabilities. Add lines 17 through 25			164,649,055	26	163,294,246
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-29,392,973	27	-17,773,670
	28	Temporarily restricted net assets			2,094,671	28	1,731,223
	29	Permanently restricted net assets			126,000	29	126,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-27,172,302	33	-15,916,447
	34	Total liabilities and net assets/fund balances			137,476,753	34	147,377,799

Part XI **Financial Statements and Reporting**

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Mercy Hospital of Buffalo	Employer identification number 16-0756336
---	--

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

Additional Data

Software ID:
Software Version:
EIN: 16-0756336
Name: Mercy Hospital of Buffalo

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph McDonald President and CEO , CHS	37 50	X		X				0	971,423	33,737
Mark Sullivan Executive VP / COO	37 50	X		X				0	373,288	21,234
Charles Urlaub President, and CEO Mercy	37 50	X		X				503,218	0	28,092
David Macholz Treasurer	37 50	X		X				0	197,138	19,563
Satish Arora MD Director	1 00	X						0	0	0
Peter Bergmann Director	37 50	X						0	402,287	19,730
William Buscaglia Jr Director	1 00	X						0	0	0
Gregory Castiglia MD Director	1 00	X						0	0	0
Dr Adel Chouchani Director	1 00	X						0	0	0
Frances Crosby RN PhD Director	1 00	X						0	0	0
Richard Curran MD Director	1 00	X						0	0	0
Nancy Dobson Director	1 00	X						0	0	0
Dennis Dombek Director, Chairman of th	1 00	X						0	0	0
Dr Michael Edbauer Director	11 30	X						0	95,139	9,498
Christine Kluckhohn Pres & CEO Continuing C	37 50	X			X			0	241,561	51,709
Mr William Lawley Jr Director	1 00	X						0	0	0
James Manzella Director	1 00	X						0	0	0
James Millard Pres & CEO , Kenmore Merc	37 50	X						0	312,460	75,726
John Przylucki MD Director	1 00	X						0	0	0
Carlos Santos MD Director	1 00	X						0	0	0
Jagdeep Singh MD Director	1 00	X						0	0	0
Mr David Walborn Director	1 00	X						0	0	0
Cynthia Zane PhD Director	1 00	X						0	0	0
Monsignor Robert E Zapf Director	1 00	X						0	0	0
James A Dunlop Jr Executive VP, Finance /	37 50			X				0	362,351	41,520

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dr Brian D'Arcy Senior VP, Medical Affairs	37.50			X				0	548,932	34,878
John Herman Chief Operating Officer,	37.50			X				111,288	64,496	27,523
John Davanzo Sr. VP Regional Development	37.50				X			0	318,550	38,801
Michael Moley Sr VP, Human Resources	37.50				X			0	347,119	32,201
John Stavros Sr VP Marketing / P R	37.50				X			0	190,556	30,443
Maria Foti Senior VP, Planning	37.50				X			0	201,130	12,275
Bartholomew Rodrigues Sr VP, Mission Integration	37.50				X			0	186,234	21,469
Dr Michael Galang Chief Information Officer	37.50				X			0	289,919	24,492
Dr Thomas Raab Physician	37.50				X			344,299	0	79,169
Dr Timothy Gabryel VP Medical Affairs	37.50				X			325,764	0	22,157
Dr Donald Schmidt Physician	37.50					X		296,221	0	71,855
Dr Thomas Dilamarter Jr Physician	37.50					X		222,847	0	14,477
Dr Lynne Aronica Physician	37.50					X		221,685	0	4,083
Dr Anshu Bais Physician	37.50					X		259,959	0	15,247
Dr Russell Carlson Physician	37.50					X		200,414	0	10,236
K David Crone Sr VP Strategic Service							X	0	374,737	34,495

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Mercy Hospital of Buffalo	Employer identification number 16-0756336
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Part I

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

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

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

Part III

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

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

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,333,016			1,333,016
b Buildings	41,858,851		24,691,189	17,167,662
c Leasehold improvements	7,503,242		911,479	6,591,763
d Equipment	45,588,085		28,177,469	17,410,616
e Other	18,478,113		57,144	18,420,969
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				60,924,026

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	282,777,176
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	272,000,483
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,776,693
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	805,445
9	Total adjustments (net) Add lines 4 - 8	9	805,445
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	11,582,138

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	282,852,700
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	772,071
e	Add lines 2a through 2d	2e	772,071
3	Subtract line 2e from line 1	3	282,080,629
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	696,546
c	Add lines 4a and 4b	4c	696,546
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	282,777,175

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	272,663,655
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	663,172
e	Add lines 2a through 2d	2e	663,172
3	Subtract line 2e from line 1	3	272,000,483
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	272,000,483

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Contributions from Foundation Foundation Bottom Line
Part XII, Line 2d - Other Adjustments		Foundation Activity
Part XII, Line 4b - Other Adjustments		Contributions from Foundation
Part XIII, Line 2d - Other Adjustments		Foundation Expenses

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Mercy Hospital of Buffalo

Employer identification number
16-0756336

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input checked="" type="checkbox"/> Other 11000 0000000000 %</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input checked="" type="checkbox"/> Other 50000 0000000000 %</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div>	3b	Yes	
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			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			3,950,811	209,307	3,741,504	1 400 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			27,076,248	19,161,255	7,914,993	2 980 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0		0 %
d Total Charity Care and Means-Tested Government Programs			31,027,059	19,370,562	11,656,497	4 380 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			778,035	0	778,035	0 290 %
f Health professions education (from Worksheet 5)			2,098,781	1,949,179	149,602	0 060 %
g Subsidized health services (from Worksheet 6)			0	0		0 %
h Research (from Worksheet 7)			0	0		0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			0	0		0 %
j Total Other Benefits			2,876,816	1,949,179	927,637	0 350 %
k Total. Add lines 7d and 7j			33,903,875	21,319,741	12,584,134	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	22,751,157	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	31,179,276	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	537,289,363	
6	Enter Medicare allowable costs of care relating to payments on line 5	650,105,770	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7-12,816,407	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9aYes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	No

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Mercy Hospital of Buffalo 565 Abbott Rd Buffalo, NY 14220	X	X		X			X		
Mercy Ambulatory Care Center 3669 Southwestern Blvd Orchard Park, NY 14127	X	X		X			X		OT, PT, ST, Radiology, Lab and CT Scanner
Clinical Lab 565 Abbott Rd Buffalo, NY 14220	X								Clinical Laboratory Service
East Aurora Medical Center 94 Olean St East Aurora, NY 14052	X								Extension Clinic OT, PT, ST, Radiology - Diagnostic, Clinical Lab Service
Chestnut Ridge Family Practice 6300 Powers Rd Orchard Park, NY 14127	X								Extension Clinic Primary Medical Care O/P
Mercy Outpatient Clinc (Adult ObGyn P 515 Abbott Rd Buffalo, NY 14220	X								Extension Clinic Pediatric O/P, Prenatal O/P, Primary Medical Care O/P
Mercy Health Center 430 South Park Ave Buffalo, NY 14204	X								Extension Clinic Primary Medical Care O/P
Holland Family Health Center 7430 Olean Rd Holland, NY 14080	X								Extension Clinic Primary Medical Care O/P
Mercy Diagnostic and Treatment Center 550 Orchard Park Road West Seneca, NY 14224	X								Extension Clinic OT, PT, ST, Radiology - Diagnostic, Clinical Lab Services
OLV Family Care Center 227 Ridge Rd Lackawanna, NY 14218	X								Extension Clinic Prenatal O/P, Primary Medical Care O/P
Mercy Nursing Facility 55 Melroy Avenue Lackawanna, NY 14218	X								Long Term Care
Pace Health Center 55 Melroy Avenue Lackawanna, NY 14218	X								Extension Clinic OT, PT, ST, Primary Medical Care OP, Psychology OP

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 3c N/A

Part I, Line 6a

Part I, Line 7g N/A

Part I, Line 7f Bad debt expenses of \$6,473,310 are included in Part IX, line 25, column (A) but subtracted when calculating the percentage in column (f)

Part I, Line 7 Costing is a full step down methodology of cost from non-revenue producing departments to revenue producing departments', with assignment of cost to individual charge items based on volume and charge amount All patient accounts are cost with the same methodology regardless of patient type (inpatient, outpatient, emergency room, etc) or insurance coverage (Medicare, Medicaid, private insurance, uninsured, etc)

Part III, Line 4 The amount in Part III line 2 is the actual bad debt expenses of \$2,751,157 written down to cost, utilizing the Uninsured Ratio of Cost to Charges (RCC) obtained from the full step down methodology of cost described in Part 1, line 7 The amount in Part III line 3 is the estimate of bad debt from uninsured balance which is developed as follows as policy is to write accounts to bad debt 120 days after discharge, the discharge date period of 10/1/2008 to 9/30/2009 was used to determine the population of uninsured accounts The balance of these accounts was determined and the RCC was applied to develop the estimate of \$1,179,276 (see H Part III Line 3) As our determination of eligibility for the Healthcare Assistance Program (HAP) (Charity Care) is based solely on the presentation for care without insurance, which is now for each account, and use of a sophisticated estimator (PARO) of each guarantor's ability to pay an estimate of "the amount that reasonably could be attributable to patients who likely would qualify for financial assistance under the hospital's charity care policy if sufficient information had been available to make a determination of their eligibility" is not relevant The organization's financial statements do not include a footnote that describes bad debt expense, but the financial statements account for bad debt expenses in the statement of operations as actual expenses written off and an estimate of future write-offs less any recoveries

Part III, Line 8 The costing methodology used to determine the Medicare Allowable costs is Cost to Charge The shortfall is not treated as a community benefit

Part III, Line 9b N/A

Part V Mercy Hospital has five primary care clinics and three diagnostic and treatment centers

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 Mercy Hospital, as part of Catholic Health, involves many participants in assessing community health needs including 1 New York State Department of Health Prevention Agenda for the Healthiest State Erie County Department of Health Catholic Health Kaleida Health Erie County Medical Center Sheehan Memorial Hospital 2 Health Consumers 3 Patients/residents/clients A Hospital Inpatients and Outpatients B Nursing Home Residents and Families C Rehabilitation Patients D Primary Care Center Patients E Home Care Clients 4 Physicians 5 External Organizations6 Statistical Resources1 New York State Department of Health Prevention Agenda for the Healthiest State Catholic Health worked in collaboration with the Erie County Department of Health, Kaleida Health, ECMC and Sheehan Memorial on the Erie Co DOH Prevention Agenda for the Healthiest State In February 2009, an Erie County Joint Planning Committee formed to identify prevention priorities and strategies to focus on collaboratively over the next 3 years 2 Health Consumers In creating the Catholic Health and Mercy Hospital strategic plan, input was sought from a variety of constituents including consumers In August 2008, eight (8) consumer focus groups were conducted asking consumers what they wanted from their patient care experience These focus groups were created by reaching out to 8,000 area residents who were asked to contact friends/families/neighbors to participate 3 Patients/residents/clients A Hospital Inpatients and Outpatients Mercy Hospital continues to participate in a regional patient satisfaction survey through a cooperative effort with the Buffalo Niagara Health Quality Coalition and area hospitals Patient participation is voluntary This survey takes place twice per year Through hospital admission and outpatient ancillary sites, surveys were distributed to individuals to gain an understanding about their healthcare needs and how well their needs were being met 4 Physicians Mercy Hospital surveys its medical staff annually Physicians are surveyed on issues relating to the quality and efficiency of services offered throughout Catholic Health including at St Joseph Hospital In addition, during 2008 a Physician Council was established to assist in the planning of Catholic Health's and Mercy Hospital's Strategic Plan Over 100 physicians from across Catholic Health participated including significant representation from Mercy Hospital medical staff 5 External OrganizationsCatholic Health and Mercy Hospital also engaged in the P2 Collaborative (Pursuing Perfection) dedicated to improving the health of people across the region There are more than 200 participant organizations including the provider community, payers, community based organizations, religious organizations, local business, colleges & universities, and governmental agencies Areas of focus include working with physicians and organizations to enhance access to care and improve efficiency of care and empowering all of the Western New York community to take responsibility for and act on their own wellness In an effort to engage health care needs at the grass roots level, Catholic Health and Mercy Hospital work closely with the following organizations to assess community health need Niagara Health Quality Coalition American Heart Association Baker Victory Services WNY Osteoporosis Resource Ctr Living Healthy Task Force of Erie Co Buffalo Public Schools Worksite Wellness Every Parent Influences Children (EPIC) WNY Coalition for Diabetes Erie Co Coalition for Diabetes Catholic CharitiesCommunity Cancer CoalitionNear East & West Side Task ForceCommunity Health Center of BuffaloWNY Health Equity Work GroupMinority Health CoalitionFlu CoalitionTobacco CoalitionCommunity Health FoundationWNED Public TelevisionNiagara University6 Statistical ResourcesCatholic Health and Mercy Hospital used PQI (Preventable Quality Indicators) to map specific areas by zip code to better understand needs and target for need We mapped specifically for Congestive Heart Failure, Hypertension, Angina & Diabetes to identify target areas for community education & screening initiatives Other statistical resources used to assess the needs of the communities served include "A Community Report What People Want for the Future of Healthcare in WNY""NYS Expanded Behavioral Risk Factor Surveillance System" January 2008"Buffalo Public Schools Student Body Mass Index" 2008-2009 school year"Erie County Health Assessment Indicators" 2005-2007"Erie County Health Indicators Profile" 2003-2007

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 Mercy Hospital informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the Catholic Health System Healthcare Assistance Program (HAP) policy For example, Mercy Hospital has posters and brochures available which include contact information for the Financial Clearance staff in admissions areas, emergency rooms, primary care and outpatient rehabilitation clinics, Revenue Management Center (RMC) and other areas of the organization's facilities where eligible patients are likely to be present, provides information about financial assistance and HAP contact information to patients as part of the intake process, provides financial assistance and HAP contact information to inpatients either during or within 90 days of discharge of their hospital stay, patient bills include the following language "The Catholic Health System has a Healthcare Assistance Program to assist those in need of financial assistance for qualified patients If you would like to obtain additional information on the Healthcare Assistance Program, please call (716) 601-3600 Thank you Our Customer Service area is our front end team to assist all patients in this process " Additionally, we discuss with the patient the availability of various government benefits, such as Medicaid or state programs, and assist the patient with qualification for such programs, where applicable, and there is information about financial aid posted on the Catholic Health System website

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Mercy Hospital's service area is a mix of urban, suburban, and rural areas comprised of 94 3% white (non-Hispanic) and 1 9% African-American (non-Hispanic) households The service area is more elderly than most with 18 1% of the population over the age of 65 compared to a national average of 12 9% The community consists of fewer households than the national average with annual incomes below \$15,000/year at 10 4% compared to a national average of 12 4% Although Mercy Hospital is not located in a designated Health Professional Shortage Area (HPSA), it draws patients from identified HPSA areas Additionally, the hospital has at least one extension in a designated HPSA

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 N/A

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Part VI, Line 6 The governing Board of Directors of Mercy Hospital is comprised of community representatives from universities, legal communities, & business leaders Religious orders are represented, as well as active and retired medical staff members The Mercy Hospital medical staff can be considered an "open" medical staff, as any physician can apply for privileges Each application is reviewed by a vigorous credentialing verification process

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

Part VI, Line 7 Mercy Hospital is affiliated with the Catholic Health System, Inc , a New York State licensed corporation Catholic Health System, located in Buffalo, New York is exempt from taxation and is a charitable organization described in Section 501(c) (3) of the Internal Revenue Code of 1986 Catholic Health is also the parent company of the following New York State corporations Kenmore Mercy Hospital, Sisters of Charity Hospital, Father Baker Manor, St Elizabeth's Home of Lancaster, St Francis of Buffalo, St Francis Home of Williamsville, St Vincent's Home for the Aged, and Our Lady of Victory Senior Neighborhood In compliance with the New York State Health Care Reform Act of 1996, Section 2803-1, Catholic Health System's 2009 Community Service Plan is a review of the community service activities of all acute facilities and related services within the Catholic Health System, which officially formed in March, 1998 The community service activities at the acute facilities include benefits to the broader community, which include non-billed services and provided services paid below costs Charity care and benefits to the community are provided through long term care facilities, home care programs and Catholic Health system-wide community programs These programs touch more than 40,000 Western New York residents through community health education programs, health screenings, clinical and support services, clerkships, internships, scholarships, in-kind donations and community support activities

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Mercy Hospital of Buffalo

Employer identification number
16-0756336

Part I

Questions Regarding Compensation

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

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

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

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	3 Tax Indemnification and Gross up payments YES Officers received a tax indemnification and gross-up payment for reimbursement of withholding taxes in conjunction with certain taxable benefits paid on behalf of employee 5 Housing allowance or residence for personal residence YES Applicable taxable payments were made for expenses due to relocating for one official who relocated, as per policy
	Part I, Line 4a	Certain Officers and Key employees participated in a supplemental nonqualified retirement plan per the terms and conditions of their employment arrangement MERCY Pension Gap CHE SERP Joseph McDonald \$26,000.00 \$132,422.00 Dr. Brian D'Arcy \$9,800.00 \$216,288.00 K David Crone \$17,000.00 John Davanzo \$16,875.00 Michael Moley \$12,685.26
	Part I, Line 6	The 2009 Incentive payments were dependent upon achieving the Catholic Health System Operating Income target for Catholic Health System participants or the Ministry Operating Income target for Ministry participants. Mercy Joseph McDonald \$70,113.01 Mark Sullivan \$32,193.00 James A. Dunlop, Jr. \$33,222.74 Dr. Brian D'Arcy \$21,017.93 K David Crone \$14,826.44 John Davanzo \$6,085.65 Michael Moley \$23,887.50 John Stavros \$3,760.65 Christine Kluckhohn \$9,492.04 Maria Foti \$14,933.10 Bartholomew Rodrigues \$13,999.83 Dr. Michael Galang \$7,218.78 Charles Urlaub \$20,756.77 Dr. Thomas Raab \$50,000.00 Dr. Timothy Gabryel \$14,701.14

Software ID:

Software Version:

EIN: 16-0756336

Name: Mercy Hospital of Buffalo

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Joseph McDonald	(i)	0	0	0	0	0	0
	(ii)	581,792	70,113	319,518	16,855	16,882	1,005,160
Mark Sullivan	(i)	0	0	0	0	0	0
	(ii)	308,138	32,193	32,957	6,622	14,612	394,522
Charles Urlaub	(i)	268,897	20,757	213,564	11,737	16,355	531,310
	(ii)	0	0	0	0	0	0
David Macholz	(i)	0	0	0	0	0	0
	(ii)	162,278	9,639	25,221	3,974	15,589	216,701
Peter Bergmann	(i)	0	0	0	0	0	0
	(ii)	327,370	18,304	56,613	4,261	15,469	422,017
Christine Kluckhohn	(i)	0	0	0	0	0	0
	(ii)	199,138	9,492	32,931	38,010	13,699	293,270
James Millard	(i)	0	0	0	0	0	0
	(ii)	202,109	72,062	38,289	61,772	13,954	388,186
James A Dunlop Jr	(i)	0	0	0	0	0	0
	(ii)	297,177	33,223	31,951	26,900	14,620	403,871
Dr Brian D'Arcy	(i)	0	0	0	0	0	0
	(ii)	239,838	21,018	288,076	19,766	15,112	583,810
John Herman	(i)	105,631	0	5,657	12,339	9,978	133,605
	(ii)	55,922	5,578	2,996	0	5,206	69,702
John Davanzo	(i)	0	0	0	0	0	0
	(ii)	229,265	6,086	83,199	22,113	16,688	357,351
Michael Moley	(i)	0	0	0	0	0	0
	(ii)	246,046	23,888	77,185	16,399	15,802	379,320
John Stavros	(i)	0	0	0	0	0	0
	(ii)	147,591	3,761	39,204	12,877	17,566	220,999
Maria Foti	(i)	0	0	0	0	0	0
	(ii)	153,258	14,933	32,939	6,876	5,399	213,405
Bartholomew Rodrigues	(i)	0	0	0	0	0	0
	(ii)	139,242	14,000	32,992	6,468	15,001	207,703
Dr Michael Galang	(i)	0	0	0	0	0	0
	(ii)	273,975	7,219	8,725	9,416	15,076	314,411
Dr Thomas Raab	(i)	271,525	50,000	22,774	61,822	17,347	423,468
	(ii)	0	0	0	0	0	0
Dr Timothy Gabryel	(i)	290,489	14,701	20,574	17,090	5,067	347,921
	(ii)	0	0	0	0	0	0
Dr Donald Schmidt	(i)	273,447	0	22,774	56,429	15,426	368,076
	(ii)	0	0	0	0	0	0
Dr Thomas Dilamarter Jr	(i)	189,601	0	33,246	9,152	5,325	237,324
	(ii)	0	0	0	0	0	0
Dr Lynne Aronica	(i)	205,273	0	16,412	3,888	195	225,768
	(ii)	0	0	0	0	0	0
Dr Anshu Bais	(i)	257,763	0	2,196	255	14,992	275,206
	(ii)	0	0	0	0	0	0
Dr Russell Carlson	(i)	200,000	0	414	10,046	190	210,650
	(ii)	0	0	0	0	0	0
K David Crone	(i)	0	0	0	0	0	0
	(ii)	309,161	14,826	50,750	20,110	14,385	409,232

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization Mercy Hospital of Buffalo	Employer identification number 16-0756336
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Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Dormitory Authority of the State of New York	14-6000293	64983Q5R6	11-29-2006	13,360,000	See Schedule O		X		X
B	Dormitory Authority of the State of New York	14-6000293	6499035D9	11-26-2008	24,700,000	See Schedule O		X		X

Part II

Proceeds

		A	B	C	D	E			
1	Total proceeds of issue	13,360,000	24,700,000						
2	Gross proceeds in reserve funds								
3	Proceeds in refunding or defeasance escrows								
4	Other unspent proceeds	13,025,341	13,025,341						
5	Issuance costs from proceeds	616,080	1,371,230						
6	Working capital expenditures from proceeds								
7	Capital expenditures from proceeds	12,743,920	10,303,429						
8	Year of substantial completion	2006	2010						
		Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X					
10	Were the bonds issued as part of an advance refunding issue?		X		X				
11	Has the final allocation of proceeds been made?	X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	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?		X		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 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 section 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?	X		X							

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X							
b	Name of provider	HSBC Bank NA		HSBC Bank NA							
c	Term of hedge	18 5000000000000		25 6000000000000							
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	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?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Mercy Hospital of Buffalo

Employer identification number

16-0756336

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

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

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

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958	▶	\$ _____
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶	\$ _____

Part II Loans to and/or From Interested Persons.

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

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

[illegible]

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 16-0756336
Name: Mercy Hospital of Buffalo

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Bridget Walborn	Wife of BOD, David Walborn	62,188	RN		No
David Zapfel	Brother of BOD, Msgr Robert Zapfel	58,748	HR Employee of CHS		No
Kathleen Zapfel	Sister-in-law of BOD, Msgr Robert Zapfel	52,896	HR Employee, St Francis		No
Marie Packard	Daughter of BOD, Dennis Dombek	39,399	Part time Physical Therapist at St Francis Buffalo		No
Susan Urlaub	Wife of Mercy CEO, C J Urlaub	60,356	Corporate Nurse Educator		No
Kathleen Moley	Daughter of Key Employee, Michael Moley	38,071	HR Employee, CHS		No
Kathryn B Millard	Daughter of BOD, CEO Kenmore Mercy, James Millard	27,534	Registered Nurse, Mercy		No
James Manzella	Acute Care Board Member	221,448	Key Employee of Manzella Marketing		No
Susan Gallagher-Stavros	Wife of Key Employee, John Stavros	43,994	Community Health Nurse, McAuley Seton Home Care		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Mercy Hospital of Buffalo	Employer identification number 16-0756336
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Identifier	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
Form 990, Part VI, Section A, line 7a		According to the CHS Bylaw s, each member is equally allow ed 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
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 pow ers w hich allow approval for certain business events and ratification of certain business transactions
Form 990, Part VI, Section B, line 11		Yes, an electronic copy of the Form 990 w as provided to the CHS Boards of Directors before it w as filed The CHS Board of Directors has delegated the responsibility to review the 990 to the Audit Committee The CHS Audit Committee review ed in detail selected information for all CHS entities Review ed w ith the Audit Committee 1 Core Form Part IV Checklist of required schedules 2 Core Form Part VI Governance, Management and Disclosure 3 Core Form Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees and Independent Contractors 4 Schedule H Hospitals 5 Schedule K Supplemental information on Tax Exempt Bonds 6 Schedule J Compensation Information 7 Schedule L Transactions w ith Interested Persons 8 Schedule R Related Organizations and Unrelated Partnerships 9 Process for w hich remaining Core Form w as completed, utilizing audited financial information
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 w ho 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 follow ed up w ith as follow s 1 Associate and Physician completed COIDS are review ed and signed off by the manager If a disclosure is noted, it is discussed w ith the manager, and the document is forward ed to the Compliance officer w ho review s and follow s up as appropriate Once review /follow up is completed the Compliance Officer w ill 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 w arranted The compliance officer w ill sign each COIDS and retain on file in the compliance office in a confidential manner
Form 990, Part VI, Section B, line 15		In 2009, 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's for each Ministry, and all Senior Vice Presidents The Compensation Committee provides oversight to management decisions w hich are based on outlines approved by the committee, and performs a review of data The outcome of these meetings is documented
Form 990, Part VI, Section C, line 19		We make our form 990 open for public inspection upon request Our website includes an annual report w hich includes selected financial information Our financial statements, governing documents and conflict of interest policy are provided upon request according to applicable federal and state law s
		Schedule K, Part I, Bond Issues (f) To refinance outstanding commercial indebtedness, the proceeds of w hich w ere applied to finance the cost of Mercy's operating room expansion, other expansion/improvements at the facility

Identifier	Return Reference	Explanation
		Schedule K, Part I, Bond Issues (f), 2008 Bonds To finance the cost of an approximately 48,300 square foot addition for a new emergency department, new CT/Radiology facilities, construction of a new main entrance and lobby area, a new ambulance entrance, construction of a rooftop helipad, renovation of library space into conference rooms, other mechanical and electrical improvements and associated demolition and equipping costs

Schedule K, Part II, Line 5 A MHB - 2006 Debt Issuance Costs - 11/29/2006 411,474 28 Underwriter's Discount - 12/2009 125,541 00 Cost of Issuance Costs 537,015 28 LOC Fees LOC fees in original COI 79,064 72 LOC Credit Enhancement 79,064 72 SCHEDULE K, PART II, LINE 5 B MHB - 2008 Debt Issuance Costs - 11/29/2006 828,757 00 Underwriter's Discount - 12/2009 321,700 00 Cost of Issuance Costs 1,150,457 00 LOC Fees LOC fees in original COI 220,773 00 LOC Credit Enhancement 220,773 00

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

Cat No 51056K

Schedule O (Form 990) 2009

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Mercy Hospital of Buffalo

Employer identification number

16-0756336

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

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

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

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

See Additional Data Table

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
								Yes	No		Yes	No
Marian Professional Center Associates LP	Rental Real Estate	NY	N/A		Investment Income	116,593			No	10		No
350 Essjay Road Suite 101 Williamsville, NY14221 16-1360469												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Orchard Park Mercy Corporation Marian Professional Bldg Ste 500 51 Buffalo, NY14220 16-1470350	Real Estate Holding Company	NY	Mercy Hospital	C	76,627		100 000 %
Aurora Mercy Corporation 565 Abbott Road Buffalo, NY14220 16-1354302	Real Estate Development	NY	Mercy Hospital	C	33,292		100 000 %
Alsace Abbott Corporation 515 Abbott Road Buffalo, NY14220 16-1355092	Partnership Holding Corporation	NY	Mercy Hospital	C	227,399		100 000 %

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to 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)

h

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)

k

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

l

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

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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	(b) Transaction type(a-r)	(c) Amount involved
(1)	Orchard Park Mercy Corporation	Q	97,249
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 16-0756336

Name: Mercy Hospital of Buffalo

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Catholic Health System Inc 515 Abbott Road Buffalo, NY14220 22-2565278	Health Care Delivery System	NY	501 C 3	Schedule A Line 1	N/A
Sisters of Charity Hospital 2157 Main Street Buffalo, NY14214 16-0743187	Acute Care Hospital	NY	501 C 3	Schedule A Line 3	Catholic Health System Inc
Kenmore Mercy Hospital 2950 Elmwood Avenue Kenmore, NY14217 16-0762843	Acute Care Hospital	NY	501 C 3	Schedule A Line 3	Catholic Health System Inc
Nazareth Home of the Fransiscan Sisters 291 North Street Buffalo, NY14201 16-0813142	Skilled Nursing Facility	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
St Clare Manor 543 Locust Street Lockport, NY14094 16-0782647	Skilled Nursing Facility	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
St Elizabeth Home for the Aged 5539 Broadway Lancaster, NY14086 16-0743154	Adult Home	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
St Francis Home of Williamsville 147 Reist Street Williamsville, NY14221 16-0743153	Skilled Nursing Facility	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
St Francis of Buffalo Inc 34 Benwood Avenue Buffalo, NY14214 16-1523535	Skilled Nursing Facility	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
St Joseph Manor 2211 West State Street Olean, NY14760 16-0796400	Skilled Nursing Facility	NY	501 C 3	Schedule A Line 9	Catholic Health System Inc
St Luke Manor for the Chronically Ill 17 Wiard Street Batavia, NY14020 16-0794811	Skilled Nursing Facility	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
St Mary's Manor 515 6th Street Niagara Falls, NY14301 16-0924139	Skilled Nursing Facility	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
St Vincent Manor 319 Washington Avenue Dunkirk, NY14048 16-0743167	Adult Home	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
WNY Catholic Long Term Care INC 6400 Powers Road Orchard Park, NY14127 16-1434368	Skilled Nursing Facility	NY	501 C 3	Schedule A Line 1	Catholic Health 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	Schedule A Line 9	Catholic Health System Inc
McAuley Seton Home Care Apple Tree Business Park 2875 Union Cheektowaga, NY14227 16-1310062	Home Care Provider	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
Chestnut Ridge Medical Supplies Inc 6350 Transit Road Depew, NY14043 20-0198518	Home Care Infusion Services	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
OLV Renaissance Corporation 291 North Street Buffalo, NY14201 20-0167745	Real Estate Holding Company	NY	501 C 3	Schedule A Line 1	Catholic Health System Inc
CHS Program of All-Inclusive Care for the Elderly Inc 55 Melroy Avenue Lackawanna, NY14218 26-1252884	All-inclusive Care for the Elderly	NY	501 C 3	Schedule A Line 3	Catholic Health System Inc
Mercy Hospital Foundation 515 Abbott Road Buffalo, NY14220 22-2209721	Foundation	NY	501 C 3	Schedule A Line 7	Mercy Hospital
Southtowns Catholic MRIInc 200 International Drive Buffalo, NY14221 16-1554081	Imaging	NY	501 C 3	Schedule A Line 9	Catholic Health System Inc