


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>2011</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 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 16-0756336	
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		E Telephone number (716) 828-2993	
C Name of organization Mercy Hospital of Buffalo		G Gross receipts \$ 327,904,956	
Doing Business As			
Number and street (or P O box if mail is not delivered to street address) Room/suite 515 Abbott Road No 500			
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) <input type="checkbox"/> 501(c) () ◀(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
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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 2011 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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,555
	6 Total number of volunteers (estimate if necessary)	6	247
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	55,513	2,124,352
	9 Program service revenue (Part VIII, line 2g)	294,142,910	319,119,395
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	606,766	586,941
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,400,107	6,074,268
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	298,205,296	327,904,956
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	133,819,672	150,382,297
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	153,370,778	163,211,345
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	287,190,450	313,593,642
	19 Revenue less expenses. Subtract line 18 from line 12	11,014,846	14,311,314
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		167,549,524	207,945,480
21 Total liabilities (Part X, line 26)		184,450,721	252,521,119
22 Net assets or fund balances. Subtract line 21 from line 20		-16,901,197	-44,575,639

Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2012-11-05 Date
	David P Macholz VP Finance/Corp Controller Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

The Catholic Health System (CHS) Mission is to provide quality healthcare services in a (an) (acute care, long term care, home 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 2011 Community Service Plan 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 160,752,502 including grants of \$) (Revenue \$ 217,981,641)

Inpatient Routine/Surgery Visits Acute Care Patient Days = 87,979Newborn Patient Days = 7,043Medical Rehab Patient Days = 5,838Skilled Nursing Patient Days = 30,151Inpatient Ambulatory Surgery Visits = 8,055

4b

(Code) (Expenses \$ 64,663,581 including grants of \$) (Revenue \$ 87,684,318)

Outpatient Routine/Surgery Services Emergency Visits = 59,869Referred Ambulatory Visits =236,957Outpatient Ambulatory Surgery Visits = 14,740

4c

(Code) (Expenses \$ 9,921,357 including grants of \$) (Revenue \$ 13,453,436)

Clinic/Primary Care Services Clinic Visits = 4,792Primary Care Visits = 75,728

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 235,337,440

Form 990 (2011)

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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 and IV.		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 and IV.		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.		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.		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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.	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 (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	182
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	2,555
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	21		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶ _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ David P Macholz VP Finance Corporate Controller 515 Abbott Road Suite 500 Buffalo, NY 142202039 (716) 828-2974

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	2,807,861	6,021,328	1,367,845

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 75

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Telco Construction Inc 500 Buffalo Road East Aurora, NY 14052	Construction Services	3,877,783
Aramark Services Inc 1000 East Henrietta Road Rochester, NY 14623	Dietary Services	1,917,198
Nursefinders Inc PO Box 910738 Dallas, TX 753910738	Temporary Services	1,343,753
Siemens Medical Solutions 51 Valley Stream Parkway Malverne, PA 19355	Maintenance Services	1,287,684
Sodexo Operations LLC 60 Grider Street Buffalo, NY 14215	Laundry Services	1,273,696

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►53

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	2,124,352				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			2,124,352			
Program Service Revenue			Business Code					
	2a	Patient Care Services	900099	229,859,929	229,859,929			
	b	Medicaid/Medicare	900099	88,305,732	88,305,732			
	c	VA Contract Revenue	621400	953,734	953,734			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			319,119,395			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			586,941		586,941	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				255,178
		255,178						
		0						
		255,178						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)			255,178			
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	Meaningful Use Dollars	900099	3,342,191	3,342,191				
b	Cafeteria Revenue	900099	799,141				799,141	
c	Parking Revenue	900099	604,196				604,196	
d	All other revenue		1,073,562	369,369			704,193	
e	Total. Add lines 11a-11d			5,819,090				
12	Total revenue. See Instructions			327,904,956	322,830,955	0	2,949,649	

Part IX

Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	111,158,877	97,732,473	13,426,404	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,060,075	9,724,176	1,335,899	
9	Other employee benefits	20,420,870	17,954,321	2,466,549	
10	Payroll taxes	7,742,475	6,807,295	935,180	
11	Fees for services (non-employees)				
a	Management				
b	Legal	174,789	33	174,756	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	8,582,804	6,920,011	1,662,793	
12	Advertising and promotion	51,303	13,706	37,597	
13	Office expenses	6,343,954	3,418,896	2,925,058	
14	Information technology	203,923	38,621	165,302	
15	Royalties				
16	Occupancy	7,835,677	821,157	7,014,520	
17	Travel	99,864	56,885	42,979	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	103,919	74,862	29,057	
20	Interest	2,286,446	1,937,517	348,929	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,070,241	9,380,840	1,689,401	
23	Insurance	2,512,055	2,183,162	328,893	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Medical Supplies	60,026,710	60,939,039	-912,329	
b	Dues & Shared Services	37,258,301		37,258,301	
c	Purchase Services & Oth	15,474,434	6,464,867	9,009,567	
d	Bad Debts	8,178,587	8,178,587		
e					
f	All other expenses	3,008,338	2,690,992	317,346	
25	Total functional expenses. Add lines 1 through 24f	313,593,642	235,337,440	78,256,202	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			31,458,970	1	39,896,098
	2	Savings and temporary cash investments			7,311,999	2	5,155,449
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			38,602,396	4	43,388,626
	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			4,578,406	8	5,557,171
	9	Prepaid expenses and deferred charges			2,693,650	9	2,026,820
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	142,047,177			
	b	Less: accumulated depreciation	10b	55,592,124	76,094,452	10c	86,455,053
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			154,792	12	157,770
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			6,654,859	15	25,308,493
	16	Total assets. Add lines 1 through 15 (must equal line 34)			167,549,524	16	207,945,480
Liabilities	17	Accounts payable and accrued expenses			36,097,034	17	40,294,280
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			35,249,219	20	34,084,286
	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			7,788,300	23	11,583,272
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			105,316,168	25	166,559,281
	26	Total liabilities. Add lines 17 through 25			184,450,721	26	252,521,119
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			-18,846,407	27	-46,346,867
	28	Temporarily restricted net assets			1,822,687	28	1,648,705
	29	Permanently restricted net assets			122,523	29	122,523
	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			-16,901,197	33	-44,575,639
	34	Total liabilities and net assets/fund balances			167,549,524	34	207,945,480

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	327,904,956
2	Total expenses (must equal Part IX, column (A), line 25)	2	313,593,642
3	Revenue less expenses Subtract line 2 from line 1	3	14,311,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-16,901,197
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-41,985,756
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-44,575,639

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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 separate basis, consolidated 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

2011

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 Se**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)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Mercy Hospital of Buffalo

Employer identification number
16-0756336

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

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

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

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

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

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

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

Part III

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,409,723			1,409,723
b Buildings	70,091,597		28,851,433	41,240,164
c Leasehold improvements	15,200,603		8,461,348	6,739,255
d Equipment	54,613,321		18,189,004	36,424,317
e Other	731,933		90,339	641,594
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				86,455,053

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	327,904,956
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	313,593,642
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,311,314
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	-1,971,065
9	Total adjustments (net) Add lines 4 - 8	9	-1,971,065
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,340,249

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	326,405,959
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	625,355
e	Add lines 2a through 2d	2e	625,355
3	Subtract line 2e from line 1	3	325,780,604
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	2,124,352
c	Add lines 4a and 4b	4c	2,124,352
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	327,904,956

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	314,065,710
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	472,068
e	Add lines 2a through 2d	2e	472,068
3	Subtract line 2e from line 1	3	313,593,642
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	313,593,642

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 - (489,672) -489,672 Contributions from Grants - (1,634,680) -1,634,680 Foundation Bottom Line - 153,287 153,287 Total to Schedule D, Part XI, Line 8 -1,971,065
Part XII, Line 2d - Other Adjustments		Foundation Activity - 625,355
Part XII, Line 4b - Other Adjustments		Contributions from Foundation - 489,672 Contributions from Grants - 1,634,680
Part XIII, Line 2d - Other Adjustments		Foundation Expenses - 472,068

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

2011

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	Did 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 had 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 during the tax year a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG 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 <u>110.000000000000 %</u></div>	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <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><div><input checked="" type="checkbox"/> Other <u>500.000000000000 %</u></div></div>	3b	Yes	
c	If the organization did 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	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's 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 eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Chanty care at cost (from Worksheet 1)			3,258,841	194,016	3,064,825	0 980 %
b Medicaid (from Worksheet 3, column a)			41,217,652	35,195,640	6,022,012	1 920 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			44,476,493	35,389,656	9,086,837	2 900 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,200,536		1,200,536	0 380 %
f Health professions education (from Worksheet 5)			3,710,267	1,193,565	2,516,702	0 800 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			254,501		254,501	0 080 %
j Total Other Benefits			5,165,304	1,193,565	3,971,739	1 260 %
k Total. Add lines 7d and 7j			49,641,797	36,583,221	13,058,576	4 160 %

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
1Physical improvements and housing						
2Economic development						
3Community support			20,421		20,421	0 010 %
4Environmental improvements			34,742		34,742	0 010 %
5Leadership development and training for community members			24,177		24,177	0 010 %
6Coalition building						
7Community health improvement advocacy						
8Workforce development			3,885		3,885	0 %
9Other						
10Total			83,225		83,225	0 030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1Yes	
2	Enter the amount of the organization's bad debt expense	23,435,007	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	31,653,018	
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 a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	553,670,068	
6	Enter Medicare allowable costs of care relating to payments on line 5	656,444,691	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7-2,774,623	
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 checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9aYes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	No

Part IVManagement Companies and Joint Ventures (see instructions)

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

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 2

1	Mercy Hospital of Buffalo 565 Abbott Road Buffalo, NY 14220
2	Mercy Ambulatory Care Center 3669 Southwestern Blvd Orchard Park, NY 14127

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Mercy Hospital of Buffalo

Name of Hospital Facility:

1

Line Number of Hospital Facility (from Schedule H, Part V, Section A):

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>110 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>500 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input checked="" type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	Yes	

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

Mercy Ambulatory Care Center

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):2

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>110 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>500 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input checked="" type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	Yes	

Part V

Facility Information (continued)

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

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 9

Name and address		Type of Facility (Describe)
1	East Aurora Medical Center 94 Olean St East Aurora, NY 14052	Extension Clinic OT-O/P, PT-O/P, Speech-O/P, Radiology-O/P, Lab-O/P
2	Chestnut Ridge Family Practice 6300 Powers Rd Orchard Park, NY 14127	Extension Clinic Primary Medical Care O/P
3	Mercy Outpatient Clinic ObGyn 515 Abbott Rd Buffalo, NY 14220	Extension Clinic Prenatal O/P, Primary Medical Care O/P
4	Mercy Comprehensive Care Center 397 Louisiana St Buffalo, NY 14202	Extension Clinic Primary Care, Pediatric, Lab, Podiatry, Prenatal, Radiology
5	OLV Family Care Center 227 Ridge Rd Lackawanna, NY 14218	Extension Clinic Prenatal O/P, Primary Medical Care O/P
6	Mercy Nursing Facility 55 Melroy Ave Lackawanna, NY 14218	Long Term Care, Lab-O/P, Radiology- Diagnostic O/P
7	Pace Health Center 55 Melroy Ave Lackawanna, NY 14218	Extension Clinic OT-O/P, PT-O/P, Speech-O/P, Primary Care, Psychology O/P
8	Mercy Ambulatory Care Center 550 Orchard Park Rd West Seneca, NY 14224	CT, Lab-O/P, Primary Care, Radiology-O/P, OT-O/P, PT-O/P, Speech-O/P
9	Springville Primary Care Center 27 Franklin St Springville, NY 14141	Pediatric-O/P, Primary Medical Care-O/P
10		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 6a Mercy Hospital Community Benefit Report is contained in a report prepared by the Catholic Health System

Identifier	ReturnReference	Explanation
		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)

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) Bad debt expenses of \$ 8,178,587 are included in Part IX, line 25, column (A) but subtracted when calculating the percentage in column (f)

Identifier	ReturnReference	Explanation
		Part II Mercy Hospital provided Community Building in the form of Community Support and Leadership Development which improved community leadership by promoting understanding of community healthcare needs and services at various events throughout the community Environmental improvements included Green Initiatives and Pharmaceutical Waste disposals Additionally Workforce Development was provided by mentoring and education to students regarding healthcare careers throughout the community

Identifier	ReturnReference	Explanation
		Part III, Line 4 The amount in Part III line 2 is the actual bad debt expenses of \$8,178,587 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 10/1/2009 to 9/30/2010 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 in 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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		Part V, Section A 1 Mercy Hospital of Buffalo Audiology O/P Cardiac Catheterization (Adult Diagnostic) Cardiac Catheterization - Electrophysiology (EP) Cardiac Catheterization - Percutaneous Coronary Intervention (PCI) Cardiac Surgery - Adult Certified Mental Health Services O/P Clinic Part Time Services Clinical Laboratory ServicesCoronary Care CT Scanner Dental O/P Emergency Department Family Planning O/P Health Fairs O/PIntensive Care Magnetic Resonance Imaging Maternity Medical Social Services Medical/Surgical Neonatal Continuing, Intensive & Intermediate Care Nuclear Medicine - Diagnostic Outpatient Surgery Pediatric & Pediatric O/P Pharmaceutical Service Physical Medical Rehabilitation Physical Medicine and Rehabilitation O/P Podiatry O/P Prenatal O/P Primary Medical Care O/P Radiology - Diagnostic Renal Dialysis - Acute Respiratory Care Therapy - Occupational, Physical O/P Therapy - Speech Language Pathology Part V, Section A 2 Mercy Ambulatory Care CenterPrimary Medical Care, Radiology Diagnostic, Physical Therapy O/P

Identifier	ReturnReference	Explanation
Mercy Hospital of Buffalo		Part V, Section B, Line 13g Includes information in both English and Spanish on all signage and brochures for financial assistance

Identifier	ReturnReference	Explanation
Mercy Ambulatory Care Center		Part V, Section B, Line 13g Includes information in both English and Spanish on all signage and brochures for financial assistance

Identifier	ReturnReference	Explanation
Mercy Hospital of Buffalo		Part V, Section B, Line 19d Highest volume commercial payor rate

Identifier	ReturnReference	Explanation
Mercy Ambulatory Care Center		Part V, Section B, Line 19d Highest volume commercial payor rate

Identifier	ReturnReference	Explanation
Mercy Hospital of Buffalo		Part V, Section B, Line 21 There are instances where the full charges on the account are equal to or less than the highest volume commercial payor rate

Identifier	ReturnReference	Explanation
Mercy Ambulatory Care Center		Part V, Section B, Line 21. There are instances where the full charges on the account are equal to or less than the highest volume commercial payor rate.

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 2 Mercy Hospital, as part of Catholic Health, involves many participants in assessing community health needs including</p> <p>1 New York State Department of Health Prevention Agenda for the Healthiest State Erie County Department of Health Catholic Health Kale ida Health Erie County Medical Center Sheehan Memorial Hospital</p> <p>2 Health Consumers</p> <p>3 Pat ients/residents/clients A Hospital Inpatients and OutpatientsB Nursing Home Residents an d Families C Rehabilitation Patients D Primary Care Center Patients E Home Care Clients</p> <p>4 Physicians</p> <p>5 External Organizations, such as Academia, Community-based organizations, elected officials, employers and business, Faith based organizations, governmental organi zations, media, philanthropists and schools</p> <p>6 Statistical Resources</p> <p>1 New York State Depa rtment of Health Prevention Agenda for the Healthiest State Catholic Health worked in coll aboration with the Erie County Department of Health, Kaleida Health, ECMC and Sheehan Memo rial 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 strategi es to focus on collaboratively over the next 3 years, which included Chronic Disease, Hea lthy Mothers, Healthy Babies, Healthy Children, Physical Activity and Nutrition and Tobacc o Use</p> <p>2 Health Consumers In creating the Catholic Health and Mercy Hospital strategic pla n, input was sought from a variety of constituents including consumers In August 2008, ei ght (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 res idents who were asked to contact friends/families/neighbors to participate</p> <p>3 Patients/re sidents/clients A Hospital Inpatients and Outpatients Mercy Hospital continues to partici pate in a regional patient satisfaction survey through a cooperative effort with the Buffa lo Niagara Health Quality Coalition and area hospitals Patient participation is voluntary This survey takes place twice per year Through hospital admission and outpatient ancill ary sites, surveys were distributed to individuals to gain an understanding about their he althcare needs and how well their needs were being met</p> <p>4 Physicians Mercy Hospital surve ys its medical staff annually Physicians are surveyed on issues relating to the quality a nd efficiency of services offered throughout Catholic Health</p> <p>5 External OrganizationsCat holic 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 pa rticipant organizations including the provider community, payers, community based organiza tions, religious organizations, local business, colleges & universities, and governmental agencies Areas of focus include working with physicians and organizations to enhance acce ss to care and improve efficiency of care and empowering all of the Western New York commu nity to take responsibility for and act on their own wellness In an effort to engage healt h care needs at the grass roots level, Catholic Health and Mercy Hospital work closely wit h the following organizations to assess community health need Niagara Health Quality Coal ition, Community Cancer CoalitionAmerican Heart Association, Near East & West Side Task For ceBaker Victory Services, Community Health Center of BuffaloWNY Osteoporosis Resource Ctr , WNY Health Equity Work GroupLiving Healthy Task Force of Erie Co , Minority Health Coal itionBuffalo Public Schools Worksite Wellness, Flu CoalitionEvery Parent Influences Childre n (EPIC), Tobacco CoalitionWNY Coalition for Diabetes, Community Health FoundationErie Co Coalition for Diabetes, WNED Public TelevisionCatholic Charities, Niagara University</p> <p>6 St atistical ResourcesCatholic Health and Mercy Hospital used PQI (Preventable Quality Indica tors) 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 iden tify target areas for community education & screening initiatives Other statistical resou rces used to assess the needs of the communities served included Buffalo Public Schools Student Body Mass Index, Erie County Health Assessment Indicators, and Erie County Health Indicators Profile Goals/Objectives for the priorities identified for Catholic Health and Mercy Hospital include</p> <ul style="list-style-type: none">*Increase consumer knowledge and adoption of healthy lifestyle be haviors by encouraging frequent physical activity and healthy nutrition, leading to improv ed health status and reduced chronic disease prevalence for residents of Buffalo and Erie County*Increase participants' ability to identify risk factors for cardiovascular diseas e*Lower body mass index (BMI) in youth, early identification of adolescents and adults with high blood pressure, high blood cholesterol an

Identifier	ReturnReference	Explanation
		d high blood glucose through screening and prevention interventions *Implement a social m arketing campaign to positively influence voluntary behavior of target population to take action to maximize health *Restrict the availability of less healthy foods and beverages in public service venues in Buffalo and Erie County, such as schools, community centers an d hospitals In addition, Catholic Health and Mercy Hospital utilize resources to manage th eir public relations and social marketing initiatives (public facing website, Facebook and Twitter), exponentially increasing the effectiveness of its outreach and the success of i ts Community Service Plan 2012 Community Education targets 9,000 biometric screenings (5 ,610 in underserved areas), 240 community programs held, 4,328 people in attendance at com munity programs Measures of Effectiveness Number of educational programs held (240) and n umber of participants (4,328) Number of visits to website (617,380) Number of program att endees who attended cardiovascular presentations (1,084) Social media metrics Facebook p ages (4), Facebook fans (4,571), Twitter followers (1,325), website visitors (617,380) Loc al government facilities, hospitals and school districts adopt policies that limit the por tion size of any entree by either reducing the standard portion size of entrees or offerin g smaller portion sizes in addition to standard portion sizes

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		Part VI, Line 4 Mercy Hospital's service area is a mix of urban, suburban, and rural areas comprised of 94% white (non-Hispanic) and 1 9% African-American (non-Hispanic) households The service area is more elderly than most with 17 1% of the population over the age of 65 compared to a national average of 13 3% The community consists of fewer households than the national average with annual incomes below \$15,000/year at 10 9% compared to a national average of 12 9% 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

Identifier	ReturnReference	Explanation
		Part VI, Line 5 Catholic Health System's 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 (including glucose, blood pressure, and cholesterol screenings, and cardiac, stroke, vascular, diabetes, nutrition, stress management, and women's community programming) clinical and support services, clerkships, internships, scholarships, in-kind donations and community support activities Additionally, thousands of people make unique visits to the Catholic Health website seeking information about an individual or family healthcare issue, and follow Catholic Health on Facebook and Twitter where daily posts talk to education and prevention of the priority areas 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

Identifier	ReturnReference	Explanation
		Part VI, Line 6 Mercy Hospital is affiliated with the Catholic Health System, Inc , a New York State licensed corporation Catholic Health System, located in Buffalo, New York exempt from taxation and 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 (Main Street Campus) , and Sisters of Charity Hospital (St Joseph Campus) Its outpatient and post-acute facilities (and services) include Mercy Ambulatory Care Center, Mercy Diagnostic and Treatment Center, Mercy Diagnostic Center, Sheridan Health Care Center, Sisters Central Park Diagnostic Center, Williamsville Diagnostic Center, Kenmore Specialty Center, Ken-Ton Family Care Center, Lovejoy/St Vincent Health Center, Mercy Comprehensive Care Center, Mercy OB/GYN Center, OLV Family Care Center, Sisters OB/GYN Center, Springville Primary Care Center, Williamsville Primary Care Center, Catholic Health Home Care, St Elizabeth's Home, St Vincent's Home, Father Baker Manor, McAuley Residence, Mercy Nursing Facility at OLV, St Catherine Laboure Health Care Center, and St Francis of Williamsville

Identifier	ReturnReference	Explanation
Reports Filed With States	Part VI, Line 7	NY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	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		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
5a The organization?		No
5b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
6a The organization?	Yes	
6b Any related organization?	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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

[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 4b	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; 106,775; Dr. Brian D'Arcy 9,800; 142,750; Michael Moley 20,697; Peter Bergmann 7,334.
	Part I, Line 6	The 2011 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 \$208,062; 86 Mark Sullivan \$92,715; 35 James A. Dunlop, Jr. \$82,818; 71 Dr. Brian D'Arcy \$60,760; 29 Nancy Sheehan \$43,103; 46 Michael Moley \$58,552; 77 John Stavros \$39,644; 17 Christine Kluckhohn \$55,064; 95 Maria Foti \$36,606; 16 Bartholomew Rodrigues \$34,317; 41 Dr. Michael Galang \$35,389; 29 Dr. Michael Edbauer \$59,283; 90 David Macholz \$23,650; 40 Peter Bergmann \$76,257; 65 James Millard \$43,290; 64 Charles Urlaub \$72,462; 94 John Herman \$24,116; 17 Nils Gunnerson \$42,743; 61 Dr. Kevin Shiley \$84,048; 50 Dr. Diana Pomakova \$52,965; 50 Dr. Thomas Raab \$5,850; 00 Dr. Timothy Gabryel \$45,726; 53.

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	0
	(ii)	583,131	208,063	280,060	26,855	15,042	1,113,151	0
Mark Sullivan	(i)	0	0	0	0	0	0	0
	(ii)	373,986	92,715	32,958	17,728	14,595	531,982	0
Charles Urlaub	(i)	324,839	72,463	38,707	18,124	14,704	468,837	0
	(ii)	0	0	0	0	0	0	0
David Macholz	(i)	0	0	0	0	0	0	0
	(ii)	171,337	23,651	25,227	13,750	18,132	252,097	0
Peter Bergmann	(i)	0	0	0	0	0	0	0
	(ii)	346,695	167,259	44,803	13,217	18,467	590,441	0
Christine Kluckhohn	(i)	0	0	0	0	0	0	0
	(ii)	186,796	55,065	55,207	97,902	18,716	413,686	0
James Millard	(i)	0	0	0	0	0	0	0
	(ii)	214,698	43,291	38,703	156,544	1,275	454,511	0
Dr Michael Edbauer	(i)	0	0	0	0	0	0	0
	(ii)	96,362	59,284	41,846	16,807	26,786	241,085	0
James A Dunlop Jr	(i)	0	0	0	0	0	0	0
	(ii)	327,293	82,819	32,973	94,418	17,685	555,188	0
Dr Brian D'Arcy	(i)	0	0	0	0	0	0	0
	(ii)	253,307	60,760	288,076	30,581	18,105	650,829	0
John Herman	(i)	176,307	24,116	8,721	41,777	15,138	266,059	0
	(ii)	0	0	0	0	0	0	0
Michael Moley	(i)	0	0	0	0	0	0	0
	(ii)	259,903	58,553	75,762	25,222	14,473	433,913	0
John Stavros	(i)	0	0	0	0	0	0	0
	(ii)	169,269	39,644	39,410	21,022	17,990	287,335	0
Maria Foti	(i)	0	0	0	0	0	0	0
	(ii)	161,084	36,606	33,020	23,570	6,824	261,104	0
Bartholomew Rodrigues	(i)	0	0	0	0	0	0	0
	(ii)	145,256	34,317	38,611	15,377	17,718	251,279	0
Dr Michael Galang	(i)	0	0	0	0	0	0	0
	(ii)	265,381	35,389	30,990	20,485	5,201	357,446	0
Dr Thomas Raab	(i)	415,260	5,850	22,774	137,673	20,370	601,927	0
	(ii)	0	0	0	0	0	0	0
Dr Timothy Gabryel	(i)	308,807	45,727	16,374	24,161	6,302	401,371	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(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				
Nancy Sheehan	(i)	0	0	0	0	0	0	0
	(ii)	187,958	43,103	38,707	21,899	5,211	296,878	0
Dr Donald Schmidt	(i)	272,215	0	23,184	109,558	19,190	424,147	0
	(ii)	0	0	0	0	0	0	0
Nils Gunnerson	(i)	219,357	42,744	38,707	72,681	258	373,747	0
	(ii)	0	0	0	0	0	0	0
Dr Thomas Dilamarter Jr	(i)	213,334	14,235	33,246	23,684	6,429	290,928	0
	(ii)	0	0	0	0	0	0	0
Dr Kevin Shiley	(i)	145,779	96,542	15,715	2,044	18,772	278,852	0
	(ii)	0	0	0	0	0	0	0
Dr Diana Pomakova	(i)	163,248	52,966	16,644	8,551	16,832	258,241	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Mercy Hospital of Buffalo

Supplemental Information on Tax Exempt Bonds

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

16-0756336

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Dormitory Authority of the State of NY	14-6000293	64983Q5R6	11-29-2006	13,360,000			X		X		X
B Dormitory Authority of the State of NY	14-6000293	64983Q5D9	11-26-2008	24,700,000			X		X		X

Part II

Proceeds

					A	B	C	D
1	Amount of bonds retired							
2	Amount of bonds defeased							
3	Total proceeds of issue				13,360,000	24,700,000		
4	Gross proceeds in reserve funds							
5	Capitalized interest from proceeds					111,729		
6	Proceeds in refunding escrow					2,642,689		
7	Issuance costs from proceeds				537,015	1,150,457		
8	Credit enhancement from proceeds				79,065	220,774		
9	Working capital expenditures from proceeds					58,556		
10	Capital expenditures from proceeds				12,743,920	20,515,795		
11	Other spent proceeds							
12	Other unspent proceeds							
13	Year of substantial completion				2006	2010		
14	Were the bonds issued as part of a current refunding issue?				Yes	No	Yes	No
					X			X
15	Were the bonds issued as part of an advance refunding issue?					X		X
16	Has the final allocation of proceeds been made?				X		X	
17	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	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				Yes	No	Yes	No	Yes	No	Yes	No
						X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a 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	
		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 entered into a hedge with respect to the bond issue?	X		X					
b	Name of provider	HSBC Bank NA		HSBC Bank NA					
c	Term of hedge	18 5000000000000		25 6000000000000					
d	Was the hedge superintegrated?	X		X					
e	Was a hedge terminated?		X		X				
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				

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

☐ Yes

☒ No

Part VI

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
		Part I A (f) Description of Purpose To refinance outstanding commercial indebtedness, the proceeds of which were applied to finance the cost of Mercy's operating room expansion, other expansions/improvements at the facility Part I B (f) Description of Purpose 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 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

2011

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
Total ▶ \$										

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Susan Urlaub	Wife of Mercy CEO , C J Urlaub	76,045	Corporate Nurse Educator		No
(2) James Manzella	Acute Care Board Member	326,330	Key Employee of Manzella Marketing		No
(3) David Zapfel	Brother of BOD, Msgr Robert Zapfel	62,906	HR Employee of CHS		No
(4) Kathleen Zapfel	Sister-in-law of BOD, Msgr Robert Zapfel	58,749	HR Employee of CHS		No
(5) Susan Gallagher-Stavros	Wife of Key Employee, John Stavros	30,035	Nurse, McAuley Seton Home Care		No
(6) Marie Packard	Daughter of BOD, Dennis Dombek	46,301	Mercy Physical Therapist		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization Mercy 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 Bylaws

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

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	Yes, an electronic copy of the Form 990 was provided to the CHS Boards of Directors before it was filed. The CHS Board of Directors has delegated the responsibility to review the 990 to the Audit Committee. The CHS Audit Committee reviewed in detail selected information for all CHS entities. Reviewed with 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 with Interested Persons 8. Schedule R Related Organizations and Unrelated Partnerships 9. Process for which remaining Core Form was completed, utilizing audited financial information.

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	<p>In 2011, 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 which are based on outlines approved by the committee, and performs a review of data. The outcome of these meetings is documented. Form 990, Part VIB, Line 16. The Catholic Health System has a process to evaluate its participation in joint venture arrangements under applicable federal tax law, and has taken steps to safeguard the organization's exempt status with respect to such arrangements, and has developed a formal policy to formalize the process.</p>

Identifier	Return Reference	Explanation
	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 which includes selected financial information. Our financial statements, governing documents and conflict of interest policy are provided upon request according to applicable federal and state laws.

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Mimimum Pension Liability Adjustment (25,770,244) -25,770,244 Equity Transfer to Affiliates (12,410,626) -12,410,626 Change in Interest in Foundation (212,598) -212,598 Interest Rate Sw ap Adjustment (3,592,288) -3,592,288 Total to Form 990, Part XI, Line 5 -41,985,756

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Mercy 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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Manan Professional Center Associates LP 350 Essjay Road Suite 101 Williamsville, NY 14221 16-1360469	Rental Real Estate	NY	N/A	Related	98,858			No			No	
(2) OLV-Brierwood Helathcare Co LLC 6455 Lake Avenue Orchard Park, NY 14127 16-1487207	Rental Real Estate	NY	N/A	Related	24,901	152,637		No			No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Orchard Park Mercy Corporation Marian Professional Bldg Ste 500 51 Buffalo, NY 14220 16-1470350	Real Estate Holding Company	NY	Mercy Hospital	C	168,834		100 000 %
(2) Aurora Mercy Corporation 565 Abbott Road Buffalo, NY 14220 16-1354302	Real Estate Development	NY	Mercy Hospital	C	47,587		100 000 %
(3) Alsace Abbott Corporation 515 Abbott Road Suite 408 Buffalo, NY 14220 16-1355092	Partnership Holding Corporation	NY	Mercy Hospital	C	337,299		100 000 %

Part V

Transactions With Related Organizations

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

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

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

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	(d) Method of determining amount involved
(1) Orchard Park Mercy Corporation	Q	130,635	
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:
Software Version:
EIN: 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	(g) Section 512 (b)(13) controlled organization	
Catholic Health System Inc 515 Abbott Road Buffalo, NY 14220 22-2565278	Health Care Delivery System	NY	501 c 3	Schedule A line 9	N/A		No
Sisters of Charity Hospital 2157 Main Street Buffalo, NY 14214 16-0743187	Acute Care Hospital	NY	501 c 3	Schedule A line 3	Catholic Health System Inc		No
Kenmore Mercy Hospital 2950 Elmwood Avenue Kenmore, NY 14217 16-0762843	Acute Care Hospital	NY	501 c 3	Schedule A line 3	Catholic Health System Inc		No
Nazareth Home of the Franciscan Sisters 291 North Street Buffalo, NY 14201 16-0813142	Skilled Nursing Facility	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
St Clare Manor 543 Locust Street Lockport, NY 14094 16-0782647	Skilled Nursing Facility	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
St Elizabeth Home for the Aged 5539 Broadway Lancaster, NY 14086 16-0743154	Adult Home	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
St Francis Home of Williamsville 147 Reist St Williamsville, NY 14221 16-0743153	Skilled Nursing Facility	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
St Francis of Buffalo Inc 34 Benwood Ave Buffalo, NY 14214 16-1523535	Skilled Nursing Facility	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
St Joseph Manor 2211 West State Street Olean, NY 14760 16-0796400	Skilled Nursing Facility	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
St Luke Manor for the Chronically Ill 17 Wiard St Batavia, NY 14020 16-0794811	Skilled Nursing Facility	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
St Mary's Manor 515 6th Street Niagara Falls, NY 14301 16-0924139	Skilled Nursing Facility	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
St Vincent Manor 319 Washington Avenue Dunkirk, NY 14048 16-0743167	Adult Home	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
WNY Catholic Long Term Care Inc 6400 Powers Rd Orchard Park, NY 14127 16-1434368	Skilled Nursing Facility	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
Niagara Homemaker Services (Mercy Home Care) Apple Tree Business Park 2875 Union Cheektowaga, NY 14227 16-1317960	Home Care Provider	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
McAuley Seton Home Care Apple Tree Business Park 2875 Union Cheektowaga, NY 14227 16-1310062	Home Care Provider	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
Catholic Health System Infusion Pharmacy Inc 2875 Union Road Suite 14 Cheektowaga, NY 142271461 20-0198518	Home Care Infusion Services	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
OLV Renaissance Corporation 291 North Street Buffalo, NY 14201 20-0167745	Real Estate Holding Company	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No
CHS Program of All-Inclusive Care for the Elderly Inc 55 Melroy Avenue Lackawana, NY 14218 26-1252884	All-inclusive Care for the Elderly	NY	501 c 3	Schedule A line 3	Catholic Health System Inc		No
Mercy Hospital Foundation 515 Abbott Road Buffalo, NY 14220 22-2209721	Foundation	NY	501 c 3	Schedule A line 7	Mercy Hospital		No
Southtowns Catholic MRI Inc 200 International Drive Buffalo, NY 14221 16-1554081	Imaging	NY	501 c 3	Schedule A line 9	Catholic Health System Inc		No



Mercy Hospital of Buffalo

(a subsidiary of the Catholic Health System, Inc.)

Consolidated Financial Statements

December 31, 2011 and 2010

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Index
December 31, 2011 and 2010

	Page(s)
Report of Independent Auditors	1
Consolidated Financial Statements	
Balance Sheets	2
Statements of Operations and Changes in Net Assets (Deficits)	3–4
Statements of Cash Flows	5
Notes to Consolidated Financial Statements	6–31
Report of Independent Auditors on Accompanying Other Information	32
Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs (Schedule of Social Accountability)	33



Report of Independent Auditors

To the Board of Directors of the
Catholic Health System, Inc

In our opinion, the accompanying consolidated balance sheets and the related consolidated statements of operations and changes in net assets (deficits) and of cash flows present fairly, in all material respects, the financial position of Mercy Hospital of Buffalo (the Hospital) as of December 31, 2011 and 2010, and the results of their operations and changes in net assets (deficits) and their cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America. These consolidated financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As discussed in Note 13, the Hospital had significant transactions with related parties.

PricewaterhouseCoopers LLP

May 14, 2012

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Consolidated Balance Sheets
December 31, 2011 and 2010

	2011	2010
Assets		
Current assets		
Cash and cash equivalents	\$ 42,531,854	\$ 34,215,294
Patient/resident accounts receivable, net of estimated uncollectibles of \$6,794,000 and \$5,403,000	43,388,626	38,602,396
Other receivables	3,165,180	4,278,324
Inventories	5,611,519	4,648,844
Prepaid expenses and other current assets	725,447	1,320,768
Total current assets	95,422,626	83,065,626
Assets limited as to use	3,090,855	5,428,579
Investments	1,205,180	1,154,343
Due from affiliates	69,944	6,372
Property and equipment, net	86,471,669	76,113,227
Other assets	21,752,039	2,004,589
Total assets	<u>\$ 208,012,313</u>	<u>\$ 167,772,736</u>
Liabilities and Net Assets (Deficit)		
Current liabilities		
Current portion of long-term obligations	\$ 4,224,773	\$ 3,712,462
Accounts payable	14,322,929	15,824,758
Accrued expenses	12,641,877	11,606,804
Due to third-party payors	13,396,307	8,888,685
Due to affiliates	8,276,174	2,550,986
Total current liabilities	52,862,060	42,583,695
Long-term obligations, net	41,442,785	39,325,057
Long-term portion of insurance liabilities	32,185,219	10,200,452
Pension obligation	114,152,595	84,474,517
Asset retirement obligation	5,396,627	5,220,440
Interest rate swap	6,384,753	2,712,221
Deferred compensation plan	163,913	157,552
Total liabilities	<u>252,587,952</u>	<u>184,673,934</u>
Net deficit		
Unrestricted	(46,346,867)	(18,846,408)
Temporarily restricted	1,648,705	1,822,687
Permanently restricted	122,523	122,523
Total net deficit	<u>(44,575,639)</u>	<u>(16,901,198)</u>
Total liabilities and net deficit	<u>\$ 208,012,313</u>	<u>\$ 167,772,736</u>

The accompanying notes are an integral part of these consolidated financial statements

Mercy Hospital of Buffalo

(a subsidiary of the Catholic Health System, Inc.)

Consolidated Statements of Operations and Changes in Net Assets (Deficits) Years Ended December 31, 2011 and 2010

	2011	2010
Unrestricted revenues, gains and other support		
Net patient/resident service revenue	\$ 318,165,661	\$ 293,306,658
Other revenue	7,672,643	4,884,150
Net assets released from restrictions	73,000	62,000
Total unrestricted revenues, gains and other support	<u>325,911,304</u>	<u>298,252,808</u>
Expenses		
Salaries and wages	129,217,106	117,018,414
Employee benefits	45,094,621	38,314,820
Medical and professional fees	10,012,998	9,027,774
Purchased services	26,344,862	25,556,653
Supplies	64,277,917	62,415,196
Depreciation and amortization	12,281,102	10,391,487
Interest	2,371,498	1,904,078
Insurance	2,617,870	2,345,886
Provision for bad debts	8,186,096	7,795,230
Other expenses	13,661,640	13,433,145
Total expenses	<u>314,065,710</u>	<u>288,202,683</u>
Income from operations	11,845,594	10,050,125
Nonoperating revenues and losses		
Investment income	579,703	706,068
Other	(85,048)	5,141
Total nonoperating revenues	<u>494,655</u>	<u>711,209</u>
Excess of revenues over expenses	<u>\$ 12,340,249</u>	<u>\$ 10,761,334</u>

The accompanying notes are an integral part of these consolidated financial statements

Mercy Hospital of Buffalo

(a subsidiary of the Catholic Health System, Inc.)

Consolidated Statements of Operations and Changes in Net Assets (Deficits) Years Ended December 31, 2011 and 2010

	2011	2010
Unrestricted net assets		
Excess of revenues over expenses	\$ 12,340,249	\$ 10,761,334
Change in unrealized loss on interest rate swap	(3,592,288)	(468,610)
Change in minimum pension obligation	(27,941,026)	(10,608,625)
Impact of pension transfers to/ from CHS Subsidiaries	2,170,782	2,608,035
Net assets released from restriction	297,769	250,185
Distributions to parent	(12,408,821)	(3,615,058)
Grant revenue for capital expenditures	1,632,876	-
Decrease in unrestricted net assets	(27,500,459)	(1,072,739)
Temporarily restricted net assets		
Contributions	92,776	206,133
Grant revenue	-	189,677
Special events	104,011	-
Investment income	-	4,362
Temporarily restricted net assets released from restrictions	(370,769)	(308,708)
(Decrease) increase in temporarily restricted net assets	(173,982)	91,464
Permanently restricted net assets		
Permanently restricted net assets released from restrictions	-	(3,477)
Decrease in permanently restricted net assets	-	(3,477)
Decrease in net assets	(27,674,441)	(984,752)
Net assets (deficit), beginning of year	(16,901,198)	(15,916,446)
Net assets (deficit), end of year	<u>\$ (44,575,639)</u>	<u>\$ (16,901,198)</u>

The accompanying notes are an integral part of these consolidated financial statements

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Consolidated Statements of Cash Flows
Years Ended December 31, 2011 and 2010

	2011	2010
Cash flows from operating activities		
Decrease in net assets	\$ (27,674,441)	\$ (984,752)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities		
Depreciation and amortization	12,281,102	10,391,487
Provision for bad debts	8,186,096	7,795,230
Loss (gain) on sale of assets	5,155	-
Gain on renewal of capital leases	-	(287,398)
Change in unrealized loss on interest rate swap	3,672,532	480,114
Distribution to parent and affiliates	12,408,821	3,615,058
Increase in pension obligation	25,770,244	8,000,590
Undistributed earnings in equity investees	(2,978)	1,683,383
Discount on issuance	20,067	15,630
Change in unrealized losses (gains) on investments	41,752	(49,209)
Realized gain on investment	(26,298)	(14,464)
Grant revenue for capital expenditures	(1,632,876)	-
Increase in cash surrender value of life insurance policies	(16,154)	(14,352)
(Increase) decrease in assets		
Patient accounts receivables	(12,972,326)	(12,340,278)
Due from affiliate	(63,572)	5,360
Other receivables	1,113,144	(2,563,174)
Inventories	(962,675)	(3,662,327)
Prepaid expenses and other assets	711,702	(864,149)
Increase (decrease) in liabilities		
Accounts payable	(1,501,829)	2,453,596
Accrued expenses	1,035,073	675,462
Due to affiliates	4,521,012	(2,302,938)
Due to third-party payors	4,507,622	3,555,476
Other liabilities	5,855,493	4,032,647
Net cash provided by operating activities	<u>35,276,666</u>	<u>19,620,992</u>
Cash flows from investing activities		
Purchase of property and equipment	(14,906,902)	(17,556,816)
Proceeds from sale of assets limited as to use	2,337,724	7,747,818
Change in investments, net	(50,137)	(9,927)
Net cash used in investing activities	<u>(12,619,315)</u>	<u>(9,818,925)</u>
Cash flows from financing activities		
Distribution to parent and affiliates	(12,408,821)	(3,615,058)
Proceeds from issuance of long-term debt	1,112,500	-
Proceeds of grant revenue for capital expenditures	1,632,876	-
Repayment of current and long-term obligations	(4,677,346)	(3,330,150)
Net cash used in financing activities	<u>(14,340,791)</u>	<u>(6,945,208)</u>
Increase in cash and cash equivalents	8,316,560	2,856,859
Cash and cash equivalents		
Beginning of year	34,215,294	31,358,435
End of year	<u>\$ 42,531,854</u>	<u>\$ 34,215,294</u>
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	\$ 2,351,431	\$ 1,888,448
Noncash investing and financing activities		
Assets acquired under capital lease obligations	\$ 6,174,818	\$ 6,917,449

The accompanying notes are an integral part of these consolidated financial statements

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

1. Organization

Mercy Hospital of Buffalo (the Hospital) is a not-for-profit acute care hospital and skilled nursing facility. The Hospital provides inpatient, outpatient, and emergency services for the residents primarily in and around its surrounding area. Admitting physicians are primarily practitioners in the local area. All operations are located in Erie County, New York and serve the community of Western New York. Mercy Hospital Foundation, Inc. (the Foundation) is a not-for-profit organization incorporated under the New York State Corporation Laws. Mercy Hospital of Buffalo is the sole corporate member of the Foundation. The Foundation's sole purpose is to receive and administer gifts and bequests made on behalf of Mercy Hospital of Buffalo (the Hospital), which are generally used to support the capital needs of Mercy Hospital of Buffalo. Mercy Hospital of Buffalo and the Foundation (collectively the Hospital) are a part of the Catholic Health System, Inc. (CHS or the System) and its organizational structure is discussed below.

System

On February 17, 1998, final closing documents were signed to create the CHS, a not-for-profit parent holding corporation. Catholic Health System, Inc. and Subsidiaries is an integrated healthcare delivery system in Western New York jointly sponsored by the Sisters of Mercy, Daughters of Charity and the Diocese of Buffalo. Catholic Health East (CHE), Ascension Health System and the Diocese of Buffalo are the corporate members of CHS, with equal ownership interest. CHS is the sole corporate member of the following subsidiaries:

Acute Care Subsidiaries

The Acute Care Subsidiaries include Mercy Hospital of Buffalo (MHB), Kenmore Mercy Hospital including The McAuley Residence (KMH) and Sisters of Charity Hospital (SCH).

Long-Term Care Subsidiaries

The Long-term Care Subsidiaries include St. Francis Geriatric and Healthcare Services, Inc. (closed December 2009), St. Francis Home of Williamsville, Western New York Catholic Long-Term Care, Inc. (Father Baker Manor), St. Elizabeth's Home and St. Vincent's Home for the Aged.

Home Care Subsidiaries and Other

The Home Care and Other Subsidiaries include Mercy Home Care of Western New York, Inc., McAuley Seton Home Care (MSHC), OLV Renaissance Corporation, Catholic Health Infusion Pharmacy, Continuing Care Foundation and Catholic Health System Program of All Inclusive Care for the Elderly, Inc. (LIFE) (commenced operations in December 2009).

2. Significant Accounting Policies

The significant accounting policies applied in preparing the accompanying consolidated financial statements are summarized below.

Principles of Consolidation

The consolidated financial statements of the Hospital include the accounts of Mercy Hospital of Buffalo and Mercy Hospital Foundation. All significant intercompany balances and transactions have been eliminated in the consolidated amounts.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates made by the Hospital include, but are not limited to, the reserves for conditional asset retirement obligations, reserve for bad debts, reserve for third-party payor contractual adjustments and allowances, the provision for estimated receivables and payables for final settlements with those payors, the insurance reserves for worker's compensation, professional and general liability, and actuarial assumptions used in determining pension expense.

Risks and Uncertainties

Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least possible that changes in risks in the near term could materially affect the net assets of the Hospital.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates related to third-party payment matters will change by a material amount in the near term.

Cash and Cash Equivalents

The Hospital considers all highly liquid investments, generally with original maturities of three months or less when purchased, and short term investments (certificates of deposit), excluding amounts held as assets limited as to use, to be cash equivalents. The Hospital maintains funds on deposit in excess of amounts insured by the Federal Depository Insurance limits.

Contributions

Contributions received are recorded as unrestricted, temporary restricted or permanently restricted net assets depending on the existence and nature of any donor restrictions.

Contributions and pledges that are restricted by the donor are reported as an increase in unrestricted net assets if the restrictions expire, that is, when a stipulated time restriction ends or purpose restriction is accomplished in the reporting period in which the contribution is recognized. All other donor-restricted support is reported as increases in temporarily or permanently restricted net assets, depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities and changes in net assets released from restrictions.

Inventory

Inventories are generally stated at the lower of cost (first-in, first-out) or market.

Assets Limited as to Use

Assets limited as to use include assets set aside for debt service as required by trustee or indenture agreements, and assets set aside by the Board of Directors for specific future purposes. The Board retains control and may at its discretion subsequently use for other purposes.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the consolidated statements of financial position. Realized and unrealized gains and losses are included in changes in net assets. Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized. Investment income or loss (including realized gains or losses on investments, interest, and dividends) is included in the excess of revenues over expenses, unless their use is restricted by donor stipulations or law. Unrealized gains and losses on investments are included in the operating measure as the investments are trading securities.

Cash Surrender Value of Life Insurance Policies

Cash Surrender Value of Life Insurance Policies represents the cash value of life insurance policies for which the Foundation is the named beneficiary. The premiums for these policies are paid by the insured individual. These policies had a face value of approximately \$585,000 at December 31, 2011 and 2010.

Prepaid Expenses and Other Assets

Prepaid expenses and other assets consist of prepaid general expenses, deferred financing costs, investments in health care related joint ventures and partnerships, insurance recoveries and other miscellaneous deferred charges. Amortization of the financing costs is provided on the effective interest method over the maturity of the bond issues. The investments in health care related joint ventures and partnerships are accounted for on the equity or cost methods, as appropriate.

Property and Equipment

Property and equipment are stated at cost if purchased, or if contributed, at the fair market value on the date contributed. Depreciation is computed using the straight-line method over useful lives ranging from three to forty years. Equipment under capital lease is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the consolidated financial statements.

Gifts of long-lived assets such as land, building, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long these long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment of Long-Lived Assets

The Hospital evaluates its long-lived assets for financial impairment as events or changes in circumstances indicate that the carrying amount of such assets may not be fully recoverable.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

The Hospital evaluates the recoverability of long-lived assets not held for sale by measuring the carrying amount of the assets against the estimated undiscounted future cash flows associated with them. If such evaluations indicate that the future undiscounted cash flows of certain long-lived assets are not sufficient to recover the carrying value of such assets, the assets are adjusted to their fair values. Based on these evaluations, there were no adjustments to the carrying value of long-lived assets in 2011 and 2010.

Net Patient/Resident Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered including estimated adjustments under various reimbursement agreements with third-party payors. The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Third-party payors retain the right to review and propose adjustments to amounts recorded by the Hospital. Such adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. CHS's Healthcare Assistance Program provides discounts to patients based on need. In addition, the Hospital will also assist patients with the application process for free or low-cost insurance. Those uninsured patients who do not qualify for the Healthcare Assistance Program or low-cost insurance and live in New York State, a state contiguous to New York State, or the state of Ohio, are provided an uninsured discount based on a service specific uninsured rate. This uninsured rate is similar in calculation method and amount to third party payor methods and rates.

Under the New York Health Care Reform Act (NYHCRA), hospitals are authorized to negotiate reimbursement rates with certain non-Medicare payors except for Medicaid, Workers' Compensation and No-fault, which are regulated by New York State. These negotiated rates may take the form of rates per discharge, reimbursed costs, discounted charges or as per diem payments. Reimbursement rates for non-Medicare payors regulated by New York State are determined on a prospective basis. These rates also vary according to a patient classification system defined by NYHCRA that is based on clinical, diagnostic and other factors.

A summary of the payment arrangements with major third-party payors follows:

- **Medicare** Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare Administrative Contractor. Cost reports have been audited and finalized by the Medicare Administrative Contractor through December 31, 2006. Effective October 1, 2007, the Centers for Medicare and Medicaid Services (CMS) revised the Medicare patient classification system. The new Medicare severity adjusted diagnosis related groups (MS-DRGs) reflect changes in technology and current methods of care delivery. CMS has expanded the number of DRG's from 538 to 745 and requires identification of conditions that are present upon admission.
- **Non-Medicare** The New York Health Care Reform Act of 1996, as updated, governs payments to hospitals in New York State. Under this system, hospitals and all non-Medicare payors, except Medicaid, Workers' Compensation and No-Fault insurance programs, negotiate hospital's payment rates. If negotiated rates are not established, payors are billed at

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

hospitals established charges. Medicaid, Workers' Compensation and No-Fault payors pay hospital rates promulgated by the New York State Department of Health (DOH) on a prospective basis. Adjustments to current and prior years' rates for these payors will continue to be made in the future. Effective December 1, 2009, NYS implemented inpatient reimbursement reform. The reform updated the data utilized to calculate the NYS DRG rates and service intensity weights (SIWS) in order to utilize refined data and more current information in DOH promulgated rates. Similar type outpatient reforms were implemented effective December 1, 2008.

Amounts recognized in 2011 and 2010 related to prior years, including adjustments to prior year estimates and audit settlements, increased revenues approximately \$6,100,000 and \$3,170,000, respectively. These changes in estimates related to estimates for prior years cost report reopening, appeals, and tentative final cost reports, some of which are still subject to audit, additional reopening, and/or appeals.

Approximately 54% and 53% of net patient/resident service revenue was generated from services rendered to patients/residents under Medicare and Medicaid programs in 2011 and 2010, respectively. Approximately 28% and 29% of net patient/resident service revenue was generated from services rendered to patients under managed care programs in 2011 and 2010.

Charity Care

The Hospital provides services to all patients regardless of ability to pay. A patient is classified as a charity patient based on income eligibility criteria as established by the Healthcare Assistance Program (HAP) which is determined by presentation for care without insurance, while using an estimator (PARO) of each guarantor's ability to pay. Free care is determined at 110% of Federal Poverty Guidelines (FPG), whereas discounted care is also provided at 500% FPG.

Of the Hospital's total expenses, an estimated \$3,064,825 and \$2,358,875 arose from providing services to charity care patients in 2011 and 2010, respectively. 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. Additional costs for the Hospitals include required payments for a gross receipts assessment to New York State which is used to fund the New York State Medicaid program and the Health Care Reform Act (HCRA). Revenues that offset the costs of Charity Care include payments from the New York State Uncompensated Care Pools.

The Hospital provides care to patients at no charge or at a discounted rate who meet eligibility requirements under its Health Care Assistance Policy (charity care). In addition to charity care, the Hospital provides services to patients covered by Medicaid. The payments received for services provided to patients covered by Medicaid may be at or below costs in addition to the cost of care for patients without insurance.

Operating and Nonoperating Revenues and Losses

The Hospital's primary mission is dedicated to meeting the health care needs in the regions in which it operates. The Hospital is committed to providing a broad range of general and specialized health care services including inpatient, primary care, long-term care, outpatient services, and other health care related services. Only those activities directly associated with the furtherance of this mission are considered to be operating activities. Such activities include operation of cafeterias, parking lots, rental real estate and other ancillary activities. Other activities that result in gains or losses unrelated to the Hospital's primary mission are considered to be nonoperating.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 provides for Medicare and Medicaid incentive payments beginning in 2011 for eligible hospitals and professionals that adopt and meaningfully use certified electronic health record ("EHR") technology. The Hospital recognizes income related to Medicare and Medicaid incentive payments using a gain contingency model that is based upon when our eligible hospitals have demonstrated meaningful use of certified EHR technology for the applicable period and the cost report information for the full cost report year that will determine the final calculation of the incentive payment is available.

Medicaid EHR incentive calculations and related payment amounts are based upon prior period cost report information available at the time our eligible hospitals adopt, implement or demonstrate meaningful use of certified EHR technology for the applicable period, and are not subject to revision for cost report data filed for a subsequent period. Thus, incentive income recognition occurs at the point the hospital adopts, implements or demonstrates meaningful use of certified EHR technology for the applicable period, as the cost report information for the full cost report year that will determine the final calculation of the incentive payment is known at that time. Medicare EHR incentive calculations and related initial payment amounts are based upon the most current filed cost report information available at the time the hospital demonstrates meaningful use of certified EHR technology for the applicable period. However, unlike Medicaid, this initial payment amount will be adjusted based upon an updated calculation using the annual cost report information for the cost report period that began during the applicable payment year. Thus, incentive income recognition occurs at the point the hospital demonstrates meaningful use of certified EHR technology for the applicable period and the cost report information for the full cost report year that will determine the final calculation of the incentive payment is available.

The Hospital recognized \$3.3 million of electronic health record incentive income related to Medicare incentive programs during the year ended December 31, 2011 which is recorded in Other operating revenue.

Other Revenues

The composition of other revenue for the years ended December 31, is set forth in the following table:

	2011	2010
Shared services (Note 13)	\$ 369,369	\$ 422,392
Cafeteria revenue	799,141	977,824
Parking revenue	604,196	631,740
Rental income	255,178	173,103
OLV Family Care Center - VA Contract	953,734	836,252
Contributions to Buffalo Mercy Foundation, Inc	182,615	256,176
Gift shop income, net	339,731	345,648
Medicare meaningful use	3,342,191	-
Other	826,488	1,241,015
	<u>\$ 7,672,643</u>	<u>\$ 4,884,150</u>

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Other Expenses

The composition of other expenses for the years ended December 31, is set forth in the following table

	2011	2010
System dues (a)	\$ 3,439,978	\$ 2,888,568
Rents and operating leases	5,373,829	5,582,277
NYS Health Facilities Cash Receipts Assessment Program	1,593,303	1,374,960
Other dues	679,839	577,343
Catholic Health System other expense	1,112,135	1,158,536
Equipment rentals	802,201	406,367
Other	660,355	1,445,094
	<u>\$ 13,661,640</u>	<u>\$ 13,433,145</u>

System dues are comprised of the following expenses

	2011	2010
Dues to Catholic Health East	\$ 1,749,712	\$ 1,628,450
Salaries, wages and employee benefits	663,832	653,173
Professional fees and purchased services	626,122	255,223
Other	400,312	351,722
	<u>\$ 3,439,978</u>	<u>\$ 2,888,568</u>

Excess of Revenues Over Expenses

The statement of operations and changes in net assets (deficits) includes excess of revenues over expenses, commonly referred to as the performance indicator. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), and the effective portion of cash flow hedging derivatives.

Net Assets

Unrestricted net assets are available for the general operating purposes of the Hospital and are not subject to any donor limitations.

Temporarily restricted net assets are those whose use is limited by donors to a specific period or purpose and includes the Hospital's interest in the temporarily restricted net assets of the Foundation. Temporarily restricted net assets are released to unrestricted net assets as restrictions are met, which can occur in the same period. Gifts whose restrictions are met in the same period in which they are received are recorded as an increase in unrestricted net assets. Such restrictions include purpose restrictions where donors have specified the purpose for which the net assets are to be spent, or time restrictions imposed by donors or implied by the nature of the gift, pledges to be paid in future periods, life income funds. Investment return is included in unrestricted net assets unless the return is restricted by donor or law.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity

Income Taxes

The consolidated financial statements do not include a provision for income taxes, since the Company is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. The tax-exempt organizations are subject to federal taxes on unrelated business income under section 511 of the Internal Revenue Code which are reported as other expenses in these consolidated financial statements.

Capitalized Software Costs

The Hospital capitalizes certain costs that are incurred to purchase or to create and implement internal-use computer software, which includes software coding, installation, testing and certain data conversion from both internal and external providers in accordance with accounting guidance. These capitalized costs are amortized on a straight-line basis over ten years and reviewed for impairment on an annual basis. The Hospital capitalized software, computer equipment, and other external costs of \$1,132,917 during 2011 and \$736,819 during 2010. Capitalized internal project labor costs amounted to \$223,354 during 2011 and \$249,067 during 2010.

Reclassifications

Certain prior year amounts were reclassified to conform to the 2011 consolidated financial statement presentation.

Subsequent Events

The Hospital evaluated subsequent events through May 14, 2012 which was the date the financial statements were issued.

3. New Authoritative Pronouncements

In August 2010, the FASB issued guidance that requires health care entities to use cost as the measurement basis for charity care disclosures and defines cost as the direct and indirect costs of providing charity care. The amended disclosure requirements are effective for fiscal years beginning after December 15, 2010 and must be applied retrospectively. Note 2 - Charity Care reflects the amended disclosure requirements. Since the new guidance amends disclosure requirements only, its adoption did not impact the Hospital's statement of financial position, statement of operations, or cash flow statement.

In August 2010, the FASB amended the Accounting Standards Codification ("ASC") to extend the guidance on netting receivables and payables in ASC 210-20, "Balance Sheet - Offsetting," to health care entities, prohibiting offsetting of conditional or unconditional liabilities with anticipated insurance recoveries from third parties. The amended guidance is effective for fiscal years beginning after December 15, 2010. The Hospital adopted the amended guidance on January 1, 2011. The Hospital did not recognize a cumulative effect adjustment to beginning net assets as of January 1, 2011 because the increase to liabilities as a result of adopting the amended guidance was equal to the increase in insurance recoveries receivable. Because the Hospital elected not to retrospectively adopt the amended guidance, there was no impact on the Hospital's prior period statements of financial position, statements of operations, or cash flow statements.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

In July 2011, the FASB issued ASU 2011-07, Health Care Entities (Topic 954) Presentation and Disclosure of Patient Services Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. ASU 2011-07 includes amendments to FASB's ASC Topic 954, Health Care Entities. The objective of the update is to provide financial statement users with greater transparency about a health care entity's net patient service revenue and the related allowance for doubtful accounts. The amendments requires health care entities that recognize significant amounts of patient service revenue at the time services are rendered, even though they do not immediately assess the patients' ability to pay, to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their statement of operations. The standard is effective for January 1, 2012 and is not expected to have a significant impact on the consolidated financial statements.

4. Assets Limited as to Use

The composition of assets limited as to use is as follows at December 31

	2011	2010
Held by Trustee under Letter of Credit Agreement		
Cash and cash equivalents	\$ 2,926,941	\$ 5,271,027
Board designated		
Deferred compensation arrangements		
Equity securities	<u>163,914</u>	<u>157,552</u>
Assets limited as to use	<u>\$ 3,090,855</u>	<u>\$ 5,428,579</u>

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

5. Investments

Investments consist of the following at December 31

	2011	2010
Investment in debt and equity securities	\$ 774,185	\$ 739,502
Cash surrender value of life insurance policies and other	430,995	414,841
Total investments	<u>\$ 1,205,180</u>	<u>\$ 1,154,343</u>

Unrealized gains (losses) are summarized as follows for the years ended December 31

	2011	2010
Investment in debt and equity securities		
Fair value	\$ 774,185	\$ 739,502
Cost	815,937	690,293
Unrealized gain	<u>\$ (41,752)</u>	<u>\$ 49,209</u>

Investment income (loss) is summarized as follows for the years ended December 31

	2011	2010
Interest and dividend income	\$ 595,157	\$ 642,395
Net realized and unrealized gains	(15,454)	63,673
Total investment income	<u>\$ 579,703</u>	<u>\$ 706,068</u>

Interest and dividend income includes interest income on unrestricted cash and cash equivalents of \$586,941 and \$640,591 in 2011 and 2010, respectively

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

6. Property and Equipment

Property and equipment, recorded at cost, consists of the following at December 31

	2011	2010
Land and land improvements	\$ 1,684,731	\$ 1,656,406
Buildings	70,091,598	65,062,654
Leasehold improvements	15,200,604	8,443,861
Equipment	36,974,813	37,376,431
Equipment under capital leases	17,638,508	13,583,241
Automobiles	26,528	-
Foundation assets	100,048	95,524
	<u>141,716,830</u>	<u>126,218,117</u>
Less Accumulated depreciation	(49,291,195)	(47,768,998)
Accumulated amortization on equipment under capital leases	<u>(6,384,362)</u>	<u>(5,664,336)</u>
	86,041,273	72,784,783
Construction in progress	<u>430,396</u>	<u>3,328,444</u>
Property and equipment, net	<u><u>\$ 86,471,669</u></u>	<u><u>\$ 76,113,227</u></u>

Depreciation expense amounted to \$9,082,722 and \$8,204,320 in 2011 and 2010, respectively. Amortization expense on equipment under capital leases amounted to \$2,839,578 and \$1,854,907 in 2011 and 2010, respectively. Fully depreciated assets of \$8,467,099 and \$7,662,631 were written-off for the years ended December 31, 2011 and 2010, respectively.

7. Other Assets

Other assets consist of the following at December 31

	2011	2010
Insurance recoveries	\$ 19,933,255	\$ -
Debt issuance costs - Series 2008	899,338	939,309
Workers compensation funding surplus	359,642	476,023
Debt issuance costs - Series 2006	391,441	420,437
Equity investments	157,770	154,792
Other	10,593	14,028
	<u>\$ 21,752,039</u>	<u>\$ 2,004,589</u>

Amortization expense on debt issuance costs amounted to \$72,402 and \$60,145 in 2011 and 2010, respectively.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

8. Accrued Expenses

Accrued expenses consist of the following at December 31

	2011	2010
Workers compensation	\$ 2,416,742	\$ 2,208,692
Payroll and benefits	10,002,152	9,175,472
Grants Other	222,983	222,640
	<u>\$ 12,641,877</u>	<u>\$ 11,606,804</u>

9. Long-Term Obligations

Long-Term Debt

Long-term debt, inclusive of capital lease obligations, were comprised of the following at December 31

	2011	2010
Mercy Hospital Series 2006 A (a)	\$ 10,568,800	\$ 11,152,044
Mercy Hospital Series 2008 (b)	23,515,486	24,097,175
Mercy Comprehensive Care Center build-out loan held by 4628 Group, Inc , monthly payments of \$8,752, including interest at 6 25%, matures November 2015	364,037	-
Mercy Hospital cafeteria renovation loan, held by Aramark Healthcare, monthly payments of \$16,159, matures February 2015	654,869	-
Individual subordinated to mortgage held by Lackawanna Community Development Corporation, monthly payments of \$1,239, including interest at 10%, matures December 2012	14,087	26,840
Capital lease obligations, at interest rates ranging from 3 38% to 8 1%, collateralized by equipment	10,550,279	7,761,460
	45,667,558	43,037,519
Less Current portion	(4,224,773)	(3,712,462)
	<u>\$ 41,442,785</u>	<u>\$ 39,325,057</u>

- a In 2006, the System formed the Acute Care Obligated Group (the Obligated Group), consisting of its three primary hospitals (MHB, SOC, and KMH) and the parent. No affiliates of CHS other than the Members of the Obligated Group were included in this offering. Collectively, the Obligated Group refinanced all outstanding indebtedness of the Obligated Group. On November 29, 2006, \$68,820,000 of Dormitory Authority of the State of New York (DASNY) Catholic Health System Obligated Group Revenue Bonds, Series 2006 were issued. Series 2006A for \$13,360,000 was loaned to the Hospital to repurchase the outstanding Siemens Financial Services, Inc. Term Loans outstanding and to pay certain transaction related costs. The discount on the bonds of \$125,541 will be accreted over the life of the bonds.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

In connection with the issuance of the Series 2006 Bonds, the Obligated Group entered into a Loan Agreement (the Loan Agreement) whereby the Obligated Group is required to pay funds sufficient in timing and amount to pay the principal and redemption price of the Series 2006 Bonds and related interest and administrative expenses as they come due. The Series 2006 Bonds pay interest at a variable remarketed rate and are collateralized by a Letter of Credit with HSBC Bank which expires on November 29, 2014. In the event the letter of credit is not renewed at expiration, the outstanding Bonds, at the option of the members of the Obligated Group, will convert to a five year (initial) Term Loan. Repayment of the principal of Initial Term Loan shall be identical to the scheduled principal payments on the Bonds with the remaining amount due at the end of the five year term.

The interest borne by the Series 2006 Bonds will be determined by the Remarketing Agent to be the lowest rate that, in the judgment of the Remarketing Agent, under prevailing financial market conditions, enables such Series 2006 Bonds to be sold at a price of par. The variable interest rate was 0.11% and 0.33% at December 31, 2011 and 2010, respectively.

The Loan Agreement specifies that the Hospital shall continuously pledge, as a security for the payment of all liabilities and the performance of all obligations of the Hospital pursuant to the loan agreement, a security interest in and assignment of the gross receipts of the Hospital, together with the Hospital's right to receive or collect the gross receipts. Further, the Hospital delivered a mortgage to secure all obligations and liabilities of the Hospital under the Loan Agreement. As further security to the Loan Agreement, the Hospital granted DASNY a security interest in such fixtures, furnishings and equipment as owned by the Hospital. In addition, a letter of credit in the amount of the bonds was entered into with HSBC Bank USA to provide security on the Series 2006 Bonds.

Certain financial covenants must be maintained by the Obligated Group. Failure to comply with these covenants requires a formal consultants report and quarterly progress reports demonstrating how the facility is progressing towards compliance. The Loan Agreement requires the Obligated Group to comply with certain financial covenants, including maintenance of (i) a minimum number of days cash on hand, (ii) long-term debt service coverage, (iii) a maximum leverage ratio. The Obligated Group was in compliance with these covenants at December 31, 2011 and 2010.

- b On November 19, 2008, \$24,700,000 of DASNY - Catholic Health System Obligated Group Revenue Bonds, Series 2008 was issued. Series 2008 was loaned to the Hospital to fund the construction of a new Emergency Department and to pay certain transaction related costs. The discount on the bonds of \$321,700 will be accreted over the life of the bonds.

The Series 2008 Bonds were issued under the Master Trust Indenture that was created in 2006 during the formation of the Obligated Group. All material components of the Series 2008 mirror the Series 2006A. Among these items are the following: 1) a variable remarketed rate (determined by the Security Industry and Financial Markets Association (SIFMA)) collateralized by a letter of credit with HSBC Bank expiring November 18, 2013 (with the option of an initial term loan), 2) a security interest in and assignment of gross receipts of the Hospital, together with the Hospital's right to receive or collect the gross receipts, 3) consistent financial covenants, and 4) execution of an interest rate swap agreement (with HSBC Bank) consistent with the terms utilized in the 2006 swap agreement. Refer to Note 10 for details.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Aggregate maturities of long-term obligations, including capital lease obligations, subsequent to December 31, 2011 are as follows

	Loans	Capital Leases	Total
2012	\$ 1,313,692	\$ 3,292,979	\$ 4,606,671
2013	1,357,551	3,096,013	4,453,564
2014	1,418,347	2,938,648	4,356,995
2015	1,473,265	1,908,940	3,382,205
2016	1,442,433	553,364	1,995,797
Thereafter	<u>27,457,122</u>	<u>63,700</u>	<u>27,520,822</u>
	<u>\$ 34,462,410</u>	<u>11,853,644</u>	<u>\$ 46,316,054</u>
Less Interest		<u>(648,496)</u>	
		<u>\$ 11,205,148</u>	

Operating Leases

Future minimum lease payments under noncancelable operating leases (net of sublease rental) are as follows

2012	\$ 4,260,937
2013	4,283,407
2014	4,110,921
2015	3,783,788
2016	2,422,217
Thereafter	<u>2,639,961</u>
	21,501,231
Minimum sublease rental obligations	<u>(1,214,363)</u>
	<u>\$ 20,286,868</u>

Total expense for rents and operating type leases was approximately \$5,373,829 and \$5,582,277 in 2011 and 2010, respectively

10. Derivative Financial Instruments

In connection with the issuance of the Series 2006 and Series 2008 Bonds and execution of the Loan Agreement, the Hospital entered into interest rate swap agreements (derivative agreements) with HSBC Bank USA, NA (HSBC) for purposes of mitigating risk posed by the Bonds accruing interest at a variable rate. Further, the Hospital agreed not to take or omit to take any action that could reasonably be expected to result in the termination of the derivative agreement unless otherwise approved by HSBC, provided, however, that termination of the derivative agreement shall not constitute an event of default for purposes of the Loan Agreement, but upon any such termination of the derivative agreement, HSBC may require that the Hospital direct the Series 2006 or Series 2008 Bonds be converted to bonds that bear a fixed rate of interest. The terms of the Series 2006 swap require the Hospital to pay a fixed rate of 3.80% on the notional amount (\$10,960,000 at December 31, 2011) and in exchange, the Hospital will receive a variable rate

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

payment based upon the Securities Industry and Financial Markets Association Index (SIFMA), calculated weekly. The notional amount of the swap is matched to the maturity schedule of the Series 2006 Bonds. The 2006 swap agreement was executed on December 13, 2006 and expires July 1, 2025. The terms of the Series 2008 swap require the Hospital to pay 3.785% on the notional amount (\$24,120,000 at December 31, 2011) and in exchange, the Hospital will receive a variable rate payment based upon the SIFMA, calculated weekly. The 2008 swap agreement was executed on November 19, 2008 and expires on July 1, 2034. These dates correlate to the issue date and due date of the Bonds. The instrument qualifies for hedge treatment and is designated a cash flow hedge of future interest payments. The effective portion of the hedge has been excluded from excess of revenues over expenses and recorded within changes to net assets.

The fair value of derivative instruments at December 31 is as follows:

		2011		2010	
		Balance Sheet		Balance Sheet	
		Location	Fair Value	Location	Fair Value
Interest rate contracts	Interest rate swap		<u>\$ 6,384,753</u>	Interest rate swap	<u>\$ 2,712,221</u>

The effects of derivative instruments on the consolidated statements of operations and changes in net assets (deficits) for 2011 and 2010 are as follows:

	Amount of Gain (Loss) Recognized in Statement of Operations		Amount of Gain (Loss) Recognized in Net Assets (Deficits)	
	2011	2010	2011	2010
Change in fair value of interest rate swaps	<u>\$ (80,244)</u>	<u>\$ (11,504)</u>	<u>\$ (3,592,288)</u>	<u>\$ (468,610)</u>

The Hospital measures its interest rate swaps at fair market value on a recurring basis. The fair market value of the interest rate swaps is determined based on financial models that consider current and future market interest rates and adjustments for nonperformance risk. The inputs utilized in the valuation process of the interest rate swaps are considered to be Level 2 within the fair value hierarchy defined in Note 15.

11. Employee Benefit Plans

Pension Arrangements

Effective January 1, 2001, the System began maintaining a qualified defined benefit pension plan covering substantially all of its employees at its five constituent hospitals. As of that date, the Mercy Hospital of Buffalo Pension Plan was merged into the Retirement Plan of the Catholic Health System (the Plan).

Effective January 1, 2001, all nonunion employees who had met the age and service requirements under their previous plan were given the option of choosing to participate in the cash balance feature of the Plan. Those who did not choose to participate in the cash balance feature accrue benefits under the same formula as their previous plan. All nonunion employees who become participants after that date automatically participate under the cash balance formula.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

The Plan bases benefits upon both years of service and earnings. Participants under the Mercy Hospital of Buffalo formula earn benefits based on a career average formula. The cash balance formula is a hypothetical account balance formula. A participant's benefit obligation is assigned to the location at which the person works. As participants transfer around the System to other CHS subsidiaries, the obligations and a proportional amount of the plan's assets transfer.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Funded Status

The following tables summarize the System's changes in the benefit obligation, the plan assets and the funded status of our pension plan as well as the components of net periodic benefit costs, including key assumptions. The disclosures below have been actuarially determined based on an allocation of the System's obligations specific to Mercy Hospital of Buffalo. The measurement dates for plan assets and obligations were December 31, 2011 and 2010.

	December 31,	
	2011	2010
Benefit obligations		
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 151,953,845	\$ 133,156,558
Service cost	5,074,644	4,844,642
Interest cost	8,230,851	7,879,435
Actuarial (gains) losses	25,683,814	14,060,238
Transfers (to) from CHS Subsidiaries	(3,490,229)	(4,691,367)
Amendments	-	250,120
Benefits paid	(3,828,411)	(3,475,284)
Expenses	(87,584)	(70,497)
Benefit obligation at end of year	<u>\$ 183,536,930</u>	<u>\$ 151,953,845</u>
Accumulated benefit obligation, end of year	<u>\$ 164,206,294</u>	<u>\$ 135,914,939</u>
Plan Assets		
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 67,479,328	\$ 59,925,448
Actual return on plan assets	(10,289)	6,815,004
Transfers (to) from CHS Subsidiaries	(1,319,447)	(2,083,332)
Benefits paid	(3,828,411)	(3,475,284)
System contributions	7,150,738	6,367,989
Expenses	(87,584)	(70,497)
Fair value of plan assets at end of year	<u>\$ 69,384,335</u>	<u>\$ 67,479,328</u>
Funded status at end of year	<u>\$ 114,152,595</u>	<u>\$ 84,474,517</u>
Amounts recognized in the consolidated balance sheets		
Noncurrent liabilities	<u>\$ (114,152,595)</u>	<u>\$ (84,474,517)</u>
Net amounts recognized	<u>\$ (114,152,595)</u>	<u>\$ (84,474,517)</u>
Amounts recognized in unrestricted net assets consists of		
Actuarial net loss	\$ (78,527,559)	\$ (52,510,993)
Prior service cost	(1,243,667)	(1,489,989)
Total amount recognized	<u>\$ (79,771,226)</u>	<u>\$ (54,000,982)</u>
Components of net periodic pension cost		
Service cost	\$ 5,074,644	\$ 4,844,642
Interest cost	8,230,851	7,879,435
Expected return on plan assets	(5,775,853)	(5,550,563)
Amortization of prior service cost or (credit)	246,322	246,322
Recognized actuarial loss	<u>3,282,607</u>	<u>2,190,971</u>
Net periodic pension cost	<u>\$ 11,058,571</u>	<u>\$ 9,610,807</u>

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Since the Hospital is a participant in the System's plan, the following disclosures are made for the entire plan in the aggregate

The estimated prior service cost, and net loss that will be amortized from unrestricted net assets into net periodic pension cost over the next fiscal year for the System are \$229,260 and \$13,925,937, respectively

The Plan's investment policies and strategies were used to develop the expected long-term rate of return on risk-free investment (primarily government bonds), the historical level of the risk premium associated with the other asset classes in which the portfolio is invested and the expectations for future returns of each asset class. The expected return of each asset class was then weighted based on the target asset allocation to develop the expected long-term rate of return on assets assumption.

The Plan's target asset allocation for 2012 and the actual asset allocation percentages for 2011 and 2010 are as follows at the respective measurement dates

Asset category	Pension target allocation	Percentage of pension plan assets	
	2012	2011	2010
Equities	60%	50%	51%
Fixed income	20%	37%	33%
Other	20%	13%	16%
	<u>100%</u>	<u>100%</u>	<u>100%</u>

The portfolio is diversified among a mix of assets including large and small cap, domestic and foreign equities, fixed income, alternatives (a fund of hedge funds), and cash. Asset mix is targeted to a specific allocation, either intermediate or long-term, that is established by evaluating expected return, standard deviation, and correlation of various assets against the plan's long-term objectives. Asset performance is monitored quarterly and rebalanced if asset classes exceed explicit ranges. The investment policy governs permitted types of investments, and outlines specific benchmarks and performance percentiles. The Investment Subcommittee of the Stewardship Committee of the CHE Board oversees the pension investment program and monitors investment performance. Risk is closely monitored through the evaluation of portfolio holdings and tracking the beta and standard deviation of the portfolio performance. The use of derivative financial instruments as an investment vehicle is specifically limited.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

The following tables present the Plan's financial instruments as of December 31, 2011 and 2010, measured at fair value on a recurring basis using the fair value hierarchy defined in Note 15

December 31, 2011	Total	Level 1	Level 2	Level 3
Investments				
Cash and cash equivalents	\$ 11,532,458	\$ 11,510,903	\$ 21,555	\$ -
Marketable equity securities	100,534,215	92,676,777	7,857,438	-
Marketable debt securities	67,503,537	23,487,427	44,016,110	-
Managed funds	27,055,384	-	-	27,055,384
	<u>\$ 206,625,594</u>	<u>\$ 127,675,107</u>	<u>\$ 51,895,103</u>	<u>\$ 27,055,384</u>
December 31, 2010	Total	Level 1	Level 2	Level 3
Investments				
Cash and cash equivalents	\$ 11,000,388	\$ 10,991,112	\$ 9,276	\$ -
Marketable equity securities	96,114,532	87,431,232	8,678,267	5,033
Marketable debt securities	57,537,008	22,182,587	35,354,421	-
Managed funds	31,275,299	-	-	31,275,299
	<u>\$ 195,927,227</u>	<u>\$ 120,604,931</u>	<u>\$ 44,041,964</u>	<u>\$ 31,280,332</u>

A roll forward of pension assets classified by the defined benefit plan as Level 3 within the fair value hierarchy (defined above) is as follows

	2011	2010
Fair value January 1	\$ 31,280,332	\$ 26,695,226
Realized and unrealized gains (losses)	(934,764)	1,062,550
Purchases	-	10,152,201
Sales	(1,002,631)	(6,361,481)
Transfers in/out	(2,287,551)	(268,164)
Fair value December 31	<u>\$ 27,055,386</u>	<u>\$ 31,280,332</u>

Contributions

Contributions to the Plan are made to make benefit payments to plan participants. The funding policy is to contribute amounts to the trusts sufficient to meet minimum funding requirements plus such additional amounts as may be determined to be appropriate. Contributions are made to benefit plans for the sole benefit of plan participants. The System is expected to contribute an aggregate amount of approximately \$17,700,000 to the pension plan trust in 2011 to be allocated amongst participating entities.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Benefit Payments

The following table summarizes the System's estimated future benefit payments. Actual benefit payments may differ from expected benefit payments.

2012	\$ 13,398,000
2013	14,876,000
2014	16,441,000
2015	18,227,000
2016	20,092,000
2017 - 21	132,357,000

	2011	2010
Weighted-average assumptions used to determine end of year benefit obligations		
Discount rate	4.60%	5.50%
Rate of compensation increase	3.00%	3.00%
Weighted-average assumptions used to determine net periodic pension cost		
Discount rate	5.50%	6.00%
Expected long-term rate of return on plan assets	8.00%	8.25%
Measurement date	12/31/2011	12/31/2010

12. Insurance Arrangements

The System, on the Hospital's behalf, participates in the CHE insurance program which provides coverage for healthcare professional (medical malpractice) and general liability exposures. The primary limits for healthcare professional and general liability are \$3 million per occurrence and are insured by Stella Maris Insurance Company, Ltd. (SMICL), a Cayman-domiciled insurer wholly-owned by CHE. SMICL also provides excess coverage to the System, and this excess coverage is fully reinsured with nonaffiliated commercial insurance companies. SMICL retains the full risk in the primary layer and no risk in the excess layers.

The coverage provided by SMICL is on a claims-made basis. The System, on the Hospital's behalf, therefore retains the liability for unasserted claims resulting from incidents that occurred on services provided prior to the financial statement date. The System has independent actuaries estimate the ultimate costs of such unasserted claims, which were discounted at 4% in 2011 and 2010. The Hospital's portion of the System's liability for unpaid and incurred but not reported claims at December 31, 2011 and 2010 are \$13,942,000 and \$2,610,000, respectively, recorded in accrued expenses and long-term liabilities. The charges to expenses for professional and general liability for 2011 and 2010 approximated \$2,333,256 and \$2,034,045, respectively, which has been included in insurance expense. Amounts recognized as insurance receivables related to the claims \$11,427,000 at December 31, 2011. Insurance recoveries are measured on the same basis as the liability subject to the need for a valuation allowance for uncollectible amounts.

The System's insurance program for workers' compensation, in which the Hospital participates, has a deductible of \$350,000 per occurrence. Claims in excess of self-insurance levels are fully insured. Losses from asserted claims and from unasserted claims identified by the System's

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

incident reporting for the Hospital were accrued on an undiscounted basis based on actuarial estimates of the settlement of such claims

The Hospital's portion of the System's current portion of liabilities for unpaid and incurred but not reported claims at December 31, 2011 and 2010 is \$2,386,742 and \$2,148,692, respectively, and is included in accrued expenses. The Hospital's portion of the System's long term portion of liabilities for unpaid and incurred but not reported claims at December 31, 2011 and 2010 is \$18,243,219 and \$7,720,952, respectively, and is included in long-term portion of insurance liabilities. The charges to expenses for workers compensation costs approximated \$5,675,523 and \$3,203,869 in 2011 and 2010, respectively, which has been included in employee benefits expense. Amounts recognized as insurance receivables related to the claims approximate \$8,506,255 at December 31, 2011. Insurance recoveries are measured on the same basis as the liability subject to the need for a valuation allowance for uncollectible amounts.

The System's insurance for employee health costs, in which the Hospital participates, is self-insured up to \$325,000 per claim. Claims in excess of self-insurance levels are fully insured. Claims are accrued based upon the Hospital's estimates of the aggregate liability for claims incurred using certain actuarial assumptions used in the insurance industry and based on the System's experience. Charges were billed monthly by the System and are included in employee benefit costs.

13. Related Party Transactions

The Hospital is one of a group of health care providers who are affiliated as a result of their association with the Catholic Health System, Inc. (the System).

During 2011 and 2010 the Hospital incurred expenses to affiliates for administration services, rent and other services. These expenses approximated \$44,348,412 for 2011 and \$37,644,190 for 2010 and are recorded in the statement of operations and changes in net assets. The Hospital also provided cost sharing services to and received reimbursement from affiliates for laboratory, computer and other services. Revenues from these services approximated \$328,623 and \$306,149 for 2011 and 2010, respectively.

During 2011, a distribution was made to the parent of \$12,408,821. During 2011 and 2010, the Hospital received cash payments from affiliates and made cash payments to affiliates in the normal course of operations.

Amounts due to affiliates at December 31, 2011 and 2010 were \$8,276,173 and \$2,550,986, respectively. Amounts due from affiliates at December 31, 2011 and 2010 were \$69,944 and \$6,372, respectively.

As of April 1, 2007, a lease agreement between Our Lady of Victory Corporation (landlord) and Mercy Hospital of Buffalo (tenant) was signed for the Mercy Hospital Skilled Nursing Facility (84 beds). Per the lease agreement, Mercy Hospital will pay rental expense "sufficient to reimburse Landlord for all annual payments of principal and of interest on the \$10,220,000 Erie County Industrial Development Agency Variable Rate Demand Civic Facility Revenue Bonds, Series 2007A."

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

14. Legal Matters

The Hospital is involved in litigation and regulatory investigations arising in the course of business. The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at the time. Recently, government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed under Medicare and Medicaid programs in the current and preceding years. Management believes it is in compliance with such laws and regulations and no unknown or unasserted claims were known at this time, which could have a material adverse affect on the Hospital's future financial position, results from operations or cash flows.

15. Fair Value Measurements

The following methods and assumptions were used by the Hospital in estimating fair value disclosures for these consolidated financial statements:

Cash and Cash Equivalents

The carrying amount reported in the balance sheet for cash and cash equivalents approximates its fair value.

Assets Limited to Use

The fair values for marketable equity, government, and fixed income securities are based on quoted market prices.

Investments

The fair values for marketable equity, marketable debt, government, and fixed income securities are valued at the closing price reported on the active market on which the individual securities are traded.

Interest Rate Swap

The Hospital has entered into standard International Swaps and Derivatives Association (ISDA) interest rate swap agreements (the Swap Agreements) to manage the interest rate risk associated with its debt. The Swap Agreements effectively convert a portion of our variable rate debt to a long-term fixed rate. Under these agreements, the Hospital receives a variable rate based on the Securities Industry and Financial Markets Association Index plus a markup and pay a fixed rate. The fair value of these interest rate derivatives are based on quoted prices for similar instruments from a commercial bank, and therefore, the interest rate derivatives are considered a Level 2 item.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

Assets and liabilities recorded at fair value in the balance sheet are categorized based upon the level of judgment associated with the inputs used to measure their fair value. An asset or a liability's categorization within the fair value hierarchy is based on the lowest level of judgment input to its valuation. Hierarchical levels, as defined by accounting guidance, are directly related to the amount of subjectivity associated with the inputs to fair valuation of these assets and liabilities as follows:

- Level I Valuations based on quoted prices in active markets for identical assets or liabilities that the Hospital has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in active market, valuation of these products does not entail a significant degree of judgment. Level I assets include cash and cash equivalents, debt and equity securities that are traded in an active exchange markets, as well as certain U.S. Treasury and other U.S. Governments and agencies bonds that are highly liquid and are actively traded in over-the-counter markets.
- Level II Valuations based on quoted prices in active markets for similar assets or liabilities; quoted prices in markets that are not active; or for which all significant inputs are observable, directly or indirectly. Level II assets include equity and fixed income managed funds with quoted prices that are traded less frequently than exchange-traded instruments whose value is determined using a pricing model with inputs that are observable in the market or can be derived principally from or corroborated by observable market data.
- Level III Valuations based on inputs that are unobservable and significant to the overall fair value measurement. These are generally company-generated inputs and are not market-based inputs. Level III assets would include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant investment management judgment or estimation.

Financial instruments measured at fair value are based on one or more of the three valuation techniques noted in fair value guidance. The three valuation techniques are as follows:

Market approach Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

Cost approach Amount that would be required to replace the service capacity of an asset (i.e., replacement cost).

Income approach Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques and option-pricing models).

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

The following tables present information about assets and liabilities that are measured at fair value on a recurring basis and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value as of December 31, 2011 and 2010

	December 31, 2011				Valuation Technique
	Level 1	Level 2	Level 3	Total	
Assets Limited As To Use					
Cash and cash equivalents	\$ 11,141	\$ 2,915,801	\$ -	\$ 2,926,942	Market
Marketable equity securities	163,913	-	-	163,913	Market
	<u>\$ 175,054</u>	<u>\$ 2,915,801</u>	<u>\$ -</u>	<u>\$ 3,090,855</u>	
Investments					
Cash and cash equivalents	\$ 35,467	\$ 772	\$ -	\$ 36,239	Market
Marketable equity securities	553,372	49,536	-	602,908	Market
Marketable debt securities	35,198	3,569	-	38,767	Market
Other	-	430,996	-	430,996	Market
	<u>\$ 624,037</u>	<u>\$ 484,873</u>	<u>\$ -</u>	1,108,910	
Managed funds				96,270	
				<u>\$ 1,205,180</u>	
Interest Rate Swap	\$ -	\$ 6,384,753	\$ -	\$ 6,384,753	Market
December 31, 2010					
	Level 1	Level 2	Level 3	Total	Valuation Technique
Assets Limited As To Use					
Cash and cash equivalents	\$ 86,243	\$ 5,184,784	\$ -	\$ 5,271,027	Market
Marketable equity securities	157,552	-	-	157,552	Market
	<u>\$ 243,795</u>	<u>\$ 5,184,784</u>	<u>\$ -</u>	<u>\$ 5,428,579</u>	
Investments					
Cash and cash equivalents	\$ 22,630	\$ -	\$ -	\$ 22,630	Market
Marketable equity securities	548,964	1,512	-	550,476	Market
Marketable debt securities	28,867	39,476	9	68,352	Market
Other	-	414,841	-	414,841	Market
	<u>\$ 600,461</u>	<u>\$ 455,829</u>	<u>\$ 9</u>	1,056,299	
Managed funds				98,044	
				<u>\$ 1,154,343</u>	
Interest Rate Swap	\$ -	\$ 2,712,221	\$ -	\$ 2,712,221	Market

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

A roll forward of those marketable securities and investments whose use is limited that have been classified by the Hospital as Level 3 within the fair value hierarchy (defined above) is as follows

	2011	2010
Fair value January 1	\$ 9	\$ 325
Purchases	-	-
Realized and unrealized gains (losses)	-	8
Transfers in/out	(7)	(324)
Sales	(2)	-
Fair value December 31	<u>\$ -</u>	<u>\$ 9</u>
Amount of unrealized gains (losses) related to Level 3 investments held at December 31, included in the statement of operations	<u>\$ -</u>	<u>\$ 8</u>

The following managed fund investments are recorded under the equity method of accounting, which is similar to using the net asset value per share of the investments as of December 31, 2011

<i>(in thousands of dollars)</i>	Recorded Value	Unfunded Commitments	Commitment Terms	Redemption Terms
Fund of Hedge Funds	\$ 75,177	\$ -	n/a	Quarter-end, semiannually, or anniversary date, with 45-90 days prior written notice
Real estate	8,510	3,207	4 - 9 year, n/a for one mutual fund	Redemption not permitted
Private equity	12,583	5,673	5 - 13 years	Redemption not permitted
Total	<u>\$ 96,270</u>			

The objective of the hedge funds investments is to achieve equity and fixed income like returns utilizing a conservative strategy with low risk and volatility. All hedge fund investing is done in a fund of funds approach and the use of diversified funds.

The objective of the private equity and real estate portfolios is to enhance return while reducing the overall risk through investments in limited partnerships in funds with expertise in these categories. These illiquid, longer term investments seek higher returns but are held at a very low percentage of the investment portfolio.

Mercy Hospital of Buffalo
(a subsidiary of the Catholic Health System, Inc.)
Notes to Consolidated Financial Statements
December 31, 2011 and 2010

16. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of who are residents of Western New York and are insured under third-party agreements. The mix of receivables from patients and third-party payors at December 31

	2011	2010
Medicare	40 %	39 %
Medicaid	4 %	3 %
Blue Cross	8 %	8 %
Other third-party payors	35 %	37 %
Patients	13 %	13 %
	<u>100 %</u>	<u>100 %</u>

The Hospital maintains funds in excess of amounts insured by the Federal Depository Insurance limits. The Hospital has diversified its deposit amounts in a variety of institutions to reduce the level of concentrated risk.

17. Functional Expenses

The Hospital provides general health care services to residents within its geographic region. Expenses related to providing these services for the years ended December 31 are as follows:

	2011	2010
Health care services	\$ 235,337,440	\$ 212,747,143
General and administrative	<u>78,728,270</u>	<u>75,455,540</u>
	<u>\$ 314,065,710</u>	<u>\$ 288,202,683</u>



Report of Independent Auditors on Accompanying Other Information

To the Board of Directors of the
Catholic Health System, Inc

We have audited the consolidated financial statements of Mercy Hospital of Buffalo (the Hospital) as of December 31, 2011 and for the year then ended and our report thereon appears on page 1 of this document. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs (Schedule of Social Accountability) is the responsibility of management and is provided for purposes of additional analysis on the consolidated financial statements. Accordingly, we do not express an opinion on the Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs (Schedule of Social Accountability).

PricewaterhouseCoopers LLP

May 14, 2012

Mercy Hospital of Buffalo

(a subsidiary of the Catholic Health System, Inc.)

Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs (Schedule of Social Accountability) Years Ended December 31, 2011 and 2010

(in thousands of dollars)

The total costs related to the care of the poor and benefits for the broader community as of December 31 are set forth in the following table

	December 31,	
	2011	2010
Charity care	\$ 3,064,825	\$ 2,358,875
Cost of community benefit programs	4,054,964	2,585,725
Unpaid cost of Medicaid programs	<u>6,022,012</u>	<u>6,990,905</u>
Social accountability costs	<u>\$ 13,141,801</u>	<u>\$ 11,935,505</u>

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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	1,071,254	41,897
Mark Sullivan Executive VP/COO	37 50	X		X				0	499,659	32,323
Charles Urlaub President, and CEO Mercy	37 50	X		X				436,009	0	32,828
David Macholz Treasurer	37 50	X		X				0	220,215	31,882
Peter Bergmann Director	37 50	X						0	558,757	31,684
Christine Kluckhohn Director/Key Employee	37 50	X			X			0	297,068	116,618
James Millard Director	37 50	X						0	296,692	157,819
Dr Michael Edbauer Director	25 00	X						0	197,492	43,593
Dr Michael Albert Director	1 00	X						0	0	0
Dr Joseph Anain Director	1 00	X						0	117,000	0
Brian Beitz 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
Dennis Dombek Director	1 00	X						0	0	0
Mr William Lawley Jr Director	1 00	X						0	0	0
James Manzella Director	1 00	X						0	0	0
Dr Paul Mason Director	1 00	X						0	25,000	0
Michael Montante Director	1 00	X						0	0	0
Dr David Serra Director	1 00	X						0	0	0
Cynthia Zane EdD Director	1 00	X						0	0	0
Monsignor Robert E Zapfel Director	1 00	X						0	0	0
James A Dunlop Jr Executive VP, Finance/CFO	37 50			X				0	443,085	112,103
Dr Brian D'Arcy Senior VP, Medical Affairs	37 50			X				0	602,143	48,686
John Herman Chief Operating Officer, Mercy	37 50			X				209,144	0	56,915
Michael Moley Sr VP, Human Resources	37 50				X			0	394,218	39,695

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			
John Stavros Sr VP Marketing/P R	37.50				X			0	248,323	39,012
Maria Foti Senior VP, Planning	37.50				X			0	230,710	30,394
Bartholomew Rodrigues Sr VP, Mission Integration	37.50				X			0	218,184	33,095
Dr Michael Galang Chief Information Officer	37.50				X			0	331,760	25,686
Dr Thomas Raab Physician	37.50				X			443,884	0	158,043
Dr Timothy Gabryel VP Medical Affairs	37.50				X			370,908	0	30,463
Nancy Sheehan VP Legal Service, General Counsel	37.50				X			0	269,768	27,110
Dr Donald Schmidt Physician	37.50					X		295,399	0	128,748
Nils Gunnerson Leased Administrator	37.50					X		300,808	0	72,939
Dr Thomas Dilamarter Jr Physician	37.50					X		260,815	0	30,113
Dr Kevin Shiley Physician	37.50					X		258,036	0	20,816
Dr Diana Pomakova Physician	37.50					X		232,858	0	25,383