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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)

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

2008

OMB No 1545-0047

Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year begin		and ending 06-30-20	09	.	J
B Ch	eck ıf a	pplicable	Please	C Name of organizatio Mercy Medical Cente				D Employer i	dentification number
☐ Add	dress ch	nange	use IRS label or	Doing Business As				52-05916 E Telephone	
┌ Na	me cha	nge	print or	Doing business As				E Telephone	number
┌ Ind	tal retu	rn	type. See Specific	Number and street (or P O box if mail i	s not delivered to street add	ress) Room/suite	(410) 332	
Г Те	mınatıc	n	Instruc- tions.	301 St Paul Place			,	G Gross recei	i pts \$ 375,689,782
┌ Am	ended	return		City or town, state o	or country, and ZIP +	+ 4		-	
_		pending		Baltimore, MD 2120					
,		. p=					1		
				ne and address of P AS MULLEN	rincipal Officer			is a group retu ates?	rn for ┌ Yes
				PAULPLACE					, 105 / 110
	v ovom	npt status		MORE,MD 21202)(3) ◄ (insert no)			` '	ll affiliates inclu	, .
					1 4947(a)(1) or	527	¬		st See instructions)
J W	eb sit	e: 🕨 ww	w mdmercy	com			H(c) Gro	up Exemption N	lumber F
К Тур	e of org	janization	Corporat	ion trust associat	on other ►		L Year of Fo		M State of legal domicile MD
Da	rt I	Sum	mary						
				e organization's mis	ssion or most sid	ınıfıcant actıvıtıes			
Governance	2	Check	color, and e	conomic and social	condition	operations or disposed	of more than 2	25% of its asse	
	3					t VI, line 1a)			
88	4			_	_	ing body (Part VI, line 1	lb)		1
Ě	5			nployees (Part V, li				5	<u>3,277</u> 240
Activities &	6			olunteers (estimate	.,			6	<u>240</u> 575,961
4				ness taxable incom		I, line 12, column (C)		/a 7b	
	, b	Wet um	erated busi	mess taxable meon	16 1101111 01111 990	5-1, III 6 5 4	Dri	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII.	line 1h)			9,948,531	5,886,074
₽	9			revenue (Part VIII,		335,424,726	361,121,789		
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						-836,181	-4,474,247
2	11			,	,	c, 9c, 10c, and 11e)		10,732,211	11,611,857
	12		•			art VIII, column (A), lı	ne		
		12)						355,269,287	374,145,473
	13			ar amounts paid (Pa					275,833
	14			or for members (Par		•			0
82	15	Saları 10)	es, other co	ompensation, emplo	yee benefits (Pa	rt IX, column (A), lines	5-	139,259,923	162,572,206
Š	16a	•	sional fund	raising fees (Part I)	X, column (A), lii	ne 11e)			0
Expenses	ь			penses, Part IX, column		,			
ш	17	•		(Part IX, column (A	· · · ·			184,349,121	181,097,930
	18					X, line 25, column (A))		323,609,044	343,945,969
	19		•	penses Subtract lin	-			31,660,243	30,199,504
<u>ኞ</u>							Beginn	ing of Year	End of Year
9.00 19.00 19.00	20	Total	assets (Par	rt X, line 16)			- 3-111	747,386,010	764,769,042
Ass 18a	21			Part X, line 26)				530,692,103	547,565,010
Net Assets or Fund Balances	22		•	d balances Subtrac	ct line 21 from li	ne 20		216,693,907	217,204,032
	t III		ature Blo					210,030,307	217,201,002
Plea Sign Her	ise	Under p and bel **** Sign	enalties of pe ief, it is true, o	erjury, I declare that I haccorrect, and complete [eturn, including accompanyir rer (other than officer) is bas	sed on all informa	ition of which prep 0-04-20	o the best of my knowledge arer has any knowledge
		 	•	e and add		I Bada	Obs. 1. f		N (6 6- 7 : :)
.		Preparer signatur				Date	Check if self-	Preparer's PTI	N (See Gen Inst)
Paid							empolyed 🕨		
Use (arer's ⊃nlv		ame (or yours mployed),	•				EIN Þ	
use (Unity		and ZIP + 4	6903 ROCKLEDGE	DRIVE SUITE 500				4
				BETHESDA, MD 20	08171800			Phone no 🕨	(301) 828-1002
May	the IR	S discus	ss this retu			See instructions) .			✓ Yes 「No

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

1	Briefly describe the organization's m	ission			
		people, and sponsored by the Sister entral Maryland and beyond In the			
 2	Did the organization underta	ike any significant program se	ervices during the year which	ch were not listed on	
	the prior Form 990 or 990-E	Z?			⊤Yes ✓ No
	If "Yes," describe these new				
3	Did the organization cease of services?	onducting or make significant	t changes in how it conduct	s any program	┌ Yes ┌ No
	If "Yes," describe these cha	nges on Schedule O			
4	Section 501(c)(3) and (4) o	e achievements for each of th rganizations and 4947(a)(1) t and revenue, if any, for each p	trusts are required to repor		
4a	To provide healthcare to patients compassionate care Mercy Medicin which Mercy Medical Center is language other than English at he are insured by Medicaid or Medicapproximately 12 8% of its operat Mercy were covered by Medica This group expects to increase ar organization established in 1984, physician services to patients of	Expenses \$ 250,610,277 Is without regard to ability to pay Me cal Center has 243 licensed beds and located has a median family income ome Approximately 59% of the patiane Mercy provided over \$40 millior ating budget to benefit the poor and aid On February 1, 2009, a Mercy a noual births at Mercy by over 300 M that now serves 6,000 homeless inchealthcare for the Homeless Throug as homeless individuals awaiting Medical Control of the	d had 18,214 inpatient admission of \$22,191, with 35% of familie ients served by Mercy are member of uncompensated care during tunderserved Mercy had 2,845 of fillate added to our medical staffiercy led an initiative to form Headividuals each year Mercy's affiliate the pharmacy charity care prog	s for the fiscal year ending Junes living below the poverty levelers of a racial or ethnic minoritine fiscal year ending June 30, deliveries in FY 2009 and 60% f, a physician group serving lovalth Care for the Homeless, Incate, Saint Paul Place Specialists ram, Mercy provides \$300,000	ne 30, 2009, The zip code 21202 cel, and with 22% speaking a y, 66% are women, and 51% 2009, and devoted of the mothers who gave birth expectant mothers and advocacy of the mothers and advocacy of the provides specialty annually to patients who are
4 b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (C	•		.	
	(Expenses \$	including grants of		(Revenue \$)
4e	Total program service expe	enses \$ 250,610,27	7 Must equal Part IX, Line	25, column (B).	

271111 Checklist of Required Schedule:	art IV	Checkli	st of F	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

Diving the tay year did any name who is a summer of summer officer divinates through a sulface and a			
During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part	20-		N
	28a		No
Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512 (b)(13)? If "Yes," complete Schedule R, Part V, line 2 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5 percent of its activities through an entity that is not a related	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV. 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV. 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . 22c Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . 33c Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part SII, III, IV, and V, line 1 . 13. 13. 14. Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . 35. 36. Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 . 37.	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Iine 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Did the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 399	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-	V	
	return?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	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	Ch.		
7	were not tax deductible?	6b		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a		No
	more?	L	<u> </u> 	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76	Vas	
8	required?	7h	Yes	
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Section A. Governing Body and Management

Yes

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

For each "Yes	" response to line	s 2-7 below	, and for a	"No" response to l	ines 8 or 9b below	, describe the circu	ıms

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	7			
b	Enter the number of voting members that are independent	1b	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties.	•		. 3		No
4	Did the organization make any significant changes to its organizational documents sfiled? $\ \ . \ \ \ $	ince t	the prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's assets?	5		Νo
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	the governing body?			8a	Yes	
b	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a		No
b	If "Yes," does the organization have written policies and procedures governing the adaptiliates, and branches to ensure their operations are consistent with those of the or		• •	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was tescribe in Schedule O the process, if any, the organization uses to review the		<u>-</u>	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc			11		No

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MD
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website 🔽 another's website 🔽 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JOHN TOPPER

301 ST PAUL PLACE Baltimore, MD 21202 (410) 332-9313

JAMES LEVY, PHYSICIAN

MICHAEL SAMBAT MD, PHYSICIAN

Wilma Rowe MD, PHYSICIAN

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

40 0

40 0

40 0

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

(C) Position (check all that apply)

* List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(F) (E) (D) Estimated Highest compensat employee (B) Individual Trustee or Director Reportable Institutional Trustee Reportable amount of other <u>중</u> Average compensation (A) compensation compensation hours from related Former Name and Title Q#.IQ@ from the from the employee organizations per organization (Worganization and (W-2/1099week 2/1099MISC) related MISC) organizations THOMAS MULLEN, PRESIDENT AND CEO 40 0 Х Х 1,056,400 27,998 AMY FREEMAN, EXE VP/SECRETARY 40 0 Х Х 443,048 ol 50,156 SAMUEL MOSKOWITZ , EXEC VP/VICE CHAIR 40 0 Χ Х 628.015 0 29,358 Х 987,294 34,189 SCOTT SPIER md , SR VP/DIRECTOR 40 0 Χ 0 88,275 JOHN TOPPER, SR VP & CFO/TREASURER 40 0 Х 424,882 SUSAN MACMILLAN, SR VP/DIRECTOR Х 66,429 40.0 423,608 AINE OCONNOR, DIRECTOR 40 0 Χ 5,788 NICHOLAS KOAS, KEY EMPLOYEE 40 0 Χ 233,606 0 31,801 JUDITH WEILAND, SENIOR VP 40 0 Χ 437,746 0 62,833 Х ROBERT EDWARDS, SENIOR VP 40 0 309,375 ol 38,317

Х

Х

Х

268,075

293,650

360,424

34,415

23,463

9,720

ol

Part VII Continued

		Posi			у)			(2)	(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							ĻIJ		•	
1b Total				•	•	ı	<u> </u>	5,866,123	0	502,742

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

			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 online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Vas	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WHITING TURNER PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	32,286,255
ELLERBE BECKET 1001 G ST NW WASHINGTON, DC 20001	ARCHITECT	4,170,714
JEFFREY BROWN CONTRACTING LLC 400 E JOPPA RD TOWSON, MD 21286	CONSTRUCTION	3,935,076
CURA HOSPITALITY PO BOX 827276 PHILADELPHIA, PA 19182	FOOD SERVICES	3,805,088
RADAMERICA II LLC 9105 FRANKLIN SQUARE DR BALTIMORE, MD 21237	RADIATION THERAPY	2,619,788
2 Total number of independent contractors (including those in 1) who rec	eived more than \$100,000 in compensation	84

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
46	1a	Federated campaigns :	La				
ants	ь	Membership dues	ь ———				
.g. mot	С	Fundraising events					
iits ar a	d	Related organizations 1	.d 2,846,853				
s, g milé	e		.e 320,714				
tion r si	f	All other contributions, gifts, grants, and	2,718,507				i
ë fe		sımılar amounts not ıncluded above	Lf				
agr.	g	Noncash contributions included					
ठॅ व	h	Innes 1a-1f \$		5,886,074			
			Business Code				
anı	2a	PATIENT REVENUE		360,452,760	360,452,760		
erwce Revenue	ь	PEDIATRIC REVENUE		669,029	669,029		
	c						
erwe	d						
J) &	e						
Other Revenue Contributions, gifts, grants and other similar amounts	f	All other program service revenu	ıe				
Ъ	g	Total. Add lines 2a-2f					
	3	Investment income (including di	vidends, interest				
		other similar amounts)		1,607,326			1,607,326
	4	Income from investment of tax-exempt	bond proceeds .	0			
	5	Royalties	<u></u>	0			
		(ı) Real	(II) Personal				
	6a b	Gross Rents 1,621,94 Less rental 1,458,04					
		expenses Rental income 163,89					
	c	or (loss)		162.007		26.060	100.065
	d	Net rental income or (loss) .	<u> </u>	163,897		-36,068	199,965
	7a	Gross amount from sales of assets other (1) Securities (1) Securities -6,001,81	(II) O ther 0 6,500				
	ь	Less cost or other basis and sales expenses	86,263				
	С	Gain or (loss) -6,001,81	-79,763				5 004 570
	d	Net gain or (loss)	<u>.</u>	-6,081,573			-6,081,573
e.	8a	Gross income from fundraising events (not including \$ of contributions reported on line					
Revenu		1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a				
her	ь	·	b				
₽	С	Net income or (loss) from fundra	ising events .	0			
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
			a				
	b c	Less direct expenses	b g activities	О			
			<u> </u>				
	10a	Gross sales of inventory, less returns and allowances .	а				
	b	Less cost of goods sold		_			
	С	Net income or (loss) from sales Miscellaneous Revenue	Business Code	0			
	11a	MANAGEMENT FEE	561,000	6,708,895	6,549,934	158,961	
	b	TELEVISION SERVICE	<u> </u>	91,490			91,490
	С	CAFETERIA REVENUE		1,679,648			1,679,648
	d	All other revenue	_	2,967,927	1,545,768	453,068	969,091
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g	\$ 11,447,960 3,4,5,6d,7d,	374,145,473	369,217,491	575,961	-1,534,053
		8c, 9c, 10c, and 11e					
	-						Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org) <u>. </u>
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	275,833	275,833		
2	Grants and other assistance to individuals in the U S See Part IV , line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,878,872		3,878,872	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	133,536,352	99,632,899		0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,797,618	2,912,773	884,845	0
9	Other employee benefits	11,664,844	8,946,935	2,717,909	0
10	Payroll taxes	9,694,520	7,435,697	2,258,823	0
11	Fees for services (non-employees)				
а	Management	1,516,868	0	1,516,868	0
b	Legal	1,126,409	19,917	1,106,492	0
c	Accounting	545,891	212,219	333,672	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	140,369	140,369	0	0
g	Other	23,938,035	16,839,739	7,098,296	0
12	Advertising and promotion	2,120,668	2,113,290	7,378	0
13	Office expenses	75,108,849	70,826,934	4,281,915	0
14	Information technology	924,645	924,645	0	0
15	Royalties	0	0	0	0
16	Occupancy	8,185,246	7,697,488	487,758	0
17	Travel	476,845	350,161	126,684	0
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	486,077	132,808	353,269	0
20	Interest	6,941,540	0	6,941,540	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	19,610,356		19,610,356	0
23	Insurance	6,172,042	175,117	5,996,925	0
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	REPAIRS AND MAINT	7,214,343	7,127,687	86,656	0
ь	PERSONAL PROPERTY TAXES	6,708		6,708	0
c	OTHER	5,841,014	4,116,650	1,724,364	0
d	DONATIONS	82,592	69,683	12,909	0
e	BAD DEBT	20,659,433	20,659,433	0	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	343,945,969	250,610,277	93,335,692	0
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2008)

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				46,599,897	1	59,805,697
	2	Savings and temporary cash investments				11,000,000	2	0
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				24,843,583	4	23,247,708
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	loyees or	200,000	5	150,000		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of			6			
	7	Notes and loans receivable, net		263,336	7	222,901		
	8	Inventories for sale or use			•	4,756,664	8	5,046,103
20	9	Prepaid expenses and deferred charges				3,243,098	9	3,026,104
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	l	524,654,671			
*	b	Less accumulated depreciation Complete Part VI of Schedule D	10b		198,161,946	249,063,417	10c	326,492,725
	11	Investments—publicly traded securities		٠.		340,070,618		286,199,676
	12	Investments—other securities See Part IV, line 11 Complete Part IV, li	Part VII	I of			12	, , , , , , , , , , , , , , , , , , ,
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		67,345,397	15	60,578,128		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				747,386,010	16	764,769,042
	17	Accounts payable and accrued expenses .	44,418,052	17	46,440,491			
	18	Grants payable			18			
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities				448,837,116	20	444,488,377
ēŠ	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ï		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	s.	•		804,775	23	362,672
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				36,632,160	25	56,273,470
	26	Total liabilities. Add lines 17 through 25				530,692,103	26	547,565,010
seo		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e l	lines :	27			
Balance	27	Unrestricted net assets				182,209,738	27	179,182,648
8	28	Temporarily restricted net assets				28,600,686	28	36,856,312
됟	29	Permanently restricted net assets		5,883,483	29	1,165,072		
or Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	2					
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31				
	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances		216,693,907	33	217,204,032		
_	34	Total liabilities and net assets/fund balances				747,386,010	34	764,769,042
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

52-0591658

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Mercy Medical Center

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	rt I			harity Status (to be co					Instruct	ions)	
The	organız	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))			
1	Γ	A church, c	onvention of cl	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)(A)(i).		
2	Γ	A school de	escribed in Sec	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	굣	A hospital	or a cooperatıv	e hospital service organizati	on describ	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)
4	Γ	A medical i	research organ	zation operated in conjuncti	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	Γ	An organiza	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	l by a gove	rnmental	unıt desci	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Sect ion 170(l	b)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inv	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	n 511 tax	x) from bu	sinesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509(a)(4). (Se	ee instruci	tions)
11	Γ	_	=	and operated exclusively fo					•	•	· ·
				orted organizations describe						Section 5	09(a)(3). Check
		a T		type of supporting organization type II c			nes fre t nally Integ		n d	□ Type	III - Other
e	Г		• •	rtify that the organization is							
_	,	•	- '	agers and other than one or						•	•
_		section 50									
f		If the orgar check this		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organization,
g				as the organization accepted	d anv gift (or contrib	ution from	anv of the			ļ
3		following pe			, 5			,			
		(i) a persoi	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (111) bel	ow, the govern	ing body of the the supported	d organiza	tion?				11g((i) No
		(ii) a famıly	/ member of a p	erson described in (i) above	7					11g(ii) No
		(iii) a 35%	controlled ent	ity of a person described in (ı) or (ıı) al	bove?				11g(iii) No
h		Provide the	following infor	mation about the organizatio	ns the org	janızatıon	supports				
				1	Γ						т
		ame of	(ii) EIN	(iii) Type of organization	(iv) I		1	ou notify		s the	(vii) A mount of
		oorted nization		(described on lines 1-9 above or IRC section	_	ation in Iisted in	_	inization i) of your	_	ation in organized	support?
	o i gaii	ii Zutioii		(See Instructions))	your go		supp		in the	•	
						ment?					
					Yes	No	Yes	No	Yes	No	

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Employer identification number Name of the organization Mercy Medical Center 52-0591658 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

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.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

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

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

<u>ar</u>	Organizations Maintaining Collections of Art,	His	tori	<u>cal Treas</u>	ures, or Othe	r Similar <i>I</i>	Asse	ts (co	ntınued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ne foll	owing that a	re a significant u	se of its colle	ection	I	
а	Public exhibition	d	Γ	Loan or ex	change programs				
ь	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain Part XIV	n hov	w they	further the	organization's ex	cempt purpos	e ın		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p					nılar	Γ,	Yes	┌ No
Pai	Trust, Escrow and Custodial Arrangements. (Part IV, line 9, or reported an amount on Form 990				anızatıon answ	ered "Yes"	to Fo	rm 9'	90,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	liary	for c	ontributions	or other assets	not	Γ.	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table	9							
						,	A mou	nt	
С	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form 990, Part X, line	21?					Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if the organization								
	(a)Current Year	(b)	Prior \	'ear (c) T	wo Years Back (d)	Three Years Bac	k (e)	Four Ye	ears Back
La	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
е	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	5							
а	Board designated or quasi-endowment								
ь	Permanent endowment ►								
С	Term endowment ▶								
3a	Are there endowment funds not in the possession of the organization	tion	that a	re held and	administered for	the			
	organization by					_		Yes	No
	(i) unrelated organizations		•				Ba(i)		
	(ii) related organizations					🔼	a(ii)		
	If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo						3b		
l Det	t VI Investments—Land, Buildings, and Equipmen				Part V line 10				
Ċ	Tilvestillents—Land, Buildings, and Equipmen	ı . 3			,				
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciati	on	(d) Boo	ok value
La	_and				l 6,640,882				5,640,882
	Buildings				243,283,262	90,218,	₄₀₂ -		3,064,860
	Leasehold Improvements				2.3,203,202	30,210,			_, 55 1,000
	Equipment				144,310,486	107,943,	544	30	5,366,942
	Other				130,420,014				0,420,014
									, ,

Part VII Investments—Other Securities. Se	se Form 990 Part X line 1	2	rage 3
(a) Description of security or cateory			of valuation
(including name of security)	(b)Book value	Cost or end-of-y	vear market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Tabl. (Caluma (b) about a sur [5 000, 0+ V,1/0) (sa. 12.)	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<u>- </u>		
Part VIII Investments—Program Related. S	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		of valuation
(4, 2 3 3 3 1, 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(2) 20011 14140	Cost or end-of-y	vear market value
Tatal (Column (h) chould agual Form 000, Part V, col (P) line 12.)	<u>•</u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X,			
(a) Desc			(b) Book value
INTEREST IN MERCY HEALTH FOUND			35,097,687
DUE FROM RELATED ENTITIES			8,637,763
OTHER RECEIVABLES			2,548,408
DEPOSITS			691,700
DEFERRED FINANCING COSTS			3,865,715
OTHER CURRENT ASSETS			118,851
OTHER ASSETS			80,399
INVEST UNCONSOLID SUBS			868,380
DEFERRED COMP PLAN ASSETS			8,669,225
Total. (Column (b) should equal Form 990, Part X, col.(B) lin	e 15.)		60,578,128
Part X Other Liabilities. See Form 990, Par		T	
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
CONSTRUCTION RETAINAGE	7,418,600		
POST RETIREMENT OBLIGATION	6,975,520		
DEFERRED COMPENSATION	8,669,219		
MERRILL LYNCH SWAP	26,365,088		
MALPRACTICE TAIL LIABILITY	327,536		
CARDINAL DEPOSIT	2,560,198		
RETIREMENT ANNUITY PLAN OBLIGA	3,957,309		

56,273,470

Total. (Column (b) should equal Form 990, Part X, col (B) line 25)

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			. 4c	
5		d 4c. (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	 <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		 	
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	4c	
с 5		nd 4c. (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16)	. 3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

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2008

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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization Mercy Medical Center **Employer identification number**

52-0591658 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Part I Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a 1a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 200% Other **b** Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Зh
 □ 250%
 □ 300%
 □ 350%
 □ 400%
 □ 0ther
 %
 c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . 5a **b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5c **6a** Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public? 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (b) Persons **Charity Care and** (d) Direct offsetting (e) Net community benefit activities or (c) Total community (f) Percent of served benefit expense total expense **Means-Tested Programs** programs revenue expense (optional) (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from worksheet 3, column b) d Total Charity Care and Means-Tested Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups (from worksheet 8)

j Total Other Benefits . . .k Total (line 7d and 7j) . . .

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	o c k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Schedule H (Form 990) 2008									Page 3
Part V Facility Information (Required for 200	8)								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MERCY MEDICAL CENTER									
301 ST PAUL PLACE BALTIMORE,MD 21202	×								

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

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Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

Open to Public **Inspection**

Name of the organization						En	nployer identi	fication number
Mercy Medical Center						5	2-0591658	
Part I General Inform	nation on Gran	ts and Assistance				<u>'</u>		
Does the organization man the selection criteria usedDescribe in Part IV the or	d to award the grant	s or assistance?						Г Yes
Form 990, Part I Part IV and Sche	V, line 21 for any edule I-1 if additi	/ recipient that rece onal space is	ived more than \$5,00	00. Check this box	tes. Complete if the of the first the confirmation one recipient rec	ceived mo	ore than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		cription of assistance	(h) Purpose of grant or assistance
BALTIMORE COMMUNITY FOUNDATION2 EAST REED STREET BALTIMORE, MD 21202	23-7180620		275,833					Pledge/Historic Preservation
2 Enter total number of sect	tion 501(c)(3) and	government				•		
organizations					▶			

Enter total number of other organizations .

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

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OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

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

Attach to Form 990. To be completed by organizations

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
Mercy Medical Center

Part I Questions Regarding Compensation

Employer identification number

52-0591658

				Yes	Νo
1a	Check the appropriate box(es) if the organization provided an 990, Part VII, Section A, line 1a Complete Part III to provi				
		Housing allowance or residence for personal use			
	<u>. </u>	Payments for business use of personal residence			
		Health or social club dues or initiation fees			
		Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written pol provision of all the expenses described above? If "No," com		1b		
2	Did the organization require substantiation prior to reimburs				
	officers, directors, trustees, and the CEO/Executive Directo	r, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply	·			
	✓ Compensation committee	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII,	Section A , line 1a			
а	Receive a severance payment or change of control payment	,	4a		Νo
b	Participate in, or receive payment from, a supplemental nonc	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based con	npensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete l				
5	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of	dıd the organızatıon pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If "Yes," describe	•	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or ac subject to the initial contract exception described in Regs's in Part III		8		No

Cat No 50053T

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
THOMAS MULLEN	(ı) (ıı)	669,362 0	237,600 0	149,438 0	0	27,998 0	1,084,398 0	
AMY FREEMAN	(ı) (ıı)	330,635 0	95,700 0	16,713 0	33,000 0	17,156 0	493,204 0	
SAMUEL MOSKOWITZ	(1) (11)	435,140 0	127,600 0	65,275 0	0 0	29,358 0	657,373 0	
SCOTT SPIER md	(ı) (ıı)	355,017 0	36,325 0	595,952 0	0 0	34,189 0	1,021,483 0	493,600
JOHN TOPPER	(ı) (ıı)	338,383 0	69,422 0	17,077 0	62,008 0	26,267 0	513,157 0	
SUSAN MACMILLAN	(ı) (ıı)	298,194 0	60,475 0	64,939 0	29,500 0	36,929 0	490,037 0	
JUDITH WEILAND	(1) (11)	265,965 0	27,300 0	144,481 0	52,000 0	10,833 0	500,579 0	134,73
ROBERT EDWARDS	(ı) (ıı)	236,025 0	49,200 0	24,150 0	12,000 0	26,317 0	347,692 0	
JAMES LEVY	(ı) (ıı)	237,152 0	24,000 0	6,923 0	0 0	34,415 0	302,490 0	
NICHOLAS KOAS	(ı) (ıı)	185,918 0	47,688 0	0 0	22,842 0	8,959 0	265,407 0	
MICHAEL SAMBAT MD	(ı) (ıı)	188,336 0	105,314 0	0 0	5,739 0	17,724 0	317,113 0	
Wilma Rowe MD	(ı) (ıı)	307,918 0	52,506 0	0	6,900 0	2,820 0	370,144 0	
	(i)							
	(ii)							
	(i) (ii)							

Part III Supplemental Information

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

	_	
Ident if ier	Ret urn Ref erence	Explanat ion
NONQUALIFIED RETIREMENT PLAN	SCH J LINE 4B	The Organization maintained a nonqualified plan of deferred compensation for certain executives. Due to changes in tax laws, the plan was terminated during the year and certain participating executives were paid and taxed on the entirety of their accounts. Schedule J reports the amounts distributed, which amounts were reflected as contributions in prior periods. The following individuals received distributions from the nonqualified deferred compensation plan in the following amounts. SCOTT SPIER \$493,600 JUDITH WEILAND 134,731
NON-FIXED PAYMENTS	SCH J LINE 7	The Compensation Committee approves non-fixed payments for management based on the degree of meeting corporate priorities established by the Board of Trustees. The corporate objectives are designed to advance the organization in the areas of quality care, patient safety, patient satisfaction, business development and financial strength
	1	
	1	
	1	

Software ID: Software Version:

EIN: 52-0591658

Name: Mercy Medical Center

Form 990, Schedule J, Part	t I:	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees		
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(I) (II)	669,362 0	237,600 0	149,438 0	0	27,998 0	1,084,398 0	
	(I) (II)	330,635 0	95,700 0	16,713 0	33,000 0	17,156 0	493,204 0	
	(I) [II)	435,140 0	127,600 0	65,275 0	0	29,358 0	657,373 0	
	(I) [II]	355,017 0	36,325 0	595,952 0	0 0	34,189 0	1,021,483 0	493,600
	(I) (II)	338,383 0	69,422 0	17,077 0	62,008 0	26,267 0	513,157 0	
	(I) (II)	298,194 0	60,475 0	64,939 0	29,500 0	36,929 0	490,037 0	
	(I) (II)	265,965 0	27,300 0	144,481 0	52,000 0	10,833 0	500,579 0	134,731
	(I) (II)	236,025 0	49,200 0	24,150 0	12,000 0	26,317 0	347,692 0	
	(I) (II)	237,152 0	24,000	6,923 0	0	34,415 0	302,490 0	
	(I) (II)	185,918 0	47,688 0	0	22,842 0	8,959 0	265,407 0	
	(I) (II)	188,336 0	105,314 0	0	5,739 0	17,724 0	317,113 0	
	(I) (II)	307,918 0	52,506 0	0	6,900 0	2,820 0	370,144 0	

DLN: 93493134055070

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule K

(Form 990)

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

Supplemental Information on Tax Exempt Bonds

Open to Public Inspection Employer identification number

Mercy Medical Center 52-0591658 Bond Issues (Required for 2008) (h) O n Behalf of (g) Defeased (c) CUSIP # (a) Issuer Name (b) Issuer EIN (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No MARYLAND HEALTH & HIGHER 2006 REPLACEMENT GARAGE EDUCATIONAL FAC AUTHORITY 52-0936091 08-03-2006 35.000.000 Χ Χ 574217XX8 AND ROUTIN MARYLAND HEALTH & HIGHER 2007 A REPLACEMENT TOWER EDUCATIONAL FAC AUTHORITY 52-0936091 574217L29 11-08-2007 155,000,000 Х Χ AND REFUN MARYLAND HEALTH & HIGHER 2007 B C D REPLACEMENT 150,000,000 Х Х EDUCATIONAL FAC AUTHORITY 574217L37 52-0936091 11-08-2007 PATIENT CAR MARYLAND HEALTH & HIGHER 2008 REFUNDING OF 2003 35.325.000 EDUCATIONAL FAC AUTHORITY 52-0936091 574217Y41 07-16-2008 Χ Χ BONDS Proceeds (Optional for 2008) В С D Ε Α Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 3 Proceeds in Refunding or Defeasance Escrows Other Unspent Proceeds 4 5 Issuance Costs from Proceeds Working Capital Expenditures from Proceeds 6 7 Capital Expenditures from Proceeds Year of Substantial Completion 8 Yes No Yes No Yes No No Yes Yes No Were the bonds issued as part of a current refunding issue? Х Х Х Χ 9 Were the bonds issued as part of an advance refunding issue? Χ Х Х Χ 10 Has the final allocation of proceeds been made? Χ Χ Х 11 Χ Does the organization maintain adequate books and records to support the Χ Х Χ Х final allocation of proceeds? Private Business Use (Optional for 2008) C D Ε Α Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, Х Х Х Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Χ Х Х Χ

which may result in private business use?

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

1.61	Fill ate business use (Continueu)		,	_		Ι .		_			_
	-			В.			C I)		E
	ļ.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a 	Are there any management or service contracts with respect to the financed property which may result in private business use?	Х		Х		Х		Х			
3b	A re there any research agreements with respect to the financed property which may result in private business use?		Х		Х		Х		Х		
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		Х		x		X			
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?			Х		х		Х			
	Arbitrage (Ontional for 2000)										
Par	t IV Arbitrage (Optional for 2008)			•							
Par	Arbitrage (Optional for 2008)		\	Е)		С	Γ)	ı	E
Par	Arbitrage (Optional for 2008)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	E No
Par	Has a Form 8038-T been filed wth respect to the bond issue?	-		_			1			-	
		-	No	_	No		No		No	-	
1	Has a Form 8038-T been filed wth respect to the bond issue?	-	No X	Yes	No		No X	Yes	No	-	
1 2	Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with	Yes	No X	Yes	No	Yes	No X	Yes	No	-	
1 2 3a	Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?	Yes	No X	Yes	No	Yes	No X	Yes	No	-	
1 2 3a b	Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider	Yes	No X	Yes	No	Yes	No X	Yes	No	-	
1 2 3a b	Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge	Yes	No X X	Yes X	No	Yes	No X	Yes	No X	-	
1 2 3a b c	Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC?	Yes	No X X	Yes X	No	Yes	No X	Yes	No X	-	
1 2 3a b c 4a b	Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Yes	No X X	Yes X	No	Yes	No X	Yes	No X	-	
1 2 3a b c 4a b c	Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the	Yes	No X X	Yes X X	No	X	No X	Yes	No X	-	

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DLN: 93493134055070

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization Mercy Medical Center							Employer identification number					
Mercy Medical Center					52	2-059	1658	3				
Part I Excess Benefit Transacti												
To be completed by organization	s that an	swered "Ye	s" on Form 990, Part IV	, line :	25a or 25b	, or F	orm 9	90-EZ				
1 (a) Name of disqualified	person		(b) Description of transaction			<u> `</u>	() Corre	No.				
										i es	140	
_												
2 Enter the amount of tax imposed on the	he organi			ons d	uring the y	ear ur	_	+				
section 4958	• •		ad by the organization			•	•	\$ ——				
Part II Loans to and/or From		•	<u> </u>	• •		•	_	-				
To be completed by organizat				IV, lın	e 26, or Fo	rm 99	90-E2	Z, Part	V , lıne	38a		
· · · · ·	(b) Loai				·			(f)			
(a) Name of interested person and purpose	from the		(c)O riginal principal amount	(d)Balance due		(e) In Approve			or agreement?			
(a) Name of interested person and purpose						committe						
	То	From				Yes	No	Yes	No	Yes	No	
SUSAN MACMILLAN RELOCATION		l x	250,000		150,000		N o	Yes		Yes		
RELOCATION		1 ^	230,000		130,000		NO	163		1 63	1	
											—	
			b. .		150,000							
Total		na Intere	🕨 \$		150,000							
To be completed by organi				90, P	art IV, lın	e 27.						
(a) Name of interested person	(b)		p between interested pe	rson	(c)A mo	ount o	forar	nt or ty	ne of a	ssistai	nce	
(a) italiie of interested person		and	the organization		(0)//////		- grai					
Part IV Business Transactions I To be completed by organi				00 D	art IV lun	A 20.	. 20	h or ¹	000			

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
	organization			Yes	No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134055070

OMB No 1545-0047

SCHEDULE M (Form 990)

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Mercy Medical Center 52-0591658 Part I Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . . Art—Historical treasures . 3 Art—Fractional interests Books and publications . . Clothing and household goods Cars and other vehicles . . Boats and planes Intellectual property . . . Χ 1,401,622 Cost savings Securities—Publicly traded . Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution (historic structures) 14 Oualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . Real estate—Other . . . Collectibles 18 19 Food inventory . . . Drugs and medical supplies . 20 Taxidermy 21 22 Historical artifacts Scientific specimens . . Archeological artifacts . . . Other (describe 26 Other (describe _____) 27 Other (describe) Other (describe 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee | Yes | No 3

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at		
	least three years from the date of the initial contribution, and which is not required to be used for exempt purposes		
	for the entire holding period?	30a	No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Νo
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash		
	contributions?	32a	Νo
ь	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is		
	checked, describe in Part II		

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

DLN: 93493134055070

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

2008

OMB No 1545-0047

pen to Public Inspection

Name of the organization Mercy Medical Center Employer identification number

52-0591658

ldentifier	Return Reference	Explanation
DESCRIPTION OF 990 REVIEW PROCESS	PART VI, LINE 10	In May, 2009 Mercy Health Services, Inc ("MHS"), the parent company of the organization, adopted the following policy for review of the organization's Form 990. The board of trustees ("board") or the executive committee of MHS will be provided an opportunity to review the completed Form 990 and to ask any questions prior to its filing as follows. The Form 990 core (Parts I - XI) and Schedules H and J (as applicable) will be sent to the board or the executive committee at least one week prior to the meeting at which the Form 990 will be reviewed (the "meeting"). Members of the board or executive committee will be asked to review the documents and to raise any questions or concerns they have prior to or at the meeting. The complete Form 990, including all Schedules and attachments, will be available at the meeting, where management will review the entire Form 990 with the board or executive committee members, giving particular attention to the compensation disclosures in Schedule J. The Form 990 will be submitted to the IRS only after any questions or concerns raised by the board or executive committee members have been addressed.

ldentifier	Return Reference	Explanation
CONFLICTS OF INTEREST MONITORING AND ENFORCEMENT	PART VI, LINE 12C	MERCY HAS A CONFLICT OF INTEREST POLICY THAT COVERS MERCY HEALTH SERVICES, INC AND ALL OF ITS DIRECT AND INDIRECT SUBSIDIARIES THE INDIVIDUALS COVERED UNDER THE POLICY INCLUDE ALL TRUSTEES, DIRECTORS, OFFICERS (INCLUDING ALL SENIOR AND EXECUTIVE VICE PRESIDENTS) AND MEMBERS OF ANY COMMITTEE WITH BOARD-DELEGATED POWERS UNDER THE POLICY, EACH SUCH PERSON IS REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM REGARDING ALL BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER, HAS WITH ANY OTHER ORGANIZATIONS THAT DO BUSINESS WITH MERCY AND ALL RELATIONSHIPS BETWEEN AND AMONG OFFICERS, TRUSTEES AND DIRECTORS THE COMPLETED DISCLOSURE FORMS ARE REVIEWED BY THE BOARD CHAIR AND BY MERCY'S CEO OR A DESIGNEE IN ADDITION TO THE ANNUAL DISCLOSURE, ANY PERSON WHO IS COVERED BY THE CONFLICT OF INTEREST POLICY HAS AN ONGOING OBLIGATION TO DISCLOSE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT TO THE BOAND OR THE BOARD COMMITTEE IN WHICH THE MATTER ARISES FOLLOWING THE DISCLOSURE, THE PERSON MAY MAKE A PRESENTATION, BUT MUST THEN LEAVE THE MEETING AND THE OTHER MEMBERS OF THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER A CONFLICT EXISTS UNDER THE POLICY, A CONFLICT OF INTEREST EXISTS WHEN AN INDIVIDUAL'S OWN PERSONAL INTERST WOULD, OR MAY, INTERFERE WITH HIS OR HER IMPARTIALITY REGARDING THE MATTER IF A CONFLICT EXISTS, THE PERSON MUST ABSTAIN FROM VOTING AND MAY NOT BY PRESENT DURING DELIBERATIONS ON THE MATTER THE BOARD OR COMMITTEE, AFTER CONDUCTING SUCH ADDITIONAL DUE DILIGENCE AS IT DETERMINES IS APPROPRIATE, SHALL MAKE A DECISION ON THE MATTER BASED UPON WHETHER THE PARTICULAR PROPOSAL IS FAIR, REASONABLE AND IN THE BEST INTEREST OF THE ORGANIZATION

ldentifier	Return Reference	Explanation
PROCESS OF DETERMINING COMPENSATION	PART VI, LINE 15	The Organization's Board has adopted a Compensation Policy (the "Policy") for Covered Individuals Pursuant to the Policy, a Compensation Committee of Independent directors of the Board of the Organization's parent corporation was established to review the compensation of all employees specified as having a substantial influence over the Organization and who receive remuneration from the Organization, including, among others, the Organization's President and Chief Executive Officer and the Organization's Chief Financial Officer The compensation committee is advised by an independent compensation consultant, which opines to the Compensation Committee that the level of compensation paid and the process by which compensation is established meet applicable IRS reasonableness and "safe harbor" standards The outside compensation consultant provides data of compensation provided at similar organizations to ensure that the Organization does not compensate in excess of market norms

ldentifier	Return Reference	Explanation
DOCUMENT AVAILABILITY	PART VI, LINE 19	The governing documents of the organization, its conflicts of interest policy, and its financial statements are available from the organization upon request

ldentifier	Return Reference	Explanation
BLANK LINES		THE ORGANIZATION DID NOT COMPLETE PART V, LINES 8&9 BECAUSE IT DID NOT SPONSOR ANY DONOR ADVISED FUNDS

Identifier	Return Reference	Explanation
AUDITS	Part XI Questions 2 and 3	Mercy Health System, Inc. and its subsidiaries, including the organization filing this Form 990, undergo a consolidated audit of their financial statements that complies with Single Audit Act/Circular A-133 requirements due to the expenditure of federal awards. The accounting firm of Cohen, Rutherford, & Knight, PA his issued an unqualified opinion regarding the consolidated financial statements in conformance with GAAS and the Single Audit Act/OMB Circular A-133 requirements for the fiscal year that corresponds to the tax reporting year governed by this return

ldentifier	Return Reference	Explanation
ındependent dırectors	part vı, lıne 1b	Most of the directors of the organization are executive employees of the organization's affiliate and are appointed to the organization's board by the organiztion's corporate parent

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

DLN: 93493134055070

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Mercy Medical Center

Employer identification number
52-0591658

Part I Identification of Disregarded Entities

(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
NORTH CALVERT STREET PROPERTIES LLC 301 ST PAUL PLACE BALTIMORE, MD 21202	real estate	MD	0	0	MERY MEDICAL
HOLIDAY STREET PROPERTIES LLC 301 ST PAUL PLACE BALTIMORE, MD 21202	real estate	MD	0	0	MERCY MEDICA

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
MERCY HEALTH SERVICES INC					
301 ST PAUL PLACE BALTIMORE, MD21202 52-2173382	SUPPORT	MD	501(C)(3)	509(A)(3)	N/A
MERCY RIDGE INC					
2525 POT SPRING TIMONIUM, MD21093 52-2097927	RETIRE FACILT	MD	501(C)(3)	509(A)(2)	MERCY HEALTH
MERCY HEALTH FOUNDATION INC					
301 ST PAUL PLACE BALTIMORE, MD21202 52-2173656	FOUNDATION	MD	501(C)(3)	170(B)(1)vı	MERCY HEALTH
SAINT PAUL PLACE SPECIALISTS INC					
301 ST PAUL PLACE BALTIMORE, MD21202 52-1495113	SPEC CARE	MD	501(C)(3)	170(B)1 III	MERCY HEALTH
MARYLAND FAMILY CARE INC					
301 ST PAUL PLACE BALTIMORE, MD21202 52-2046586	PRIMARY CARE	MD	501(C)(3)	170(B)1 III	MERCY HEALTH
STELLA MARIS INC					
2300 DULANEY VALLEY TIMONIUM, MD21093 52-1419602	NURSING FACLT	MD	501(C)(3)	509(A)(2)	MERCY HEALTH
MERCY TRANSITIONAL CARE SERVICES INC					
301 ST PAUL PLACE BALTIMORE, MD21202 52-1968440	SKILLED NURSE	MD	501(C)(3)	509(A)(2)	MERCY MEDICA
For Dangework Doduction Act Notice, see the Instructions for Form 900		Cat No E012EV			shadula B / Earm 000\ 2009

(A) Name, address, and EIN of related organization	(Primary	(B) y activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	inc	(E) redominant come(related, nvestment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H Disproj alloca	prtionate	(I) Code V—UBI amount or Box 20 of K-1	(J) General o managing partner?
									Yes	No		Yes No
MARYLAND SPECIALTY SERVICES LLC 301 ST PAUL PLACE BALTIMORE, MD21202	SPECIALTY	' CARE	MD	MERCY HLTH SERV			0	0		No		No
Part IV Identification of Re	lated Org	ganizati	ons Taxa	ble as a Corpor	ation	or Trust						
(A) Name, address, and EIN of related organ	nization	(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 incor	ne	end	hare of Per	(H) centage nership
GREENLEAF INSURANCE CO LTD PO BOX 1363 GRAND CAYMAN, CAYMAN ISLANDS KY1-1108 CJ 52-0591658		INSURANCI	E	CJ		MERCY MEDICAL	LTD	-1,868	,952		33,102,777 100	%
			1						ı		l	

(6)

Part V Transactions with Related Organizatio	ns
--	----

Pa	art V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	aty		1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1 c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d		No
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1 g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1 i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)		1k		No
I	Performance of services or membership or fundraising solicitations by other orga	anization(s)		11		No
m	n Sharing of facilities, equipment, mailing lists, or other assets				Yes	
n	Sharing of paid employees			1n	Yes	
0	Reimbursement paid to other organization for expenses			10	Yes	<u> </u>
Р	Reimbursement paid by other organization for expenses			1р	Yes	—
						ļ
q	• • • • • • • • • • • • • • • • • • • •		ŀ	1q	Yes	
r	O ther transfer of cash or property from other organization(s)			1r	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	nips and transaction thresholds			
	(A)	(B) Transaction	(C)			
	Name of other organization(s)	type(a-r)	Amount Involved			
(1)						
(2)						
(3)						
(3)						
(4)						
(5))					

Part VI Unrelated Organizations Taxable as a Partnership

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

					 			_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	end-of-year allocations? amount on the		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)		
			Yes	No	Yes	No		Yes	No
			•	•	•		Cabadul	D / Form	

Software ID:

Software Version:

EIN: 52-0591658

Name: Mercy Medical Center

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

Form 990, Schedule K, Part II - Identification of Related	i ax-Exempt Organiza	LIGHS	ı	T.	1
(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
MERCY HEALTH SERVICES INC					
301 ST PAUL PLACE BALTIMORE, MD21202 52-2173382	SUPPORT	MD	501(C)(3)	509(A)(3)	N/A
MERCY RIDGE INC					
2525 POT SPRING TIMONIUM, MD21093 52-2097927	RETIRE FACILT	MD	501(C)(3)	509(A)(2)	MERCY HEALTH
MERCY HEALTH FOUNDATION INC					
301 ST PAUL PLACE BALTIMORE, MD21202 52-2173656	FOUNDATION	MD	501(C)(3)	170(B)(1)vı	MERCY HEALTH
SAINT PAUL PLACE SPECIALISTS INC					
301 ST PAUL PLACE BALTIMORE, MD21202 52-1495113	SPEC CARE	MD	501(C)(3)	170(B)1 III	MERCY HEALTH
MARYLAND FAMILY CARE INC					
301 ST PAUL PLACE BALTIMORE, MD21202 52-2046586	PRIMARY CARE	MD	501(C)(3)	170(B)1 III	MERCY HEALTH
STELLA MARIS INC					
2300 DULANEY VALLEY TIMONIUM, MD21093 52-1419602	NURSING FACLT	MD	501(C)(3)	509(A)(2)	MERCY HEALTH
MERCY TRANSITIONAL CARE SERVICES INC					
301 ST PAUL PLACE BALTIMORE, MD21202 52-1968440	SKILLED NURSE	MD	501(C)(3)	509(A)(2)	MERCY MEDICA

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DLN: 93493134055070

OMB No 1545-0184

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury ► Attach to your tax return. Internal Revenue Service (99)

► See separate instructions.

Attachment Sequence No 27

(a) Description of property (mo , day, yr) (mo , da	
Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Converse From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see Instructions) (a) Description of property (b) Date acquired (mo, day, yr) (c) Date sold (mo, day, yr) (mo, day, yr) (mo, day, yr) (mo, day, day) 3 Gain, if any, from Form 4684, line 45	(g) Gain or (loss) tract (f) from the sum
Sales or Exchanges of Property Used in a Trade or Business and Involuntary Converse From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instruct (see instruct (mo, day, yr)) (d) Gross sales price or allowed or allowed or allowed expense of sale 3 Gain, if any, from Form 4684, line 45	(g) Gain or (loss) tract (f) from the sum
From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instruct (a) Description of property (b) Date acquired (mo , day, yr) (mo , day, yr) (d) Gross sales price (e) Depreciation allowed or allowed or allowable since acquisition (5) Cost or other basis, plus improvements and expense of sale (a) Description of property (b) Date sold (mo , day, yr) (c) Date sold (mo , day, yr) (d) Gross sales price (a) Description of property (b) Date sold (mo , day, yr) (c) Date sold (mo , day, yr) (d) Gross sales price (a) Description of property (b) Date sold (mo , day, yr) (c) Date sold (mo , day, yr) (d) Gross sales price (d) Gross sales (d) Gr	(g) Gain or (loss) tract (f) from the sum
(a) Description of property (a) Description of property (b) Date Solid (mo , day, yr) (c) Date Solid (mo , day, yr) (d) Gross sales price or allowed or allowable since acquisition 3 Gain, if any, from Form 4684, line 45	tract (f) from the sum
3 Gain, if any, from Form 4684, line 45 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	
6 Gain, if any, from line 32, from other than casualty or theft 6	
7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows 7	
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the	
instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below	
Individuals, part ners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below	
8 Nonrecaptured net section 1231 losses from prior years (see instructions)	
9 Subtract line 8 from line 7 If zero or less, enter -0 - If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) 9	
Part II Ordinary Gains and Losses (see instructions)	
10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)	
SALE OF FIXED ASSETS 6,500 86,263	79,763
11 Loss, If any, from line 7	()
12 Gain, if any, from line 7, or amount from line 8, if applicable	
13 Gain, if any, from line 31	
14 Net gain or (loss) from Form 4684, lines 37 and 44a	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	
17 Combine lines 10 through 16	-79,763
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below	
a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of	
the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	

.9	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	perty							(b) Date acquired(mo , day, yr)	(c) Date sol (mo , day, yr)
A										
B C										
D										
Т	hese columns relate to the properties on lines 19A through 19D	.	Property A	P	ropert	у В	Prope	erty C	Pro	perty D
20	Gross sales price (Note: See line 1 before completing)	20								
1	Cost or other basis plus expense of sale	21								
2	Depreciation (or depletion) allowed or allowable	22								
3	Adjusted basis Subtract line 22 from line 21 .	23		-						
4	Total gain Subtract line 23 from line 20	24								
:5	If section 1245 property:									
а	Depreciation allowed or allowable from line 22	25a								
b	Enter the smaller of line 24 or 25a	25b								
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
а	Additional depreciation after 1975 (see instructions)	26a								
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b								
c	Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c								
d	Additional depreciation after 1969 and before 1976	26d								
e f	Enter the smaller of line 26c or 26d Sections 291 amount (corporations only)	26e 26f								
g	Add lines 26b, 26e, and 26f	26g		1						
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)									
а	Soil, water, and land clearing expenses	27a								
ь	Line 27a multiplied by applicable percentage (see instructions)	27b								
c	Enter the smaller of line 24 or 27 b	27c								
8	If section 1254 property:									
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a								
ь	Enter the smaller of line 24 or 28a	28b								
9	If section 1255 property:									
а	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a								
b	Enter the smaller of line 24 or 29a (see instructions)	29b								
	immary of Part III Gains. Complete prope			h D th	rougl	ı lıne 2	9b befor		ing to line 3	30.
0	Total gains for all properties Add property column	s A thr	ough D, line 24					30		
1	Add property columns A through D, lines 25b, 26g							31		
32	Subtract line 31 from line 30. Enter the portion from portion from other than casualty or theft on Form 4	1797, l	ne 6		• •			32		
Pa r	Recapture Amounts Under Sectio (see instructions)	ns 17	9 and 280F(b))(2) V	Vhen			Dro	<u> </u>	
							ection 79		(b) Sect 280F(b)	
	Section 179 expense deduction or depreciation a				33					

35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report . . 35