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

<b>A For the 2009</b>		<b>calendar year, or tax year beginning 01-01-2009</b>		<b>and ending 12-31-2009</b>	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> Mercy Hospital Inc		<b>D Employer identification number</b> 04-3398280
			Doing Business As		<b>E Telephone number</b> (413) 539-2608
			Number and street (or P O box if mail is not delivered to street address) c/o SPHS 1221 Main Street No 108	Room/suite	<b>G Gross receipts \$</b> 225,982,539
			City or town, state or country, and ZIP + 4 Holyoke, MA 010400000		
		<b>F Name and address of principal officer</b> William Bithoney MD 271 Carew Street Springfield, MA 010400000		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ www.mercycares.com					
<b>K Form of organization</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1898		<b>M State of legal domicile</b> MA	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities Mercy Hospital, Inc , a member of The Sisters of Providence Health System, Inc ("SPHS"), is a not-for-profit hospital established to meet the healthcare needs of the community it serves. Mercy Hospital, Inc offers a wide range of programs and services in acute care, behavioral health care and rehabilitation care. The Sisters of Providence Health System, Inc is a member of Catholic Health East ("CHE")		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 2,24	
	6	Total number of volunteers (estimate if necessary)	6 12	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 255,91	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -149,11	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,205,272	Current Year 2,466,973
	9	Program service revenue (Part VIII, line 2g)	191,117,115	210,260,703
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,552,784	378,948
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,145,090	12,875,915
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	208,020,261	225,982,539
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	100,478,233	104,989,809
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	104,070,774	106,297,827
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	204,549,007	211,287,636
19		Revenue less expenses. Subtract line 18 from line 12	3,471,254	14,694,903
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	141,306,484	144,883,969
	21	Total liabilities (Part X, line 26)	104,274,849	84,078,438
	22	Net assets or fund balances. Subtract line 21 from line 20	37,031,635	60,805,531

<b>Part II Signature Block</b>					
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2010-11-11</div> <div>Date</div> </div>	
	<div> <div></div> <div>Thomas Robert CFO</div> <div>Type or print name and title</div> </div>				
<b>Paid Preparer's Use Only</b>	Preparer's signature <div></div>		Date	Check if self-employed <div></div>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <div> <div>DELOITTE TAX LLP</div> <div>1700 MARKET STREET 25TH FLOOR</div> <div>PHILADELPHIA, PA 191033984</div> </div>		EIN <div></div>		
			Phone no <div></div> (215) 246-2300		

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

Part III Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

Mercy Hospital, Inc a member of The Sisters of Providence Health System, Inc ("SPHS"), is a community of persons committed to being a transforming, healing presence within the communities that we serve We believe in the sacredness of human life, in the innate dignity of each person and that it is in relationship with one another that all persons realize their fullest potential In our service, we are sustained by an unwavering trust in God's Providence Mercy Hospital, Inc is a member of Catholic Health East ("CHE")

2

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

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

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

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 137,098,981 including grants of \$ ) (Revenue \$ 168,036,387 )

Mercy Hospital, Inc offers a wide range of programs and services in acute care The acute programs and services include cardiac care, maternity services, cancer treatment, emergency care, diagnostic imaging, intensive care, critical care and surgical procedures both inpatient and outpatient 2009 total patient days 44,942

4b

(Code ) (Expenses \$ 30,820,052 including grants of \$ ) (Revenue \$ 29,683,692 )

Mercy Hospital's behavioral health programs and services include inpatient and outpatient psychiatric care for people of all ages, short term residential treatment for people with acute psychiatric and or substance abuse problems, and intensive outpatient chemical dependency programs 2009 total patient days 39,584

4c

(Code ) (Expenses \$ 14,601,968 including grants of \$ ) (Revenue \$ 15,190,183 )

Mercy Hospital's rehabilitation programs and services include inpatient, outpatient, day and pediatric rehabilitation services, physical therapy, occupational therapy, speech therapy, audiology and pain management 2009 total patient days 7,013

4d

Other program services (Describe in Schedule O )














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

4e

Total program service expenses

\$ 182,521,001

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	180	
	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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	2,248	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b 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
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	Yes
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	Yes
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	20	
b	Enter the number of voting members that are independent . . .	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Thomas Robert c/o SPHS 1221 Main Street Suite 101 Holyoke, MA 010400000 (413) 539-2608





<b>1b</b>	<b>Total</b> . . . . .	1,382,112	1,961,969	308,332
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**2**

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶77

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

Section B. Independent Contractors

**1**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Sheridan Morse Healthcare of MA PO Box 452197 Sunrise, FL 333232197	Anesthesiology	1,198,644
Western Mass Critical Care PC 300 Stafford Street Suite 300 Springfield, MA 011043581	Physicians fees	1,169,873
Arrow Security PO Box 1250 Springfield, MA 011011250	Security	1,065,182
Inpatient Pediatric Services Inc 153 Munger Hill Road Westfield, MA 010854576	Physicians fees	796,863
Angelica Textile Services PO Box 823283 Philadelphia, PA 191823283	Laundry	678,039

**2**

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶22

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a8,487	2,466,973						
	b	Membership dues . . . . .	1b							
	c	Fundraising events . . . . .	1c							
	d	Related organizations . . . .	1d							
	e	Government grants (contributions)	1e1,956,670							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f501,816							
	g	Noncash contributions included in lines 1a-1f \$ _____								
	h	Total. Add lines 1a-1f . . . . .								
Program Service Revenue			Business Code	210,260,703						
	2a	Acute Care	623,000					165,899,078	165,899,078	
	b	Behavioral Health Care	623,000					29,364,651	29,364,651	
	c	Rehabilitation Revenue	623,000					14,996,974	14,996,974	
	d									
	e									
	f	All other program service revenue								
	g	Total. Add lines 2a-2f . . . . .								
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		375,948			375,948			
	4	Income from investment of tax-exempt bond proceeds . .								
	5	Royalties . . . . .								
	6a	(i) Real		932,667			932,667			
		(ii) Personal								
	b	Less rental expenses								
	c	Rental income or (loss)		932,667						
	d	Net rental income or (loss) . . . . .		932,667			932,667			
	7a	(i) Securities								
		(ii) Other								
	b	Less cost or other basis and sales expenses								
	c	Gain or (loss)		3,000						
	d	Net gain or (loss) . . . . .		3,000			3,000			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . .								
		a								
	b	Less direct expenses . . . . .		b						
	c	Net income or (loss) from fundraising events . .								
	9a	Gross income from gaming activities See Part IV, line 19 . . . .								
		a								
	b	Less direct expenses . . . . .		b						
c	Net income or (loss) from gaming activities . .									
10a	Gross sales of inventory, less returns and allowances . . . .									
	a									
b	Less cost of goods sold . . . . .		b							
c	Net income or (loss) from sales of inventory . .									
Miscellaneous Revenue		Business Code	7,626,856			7,626,856				
11a	Gain on Debt Extinguis									
b	Purchase Rebates	900,099					1,256,207	1,256,207		
c	Cafeteria Revenue	722,210					1,253,905		1,253,905	
d	All other revenue . . . . .						1,806,280	1,393,352	255,914	157,014
e	Total. Add lines 11a-11d . . . . .						11,943,248			
12	Total revenue. See Instructions . . . . .		225,982,539	212,910,262	255,914	10,349,390				

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	421,918		421,918	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	87,408,499	86,159,336	1,249,163	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,326,420	2,306,481	19,939	
9	Other employee benefits . . . . .	8,152,727	8,019,211	133,516	
10	Payroll taxes . . . . .	6,680,245	6,555,768	124,477	
11	Fees for services (non-employees)				
a	Management . . . . .	19,749,396	19,133,956	615,440	
b	Legal . . . . .				
c	Accounting . . . . .				
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .				
12	Advertising and promotion . . . . .	118,923	74,706	44,217	
13	Office expenses . . . . .	34,546,457	33,992,631	553,826	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	6,189,616	6,004,381	185,235	
17	Travel . . . . .	199,078	183,335	15,743	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	177,375	172,654	4,721	
20	Interest . . . . .	1,907,425		1,907,425	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	7,058,166	5,816,328	1,241,838	
23	Insurance . . . . .	1,968,334	1,968,334		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	System Assessment	21,824,054	0	21,824,054	0
b	Bad Debt	6,846,069	6,846,069	0	0
c	Service Contracts	3,611,999	3,609,785	2,214	0
d	Program Payments UCC Po	1,248,850	1,248,850	0	0
e	Association Dues	247,034	52,137	194,897	0
f	All other expenses	605,051	377,039	228,012	
25	Total functional expenses. Add lines 1 through 24f	211,287,636	182,521,001	28,766,635	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			40,866,616	2	47,847,038
	3	Pledges and grants receivable, net . . . . .			3,070,227	3	2,589,285
	4	Accounts receivable, net . . . . .			20,691,563	4	20,175,593
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			114,063	7	121,410
	8	Inventories for sale or use . . . . .			2,509,630	8	2,989,415
	9	Prepaid expenses and deferred charges . . . . .			1,238,613	9	1,473,044
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	192,401,152	62,028,894	10c	64,538,980
	b	Less accumulated depreciation . . . . .	10b	127,862,172			
	11	Investments—publicly traded securities . . . . .			3,240,291	11	3,537,807
	12	Investments—other securities See Part IV, line 11 . . . . .			96,704	12	97,513
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			7,449,883	15	1,513,884
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			141,306,484	16	144,883,969
Liabilities	17	Accounts payable and accrued expenses . . . . .			14,900,593	17	14,507,731
	18	Grants payable . . . . .			160,128	18	161,579
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			59,958,652	20	51,264,439
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			29,255,476	25	18,144,689
	26	Total liabilities. Add lines 17 through 25 . . . . .			104,274,849	26	84,078,438
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			33,380,058	27	57,866,147
	28	Temporarily restricted net assets . . . . .			3,293,771	28	2,581,578
	29	Permanently restricted net assets . . . . .			357,806	29	357,806
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			37,031,635	33	60,805,531
	34	Total liabilities and net assets/fund balances . . . . .			141,306,484	34	144,883,969

**Part XI**    **Financial Statements and Reporting**

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization Mercy Hospital Inc	Employer identification number 04-3398280
--	--

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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



**Part IV**

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

Additional Data

Software ID:

Software Version:

EIN: 04-3398280

Name: Mercy Hospital Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joanne M Beauregard Trustee	1 00	X						0	0	0
William A Collins Trustee	1 00	X						0	0	0
Rev Msgr Christopher D C Trustee	1 00	X						0	0	0
Timothy K Fitzpatrick MD Trustee	1 00	X						0	0	0
John Griggs MD Trustee	1 00	X						0	0	0
Sr Ann M Horgan SP Trustee	1 00	X						0	0	0
Kathleen M Kane Trustee	1 00	X						0	0	0
Almaneta G Lee Trustee	1 00	X						0	0	0
Sr Ruth F McGoldrick Trustee	1 00	X						0	0	0
Leda M McKenry Phd Trustee	1 00	X						0	0	0
Sr Joan C Mullen SP Trustee	1 00	X						0	0	0
Shirin Nash MD Trustee	1 00	X						0	0	0
Carla W Newton Esq Trustee	1 00	X						0	0	0
Sr Kathleen Popko SP Trustee	1 00	X						0	0	0
Rev Karen L Rucks Trustee	1 00	X						0	0	0
Paul J Valickus Trustee	1 00	X						0	0	0
David Chadbourne Chair	1 00	X		X				0	0	0
John Dowd Vice Chair	1 00	X						0	0	0
Robert Sullivan JR Secretary	1 00	X						0	0	0
Vincent McCorkle President/CEO	50 00	X		X				0	641,358	62,597
SrSullivan-See Sch O Asst Secty/VP Mission	50 00			X				0	154,723	17,359
Michael Hammond Treasurer/CFO	50 00			X				0	253,487	43,223
Thomas Robert Asst Treasurer/Controlle	50 00			X				0	151,920	6,213
Leonard Pansa Senior VP HR	50 00				X			0	210,407	23,398
Sharon A Adams Sr VP Patient Care Serv	50 00				X			202,172	0	27,301

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Winthrop Whitcomb MD VP Quality Improvement	50 00				X			0	200,044	22,064
Leslie W Smith CMO/Behavioral	40 00				X			185,781	0	6,664
William Bithoney COO/Acute CMO	50 00				X			0	350,030	43,171
Lawrence Osborn Psychiatrist	40 00					X		219,315	0	6,672
Gaurav Chawla Assoc Medical Director	40 00					X		205,050	0	7,366
Lawrence Peters Assoc Medical Director	40 00					X		196,217	0	17,786
Mary Tarail Assoc Medical Director	40 00					X		187,908	0	6,743
Nathan Somers Psychiatrist	40 00					X		185,669	0	17,775

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
System Assessment	21,824,054	0	21,824,054	0
Bad Debt	6,846,069	6,846,069	0	0
Service Contracts	3,611,999	3,609,785	2,214	0
Program Payments UCC Po	1,248,850	1,248,850	0	0
Association Dues	247,034	52,137	194,897	0

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization Mercy Hospital Inc	Employer identification number 04-3398280
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 

☐ Yes ☐ No
- 4a

Was a correction made? 

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year? 

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		32,812
	j Total lines 1c through 1i			32,812
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	The organization pays membership dues to the Massachusetts Hospital Association which engages in lobbying activities. A portion of these dues are attributable to lobbying activities.

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
Mercy Hospital Inc

**Employer identification number**  
04-3398280

Part I

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

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

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____



Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes☐ No

Part IV

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

1a

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

☐ Yes☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	357,806	357,806		
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .	27,185			
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	27,185			
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	357,806	357,806		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 100 000 % %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

No

(ii)

related organizations . . . . .

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,195,837		2,195,837
b Buildings . . . . .		70,602,842	29,026,348	41,576,494
c Leasehold improvements . . . . .		343,239	147,120	196,119
d Equipment . . . . .		113,474,570	94,374,547	19,100,023
e Other . . . . .		5,784,664	4,314,157	1,470,507
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				64,538,980



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part 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) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .	2a
b	Donated services and use of facilities . . . . .	2b
c	Recoveries of prior year grants . . . . .	2c
d	Other (Describe in Part XIV) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b	Other (Describe in Part XIV) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .	2a
b	Prior year adjustments . . . . .	2b
c	Other losses . . . . .	2c
d	Other (Describe in Part XIV) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b	Other (Describe in Part XIV) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Income from Endowment Funds are used to provide patient care

Additional Data

Software ID:  
Software Version:  
EIN: 04-3398280  
Name: Mercy Hospital Inc

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	Third Party Payor Settlements	2,674,271
	Pension Liability	7,220,548
	Workers Compensation Reserve	2,349,555
	Other Reserve	863,324
	Fixed Assets Retirement Obligation	988,811
	Health Claims Reserve	675,604
	Other	2,311,176
	AR credit balances	1,061,400

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
Mercy Hospital Inc

**Employer identification number**  
04-3398280

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . .			4,209,448	3,600,499	608,949	0 300 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			40,819,332	41,493,184	-673,852	0 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .			5,632,178	4,311,551	1,320,627	0 650 %
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			50,660,958	49,405,234	1,255,724	0 950 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,883,256	60,859	1,822,397	0 890 %
f Health professions education (from Worksheet 5) . . . .						
g Subsidized health services (from Worksheet 6) . . . .						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			12,792	1,552,652	-1,539,860	0 %
j <b>Total</b> Other Benefits . . . .			1,896,048	1,613,511	282,537	0 890 %
k <b>Total.</b> Add lines 7d and 7j . . . .			52,557,006	51,018,745	1,538,261	0

Part IICommunity Building Activities

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

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,613,992
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	64,792,185
6	Enter Medicare allowable costs of care relating to payments on line 5	6	51,284,530
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	13,507,655
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 Western Massachuset	Diagnostic Imaging	50.000 %		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

**Part V Facility Information**

Name and address	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital

Mercy Hospital Inc  
271 Carew St  
Springfield, MA 011040000  
Mercy Hospital Inc dba Providence  
Behavioral Health Hospital 1233  
Main St  
Holyoke, MA 010400000

X

X

Complete this part to provide the following information

[illegible]

Part I, Line 7 A cost to charge ratio was derived from Worksheet 2 to calculate the charity care and means-tested government program section Part 1 line 7 The cost to charge ratio excludes bad debt expense pursuant to the instructions

Part III, Line 8 The costing methodology utilized in the Medicare cost report is as follows Inpatient routine services are allocated on a basis of Medicare days to total days All other services are allocated on a cost to charge ratio

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

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

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

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

Part VI, Line 6 The Health Care for the Homeless Program performed clinical assessments to individuals and families at 46 regional shelters, soup kitchens, job placement sites and transitional living centers. In 2009, 2,237 individuals were served with a total of 11,611 medical case management and mental health sessions. The MassHealth Outreach and Support Program served 98 teen parents at Providence Prenatal Clinic and 68 teen parents at Mercy Care at Forest Park.

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Schedule H (Form 990) 2009



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Mercy Hospital Inc	Employer identification number  04-3398280
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Part I

Questions Regarding Compensation

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

**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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Vincent McCorkle	(i)	0	0	0	0	0	0	0
	(ii)	421,096	35,499	184,763	34,388	28,209	703,955	0
SrSullivan-See Sch O	(i)	0	0	0	0	0	0	0
	(ii)	145,277	9,446	0	8,846	8,513	172,082	0
Michael Hammond	(i)	0	0	0	0	0	0	0
	(ii)	249,141	2,755	1,591	23,100	20,123	296,710	0
Thomas Robert	(i)	0	0	0	0	0	0	0
	(ii)	145,143	6,603	174	4,526	1,687	158,133	0
Leonard Pansa	(i)	0	0	0	0	0	0	0
	(ii)	196,924	12,530	953	18,387	5,011	233,805	0
Sharon A Adams	(i)	189,424	12,340	408	18,082	9,219	229,473	0
	(ii)	0	0	0	0	0	0	0
Winthrop Whitcomb MD	(i)	0	0	0	0	0	0	0
	(ii)	192,560	7,095	389	6,244	15,820	222,108	0
Leslie W Smith	(i)	173,352	11,827	602	5,585	1,079	192,445	0
	(ii)	0	0	0	0	0	0	0
William Bithoney	(i)	0	0	0	0	0	0	0
	(ii)	339,571	8,167	2,292	23,850	19,321	393,201	0
Lawrence Osborn	(i)	217,334	0	1,981	5,506	1,166	225,987	0
	(ii)	0	0	0	0	0	0	0
Gaurav Chawla	(i)	204,885	0	165	6,152	1,214	212,416	0
	(ii)	0	0	0	0	0	0	0
Lawrence Peters	(i)	191,009	4,500	708	5,603	12,183	214,003	0
	(ii)	0	0	0	0	0	0	0
Mary Tarail	(i)	187,200	0	708	5,529	1,214	194,651	0
	(ii)	0	0	0	0	0	0	0
Nathan Somers	(i)	171,599	13,950	120	5,672	12,103	203,444	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Monthly dues for SPHS's CEO are paid to the Colony Club
	Part I, Line 4a	Leonard Pansa, \$11,691, Sr Kathleen Sullivan, \$8,588, Sharon Adams, \$11,519
	Part I, Line 6	The organization has an incentive pay program of which one criteria is based on the organization's operating results as compared to budget as well as other criteria which includes quality and patient satisfaction

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

Department of the Treasury Internal Revenue Service	
Name of the organization Mercy Hospital Inc	Employer identification number 04-3398280

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Mass HEFA 2007C	04-2456011	57586CXY6	04-19-2007	43,650,800	Advance Refunding		X		X
B	Mass HEFA 2009	04-2456011	57586EGR6	03-19-2009	25,524,666	Current Refunding		X		X

Part II

Proceeds

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total proceeds of issue			43,650,800		25,524,666					
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows			43,257,676		19,370,016					
4	Other unspent proceeds										
5	Issuance costs from proceeds			394,820		457,023					
6	Working capital expenditures from proceeds			5,697,627		5,697,627					
7	Capital expenditures from proceeds										
8	Year of substantial completion			2007		2009					
9	Were the bonds issued as part of a current refunding issue?		X		X						
10	Were the bonds issued as part of an advance refunding issue?	X				X					
11	Has the final allocation of proceeds been made?	X			X						
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X						

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?		X		X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X			X						
6	Did the bond issue qualify for an exception to rebate?		X	X							

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization Mercy Hospital Inc	Employer identification number 04-3398280
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Identifier	Return Reference	Explanation
Form 990, Part V, Line 1c		The organization did not have any backup withholding requirements for reportable payments to vendors and reportable gaming winnings to prize winners Had the organization been required to do so backup withholding would have been performed
Form 990, Part V, Lines 7g & 7h		The organization did not receive any contributions that require the filing of Form 8899 or 1098-C for the 2009 year If it had, the respective forms would have been filed
Form 990, Part VI, Section A, line 6		Yes, Sisters of Providence Health System, Inc is the sole member
Form 990, Part VI, Section A, line 7a		Yes, Sisters of Providence Health System, Inc approves the appointment of the members of the governing body
Form 990, Part VI, Section A, line 7b		CHE has limited reserved powers to approve decisions of the governing body
Form 990, Part VI, Section B, line 11		The organization took steps to educate management, members of the board and members of appropriate subcommittees of the board on the compliance requirements mandated by the Form 990 The form was prepared by Deloitte Tax LLP, reviewed by management and then was presented to the Finance Committee, who reviewed the 990 at their meeting on November 2, 2010
Form 990, Part VI, Section B, line 12c		The organization has adopted CHE's Policy 103, which sets forth the organization's conflict of interest policy and processes Annually, all those serving the organization in a fiduciary capacity, including directors, officers and key employees receive a copy of the policy and annual disclosure statement to be completed Disclosures of financial interest or other reportable circumstances as defined in the policy are submitted and reviewed by the organization's CEO and board's chair Summary information is reported to the entire board and available to the board throughout the year as business comes before the board or management for action The policy contains a continuing affirmative obligation on all affected individuals to disclose compensation or other circumstances throughout the year which may rise to the level of an actual or apparent conflict The determination of whether a disclosed financial or other interest constitutes a conflict of interest is made by the board or an appropriate committee thereof comprised of disinterested persons and without the participation of the affected individual except to respond to questions about the disclosure The policy further addresses the procedure for the board's further consideration of the proposed transaction/matter without the participation of the affected person and the documentation of the proceedings Lastly, the policy addresses potential disciplinary action for violations of the policy The policy is available to the public upon request
Form 990, Part VI, Section B, line 15		The organization has adopted CHE's process for determining compensation, which includes the following The board has an independent committee review and approve all elements of remuneration for all disqualified parties, as well as other key management The board/committee has an established compensation philosophy which details the objectives of market positioning and pay elements The committee engages with external consultants to provide market data comparing the organization's roles to similarly sized health systems utilizing both title and job content comparisons The committee reviews the market analysis, approves any salary adjustments for the executive population, considers both reasonableness and effectiveness of all remunerative programs and establishes the detailed performance expectations which are incorporated into the incentive plan All of these discussions and decisions are documented through the provision of meeting minutes

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Organizational Articles of Incorporation, Corporate Bylaws, governance policies believed to be of interest to the public, conflict of interest policy, audited financial statements, annual community benefit report and IRS Form 990 are available to the public upon request

Form 990, Part XI, Lines 2a & b While the entity does not have individual audited financial statements, an audit of SPHS's consolidated financial statements was performed Form 990, Part VII Avg hours devoted to related organization(s) when related comp is reported Individuals receiving compensation from related organizations have system-wide responsibilities requiring services to be performed for this organization as well as other organizations in the Sisters of Providence Health System The hours listed for individuals in Part VII reflect the time the individual spends on this organization and related organizations Accordingly, compensation listed in this part represents the individual's total compensation for work performed for all organizations comprising the Sisters of Providence Health System Form 990, Part VII, Section A All money paid on behalf of the Sr Sullivan goes directly to her religious order on her behalf

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

Cat No 51056K

Schedule O (Form 990) 2009

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

# 2009

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
Mercy Hospital Inc

Employer identification number

04-3398280

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

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

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Total income

(e)  
End-of-year assets

(f)  
Direct controlling  
entity

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

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

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Exempt Code section

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

(f)  
Direct controlling  
entity

See Additional Data Table



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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See Additional Data Table

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a Yes

1b No

1c No

1d No

1e No

1f No

1g No

1h No

1i Yes

1j Yes

1k No

1l Yes

1m No

1n No

1o Yes

1p Yes

1q No

1r No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	Sisters of Providence Health System Inc	A	34,924
(2)	System Coordinated Services Inc	I	104,305
(3)	Sisters of Providence Health System Inc	O	218,240,574
(4)	System Coordinated Services Inc	L	9,753,254
(5)	System Coordinated Services Inc	J	365,576
(6)	Sisters of Providence Health System Inc	P	79,083

Schedule R (Form 990) 2009

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Mercy Health System of Maine  144 State Street Portland, ME04101 01-0484074	Management & Support Services	ME	501(c)(3)	Line 11a, I	Catholic Health East
Mercy Hospital  144 State Street Portland, ME04101 01-0211534	Hospital	ME	501(c)(3)	Line 3	Mercy Health System of Maine
Mercy Care for Kids Inc  310 South Manning Blvd Albany, NY12208 14-1717564	Day care center	NY	501(c)(3)	Line 9	St Peter's Health Care Services
Our Lady of Mercy Life Center  2 Mercycare Lane Guilderland, NY12084 14-1743506	Nursing Home Facility	NY	501(c)(3)	Line 3	St Peter's Health Care Services
St Peter's Auxiliary  315 South Manning Blvd Albany, NY01228 22-2843206	Auxiliary	NY	501(c)(3)	Line 11a, I	St Peter's Health Care Services
St Peter's Health Care Services  315 South Manning Blvd Albany, NY12208 22-2702507	Management & Support Services	NY	501(c)(3)	Line 9	Catholic Health East
St Peter's Hospital  315 South Manning Blvd Albany, NY12208 14-1348692	Hospital	NY	501(c)(3)	Line 3	St Peter's Health Care Services
St Peter's Hospital Foundation Inc  319 South Manning Blvd Suite 309 Albany, NY12208 22-2262982	Fundraising & Public Relations	NY	501(c)(3)	Line 7	St Peter's Health Care Services
St Peter's Licensed Home Care Agency  159 Wolf Road Albany, NY12205 14-1818568	Home Health	NY	501(c)(3)	Line 3	St Peter's Health Care Services
The Community Hospice Foundation Inc  295 Valley View Blvd Rensselaer, NY12144 22-2692940	Fundraising & Public Relations	NY	501(c)(3)	Line 7	St Peter's Health Care Services
The Community Hospice Inc  295 Valley View Blvd Rensselaer, NY12144 14-1608921	Serving seriously ill people & their families	NY	501(c)(3)	Line 3	St Peter's Health Care Services
Villa Mary Immaculate  301 Hackett Blvd Albany, NY12208 14-1438749	Nursing Home & Physical Rehab	NY	501(c)(3)	Line 3	St Peter's Health Care Services
Warde Service Corporation Inc  159 Wolf Road 3rd Floor Albany, NY12205 14-1732097	Supporting & strengthening the ministries of rel sr mercy	NY	501(c)(3)	Line 9	St Peter's Health Care Services
Brightside Inc  c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-2182395	Behavioral Care	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc
Farren Care Center Inc  c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-2501711	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Mercy Specialist Physicians Inc  c/o SPHS 1221 Main Street No 108 Holyoke, MA01040 26-4033168	Neurosurgery Medical Services	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Sisters of Providence Care Centers Inc  c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 22-2541103	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc
Sisters of Providence Health System Inc  c/o SPHS 1221 Main Street Suite 108 Holyoke, MA01040 04-3398374	Management & Support Services	MA	501(c)(3)	Line 11a, I	Catholic Health East
McAuley Center Inc  275 Steele Road West Hartford, CT06117 06-1058086	Independent Living	CT	501(c)(3)	Line 9	Mercy Community Health Inc
Mercy Community Health Inc  2021 Albany Avenue West Hartford, CT06117 06-1492707	Management & Support Services	CT	501(c)(3)	Line 11a, I	Catholic Health East
Mercy Community HomeCare Services  2021 Albany Avenue West Hartford, CT06117 06-1488137	In Home Health Care	CT	501(c)(3)	Line 9	Mercy Community Health Inc
Mercy Services  2021 Albany Avenue West Hartford, CT06117 06-1453323	Support Services	CT	501(c)(3)	Line 1	Mercy Community Health Inc
Mercyknoll Inc  2021 Albany Avenue West Hartford, CT06117 06-0757380	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc
Saint Mary Home II Inc  2021 Albany Avenue West Hartford, CT06117 06-1164104	Elderly Care	CT	501(c)(3)	Line 3	Mercy Community Health Inc
St Mary Home Incorporated  2021 Albany Avenue West Hartford, CT06117 06-0646843	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc
Mercy Healthcare Center  114 Wawbeek Avenue Tupper Lake, NY12986 15-0532211	Hospital	NY	501(c)(3)	Line 3	Catholic Health East
Mercy Uihlein Health Corporation  185 Old Military Road Lake Placid, NY12946 16-1535133	Hospital	NY	501(c)(3)	Line 11b, II	Mercy Healthcare Center
Mercy Uihlein Health Foundation  185 Old Military Road Lake Placid, NY12946 14-1808618	Foundation	NY	501(c)(3)	Line 11b, II	Mercy Healthcare Center
Uihlein Mercy Center  185 Old Military Road Lake Placid, NY12946 15-0532190	Hospital	NY	501(c)(3)	Line 3	Mercy Healthcare Center
St James Mercy Foundation Inc  411 Canisteo Street Hornell, NY14843 16-1486437	Foundation	NY	501(c)(3)	Line 7	St James Mercy Health System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
St James Mercy Health System Inc  411 Canisteo Street Hornell, NY14843 22-3127184	Management & Support Services	NY	501(c)(3)	Line 11b, II	Catholic Health East
St James Mercy Hospital  411 Canisteo Street Hornell, NY14843 16-0743310	Hospital	NY	501(c)(3)	Line 3	St James Mercy Health System Inc
Marian Community Hospital  100 Lincoln Avenue Carbondale, PA18407 24-0711230	Hospital	PA	501(c)(3)	Line 3	Maxis Health System
Marian Community Hospital Auxiliary  100 Lincoln Avenue Carbondale, PA18407 25-1874733	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System
Maxis Foundation  100 Lincoln Avenue Carbondale, PA18407 23-2330090	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System
Maxis Health System  100 Lincoln Avenue Carbondale, PA18407 91-1940902	Health Care System	PA	501(c)(3)	Line 11b, II	Catholic Health East
Maxis Medical Services  100 Lincoln Avenue Carbondale, PA18407 23-2577185	Physician Practices	PA	501(c)(3)	Line 3	Maxis Health System
Tri-County Human Services Center Inc  PO Box 517 Carbondale, PA18407 23-1938528	Behavioral Health Organization	PA	501(c)(3)	Line 7	Maxis Health System
Columbus Acquisition Corp  1160 Raymond Boulevard Newark, NJ07102 26-2616342	Health Services	NJ	501(c)(3)	Line 3	Saint Michaels Medical Center
Saint Michaels Medical Center  111 Central Avenue Newark, NJ07102 26-2616046	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East
St James Care Inc  1160 Raymond Boulevard Newark, NJ07102 26-2616230	Hospital	NJ	501(c)(3)	Line 3	Saint Michaels Medical Center
St Michaels Medical Center Foundation  1160 Raymond Boulevard Newark, NJ07102 22-3311976	Foundation	NJ	501(c)(3)	Line 11a, I	Saint Michaels Medical Center
University Heights Property Company Inc  1160 Raymond Boulevard Newark, NJ07102 22-3100162	Medical Property Holding Company	NJ	501(c)(2)		Saint Michaels Medical Center
Life St Francis Corporation  601 Hamilton Avenue Trenton, NJ08629 22-2797282	Health Services	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ
St Francis Medical Center Foundation NJ  601 Hamilton Avenue Trenton, NJ08629 52-1025476	Foundation	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ
St Francis Medical Center Trenton NJ  601 Hamilton Avenue Trenton, NJ08629 22-3431049	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East
Langhorne MRI Inc  1201 Langhorne-Newtown Road Langhorne, PA19047 23-2519529	MRI Services	PA	501(c)(3)	Line 9	St Mary Medical Center
Langhorne Physician Services Inc  1201 Langhorne-Newtown Road Langhorne, PA19047 23-2571699	Physician Services	PA	501(c)(3)	Line 9	St Mary Medical Center
LIFE St Mary  1201 Langhorne-Newtown Road Langhorne, PA19047 26-2976184	Elderly Care	PA	501(c)(3)	Line 9	St Mary Medical Center
St Mary Medical Center  1201 Langhorne-Newtown Road Langhorne, PA19047 23-1913910	Hospital	PA	501(c)(3)	Line 3	Catholic Health East
St Mary Medical Center Foundation Inc  1201 Langhorne-Newtown Road Langhorne, PA19047 23-2567468	Foundation	PA	501(c)(3)	Line 7	St Mary Medical Center
East Norriton Physician Services  c/o One West Elm Street Conshohocken, PA19428 23-2515999	Physician Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Mercy Catholic Medical Center of Southeastern Pennsylvania  One West Elm Street Conshohocken, PA19428 23-1352191	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Mercy Family Support  1001 Baltimore Pike Suite 301 Springfield, PA19064 23-2325059	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania
Mercy Health Foundation of Southeastern Pennsylvania  c/o MHS One West Elm Street Conshohocken, PA19428 23-2829864	Fund Raising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Mercy Health Plan  c/o One West Elm Street Conshohocken, PA19428 22-2483605	Health Plans	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Mercy Health System of Southeastern Pennsylvania  One West Elm Street Conshohocken, PA19428 23-2212638	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East
Mercy Home Health  1001 Baltimore Pike Suite 310 Springfield, PA19064 23-1352099	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania
Mercy Home Health Services  1001 Baltimore Pike Suite 301 Springfield, PA19064 23-2325058	Home Health	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Mercy Management of Southeastern Pennsylvania  One West Elm Street Conshohocken, PA19428 23-2627944	Physician Practices	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Mercy Suburban Hospital  One West Elm Street Conshohocken, PA19428 23-1396763	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Nazareth Health Care Foundation  2701 Holme Avenue Philadelphia, PA19152 23-2300951	Fund Raising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Nazareth Hospital  2601 Holme Avenue Philadelphia, PA19152 23-2794121	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
Nazareth Physician Services Inc  2601 Holme Avenue Philadelphia, PA19152 20-3261266	Physician Practices	PA	501(c)(3)	Line 11c, III-FI	Mercy Health System of Southeastern Pennsylvania
NE Physician Services  2601 Holme Avenue Philadelphia, PA19152 23-2497355	Physician Practices	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
St Agnes Continuing Care Center  1900 S Broad Street Philadelphia, PA19145 23-2840137	Continuing Care Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania
St Agnes Continuing Care Center Foundation  1900 S Broad Street Philadelphia, PA19145 23-2415137	Fund Raising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania
Life at Lourdes Inc  1600 Haddon Avenue Camden, NJ08108 26-1854750	Supporting Organization	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Lourdes Ancillary Services  1600 Haddon Avenue Camden, NJ08103 22-2568525	Supporting Organization	NJ	501(c)(3)	Line 11b, II	Our Lady of Lourdes Health Care Services
Lourdes Dialysis at Innova Inc  1600 Haddon Avenue Camden, NJ08108 26-3237625	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Lourdes Medical Center Burlington County  218 Sunset Road Willingboro, NJ08046 22-3612265	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Our Lady of Lourdes Health Care Services  1600 Haddon Avenue Camden, NJ08103 22-2568528	Management & Support Services	NJ	501(c)(3)	Line 11b, II	Catholic Health East
Our Lady of Lourdes Health Foundation Inc  1600 Haddon Avenue Camden, NJ08103 22-2351960	Foundation	NJ	501(c)(3)	Line 7	Our Lady of Lourdes Health Care Services
Our Lady of Lourdes Medical Center  1600 Haddon Avenue Camden, NJ08103 21-0635001	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services
Franciscan Eldercare Corporation  PO Box 2500 Wilmington, DE19805 22-3008680	Eldercare	DE	501(c)(3)	Line 9	St Francis Hospital
St Francis Foundation  PO Box 2500 Wilmington, DE19805 51-0374158	Foundation	DE	501(c)(3)	Line 11b, II	St Francis Hospital
St Francis Hospital  PO Box 2500 Wilmington, DE19805 51-0064326	Hospital	DE	501(c)(3)	Line 3	Catholic Health East
McAuley Ministries  McAuley Hall 3333 Fifth Avenue Pittsburgh, PA15213 94-3436142	Management & Support Services	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System
Mercy Jeannette Hospital  3805 West Chester Pike Newtown Square, PA19073 25-1310602	Hospital	PA	501(c)(3)	Line 3	Pittsburgh Mercy Health System
Mercy Life Center Corporation  1200 Reedsdale Street Pittsburgh, PA15233 25-1604115	Community Treatment	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System
Pittsburgh Mercy Foundation  1200 Reedsdale Street Pittsburgh, PA15233 25-1479026	Foundation	PA	501(c)(3)	Line 11b, II	Pittsburgh Mercy Health System
Pittsburgh Mercy Health System  3333 5th Avenue Pittsburgh, PA15213 25-1464211	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East
St Joseph's of the Pines Inc  100 Gossman Drive Suite B Southern Pines, NC28387 56-0694200	Hospital	NC	501(c)(3)	Line 3	Catholic Health East
Mercy Senior Care Inc  212 West Third Street PO Box 866 Rome, GA30162 58-1366508	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc
Saint Joseph's at East Georgia Inc  1201 Siloam Raod Greensboro, GA30462 26-1720984	Hospital	GA	501(c)(3)	Line 3	Saint Joseph's Health System Inc
Saint Joseph's Health System Inc  5673 Peachtree-Dunwoody Road Suite Atlanta, GA30342 58-1744848	Management & Support Services	GA	501(c)(3)	Line 11b, II	Catholic Health East
Saint Joseph's Hospital of Atlanta Inc  5673 Peachtree-Dunwoody Road Suite Atlanta, GA30342 58-0566257	Hospital	GA	501(c)(3)	Line 3	Saint Joseph's Health System Inc
Saint Joseph's Mercy Care Services Inc  5673 Peachtree-Dunwoody Road Suite Atlanta, GA30342 58-1752700	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc
Saint Joseph's Mercy Foundation Inc  5673 Peachtree-Dunwoody Road Suite Atlanta, GA30342 58-1448522	Fundraising	GA	501(c)(3)	Line 11b, II	Saint Joseph's Health System Inc
Saint Joseph's Research Institute Inc  5673 Peachtree-Dunwoody Road Suite Atlanta, GA30342 80-0079841	Research	GA	501(c)(3)	Line 4	Saint Joseph's Health System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
St Mary's Health Care System Inc  1230 Baxter Street Athens, GA 30606 58-0566223	Hospital	GA	501(c)(3)	Line 3	Catholic Health East
St Mary's Foundation Inc  1230 Baxter Street Athens, GA 30606 58-2544232	Fundraising	GA	501(c)(3)	Line 11b, II	St Mary's Health Care System Inc
St Mary's Highland Hills Inc  1230 Baxter Street Athens, GA 30606 02-0576648	Assisted Living & Retirement Community	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc
St Mary's Medical Group Inc  1230 Baxter Street Athens, GA 30606 26-1858563	Hospital / Physician Services	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc
Mercy Medical Corporation  PO Box 1090 101 Villa Drive Daphne, AL 36526 63-6002215	Hospital	AL	501(c)(3)	Line 3	Catholic Health East
Allegany Franciscan Ministries Inc  33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 58-1492325	Management & Support Services	FL	501(c)(3)	Line 11b, II	Catholic Health East
St Francis Hospital Inc  33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 59-0624442	Hospital	FL	501(c)(3)	Line 11a, I	Allegany Franciscan Ministries Inc
Holy Cross Hospital Inc  4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791028	Hospital	FL	501(c)(3)	Line 3	Catholic Health East
Holy Cross Long-Term Inc  4725 North Federal Highway Ft Lauderdale, FL 33308 65-0787320	Medical Services	FL	501(c)(3)	Line 3	Holy Cross Hospital Inc
Holy Cross Medical Properties Inc  4725 North Federal Highway Ft Lauderdale, FL 33308 65-0666283	Medical Building Real Estate Management	FL	501(c)(2)		Holy Cross Hospital Inc
Mercy Hospital Foundation Inc  3663 South Miami Avenue Miami, FL 33133 59-1709438	Fundraising	FL	501(c)(3)	Line 7	Mercy Hospital Inc
Mercy Hospital Inc  3663 South Miami Avenue Miami, FL 33133 59-0791034	Hospital	FL	501(c)(3)	Line 3	Catholic Health East
Mercy Medical Development Inc  3663 South Miami Avenue Miami, FL 33133 59-2789194	Outpatient Services	FL	501(c)(3)	Line 9	Mercy Hospital Inc
Mercy Mission Services Inc  3663 South Miami Avenue Miami, FL 33133 65-0435764	Health Care	FL	501(c)(3)	Line 11a, I	Mercy Hospital Inc
Catholic Health East  3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-2929748	Management Services	PA	501(c)(3)	Line 11a, I	N/A
Continuing Care Management Services Network  3805 West Chester Pike Suite 100 Newtown Square, PA 19073 35-2336834	Management & Support Services	PA	501(c)(3)	Line 11a, I	Catholic Health East
Global Health Ministry  3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-3068656	Health Care	PA	501(c)(3)	Line 7	Catholic Health East
Mercy Jeanette Hospital Foundation  600 Jefferson Avenue Jeannette, PA 15644 25-1462863	Foundation	PA	501(c)(3)	Line 7	Pittsburgh Mercy Health System
VNA Home Health & Hospice  50 Foden Road South Portland, ME 04106 01-0246804	Home Health & Hospice	ME	501(c)(3)	Line 11a, I	Mercy Health System of Maine
Providence Place Inc  5 Gamelin Street Holyoke, MA 01040 04-3404084	Retirement Community	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc
Intracoastal Health Systems  3805 West Chester Pike Suite 100 Newtown Square, PA 19073 65-0556413	Management & Support Services	PA	501(c)(3)	Line 11a, I	Catholic Health East

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
St Peter's Ambulatory Surgery Center LLC  1375 Washington Avenue Ste 201 Albany, NY12206 46-0463892	Surgery	NY	N/A								
Catherine Horan Building Limited Partnership  1221 Main Street Room 108 Holyoke, MA010400000 04-2723429	Property Management	MA	N/A								
Central New Jersey Heart Services LLC  10720 Sikes Places Ste 300 Charlotte, NC28277 20-8525458	Cardiac Program	NJ	N/A								
Langhorne MOB Partners LP  1201 Langhorne-Newtown Road Langhorne, PA19047 23-2622772	Investment and operation of a medical building	PA	N/A								
SMMC MOB II LP  1201 Langhorne-Newtown Road Langhorne, PA19047 36-4559869	Investment and operation of a medical building	PA	N/A								
AmeriHealth Mercy Health Plan  200 Stevens Drive Suite 350 Philadelphia, PA19113 23-2859523	Medicaid Managed Care Organization	PA	N/A								
Amerihealth Mercy of Indiana LLC  200 Stevens Drive Suite 350 Philadelphia, PA19113 20-4948091	Prepaid Health Care Services	IN	N/A								
East Norriton Medical Associates  2701 Dekalb Pike Norristown, PA19401 23-2319531	Medical Office Building	PA	N/A								
East Norriton Medical Associates  2701 Dekalb Pike Norristown, PA19401 23-2319531	Medical Office Building	PA	N/A								
Gateway Health Plan  300 Grant Street Pittsburgh, PA15219 25-1691945	Medicaid & Medicare/Special Needs Managed Care Organization	PA	N/A								
Keystone Mercy Health Plan  100 Stevens Drive Philadelphia, PA19113 23-2842344	Medicaid Managed Care Organization	PA	N/A								
MercyManor Partnership  PO Box 10086 Toledo, OH436990086 52-1931012	Nursing Home	PA	N/A								
St Agnes Long Term Intensive Care LLP  1900 S Broad Street Philadelphia, PA19145 20-0984882	Long Term Intensive Care	PA	N/A								
Nazareth Medical Office Building Associates LP  c/o Nazareth Hospital 2601 Holme Av Philadelphia, PA19152 23-2388040	Medical Office Building	PA	N/A								
Nazareth Medical Office Building Associates LP  c/o Nazareth Hospital 2601 Holme Av Philadelphia, PA19152 23-2388040	Medical Office Building	PA	N/A								
St Agnes Long Term Intensive Care LLP  1900 S Broad Street Philadelphia, PA19145 20-0984882	Long Term Intensive Care	PA	N/A								
Wilmington Heart Services LLC  7th Clayton Streets Wilmington, DE19805 26-0408427	Cardiology	DE	N/A								
Outpatient Surgical Management LLC  5673 Peachtree Dunwoody Rd Ste 5500 Atlanta, GA30342 20-8004929	Outpatient Medical Services	GA	N/A								
Physicians Outpatient Surgery Center LLC  1000 NE 56th Oakland Park, FL33334 35-2325646	Ambulatory Surgery Center	FL	N/A								
Center for Surgery & Digestive Orders  3641 South Miami Avenue Miami, FL33133 51-0438152	Outpatient Medical Services	FL	N/A								



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Catherine Horan Building Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-2938180	Building Management	MA	N/A	C	83,553	136,818	100 000 %
Diversified Community Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3128890	Medical Services	MA	N/A	C			100 000 %
Mercy Inpatient Medical Associates Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3029829	Medical Services	MA	N/A	C	-3,865,477	-21,695,183	100 000 %
Providence Home Care Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-3317426	Health Care Services	MA	N/A	C	1,543,508	11,890,656	100 000 %
System Coordinated Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA010400000 04-2938181	Lab Services	MA	N/A	C	2,613,514	15,290,979	100 000 %
Physicians Medical Office Building Condominium Trust 1221 Main Street Room 108 Holyoke, MA010400000 04-6608649	Property Management	MA	N/A	C			
SJM Properties 411 Canisteo Street Hornell, NY148482104 16-1294991	Property Holdings	NY	N/A	C			
Carbondale Area Physicians' Association PC 100 Lincoln Ave Carbondale, PA18407 23-2801677	Medical Insurance Contracting	PA	N/A	C			
Carbondale Area Physicians' PHO Inc 100 Lincoln Ave Carbondale, PA18407 23-2801676	Inactive	PA	N/A	C			
Carbondale Physicians' Services Inc 100 Lincoln Ave Carbondale, PA18407 23-2365077	Pharmacy	PA	N/A	C			
Chestnut Risk Services Ltd 11 Victoria Street Hamilton BD	Insurance	BD	N/A	C			
LifeCare Physicians PC 601 Hamilton Avenue trenton, NJ086291986 26-1649038	Health Care Services	NJ	N/A	C			
Multicare Plus Inc 601 Hamilton Avenue Trenton, NJ086291986 22-3435844	Inactive	NJ	N/A	C			
Langhorne Services II Inc 1201 Langhorne-Newtown Road Langhorne, PA190470000 25-3795549	General Partner of LMOB Partners, II	PA	N/A	C			
Langhorne Services Inc 1201 Langhorne-Newtown Road Langhorne, PA190470000 23-2625981	General Partner of LMOB Partners	PA	N/A	C			
AMHP Holdings Corp 200 Stevens Drive Philadelphia, PA19113 26-1144363	Behaviorial Health	PA	N/A	C			
Select Health of South Carolina Inc 4390 Belle Oaks Drive Suite 400 Charleston, SC29405 57-1032456	Health Maintenance Organization	SC	N/A	C			
Gateway Health Plan Inc 600 Grant Street Pittsburgh, PA15219 25-1505506	Health Care	PA	N/A	C			
Gateway Health Plan Inc of Ohio 600 Grant Street Pittsburgh, PA15219 30-0282076	Health Care	PA	N/A	C			
MCMC Eastwick Inc c/o MHS One West Elm Street Conshohocken, PA19428 23-2184261	Medical Office Buildings	PA	N/A	C			
Community Behavioral Healthcare Network of PA Inc 8040 Carlson Road Harrisburg, PA17112 25-1765391	Behaviorial Health	PA	N/A	C			
Health Management Services Org Inc 500 Grove Street Suite 100 Haddon Heights, NJ08035 22-3366580	Health Care Billing	NJ	N/A	C			
Lourdes Health Services Inc 1600 Haddon Avenue Camden, NJ08103 22-2890286	Health Services	NJ	N/A	C			
Jeannette MP Inc 600 Jefferson Ave Jeannette, PA15644 25-1787334	Holding Company	PA	N/A	C			
Jeannette OGG Inc 600 Jefferson Ave Jeannette, PA15644 23-2890748	Holding Company	PA	N/A	C			
Jeannette PCG Inc 600 Jefferson Ave Jeannette, PA15644 23-2890743	Holding Company	PA	N/A	C			
Saint Joseph's Service Corporation Inc 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1750815	Service Provider	GA	N/A	C			
Saint Joseph's Real Estate Management Corp 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1657768	Investment Company	GA	N/A	C			
Magnetic Resonance Imaging Inc 5673 Peachtree Dunwoody Road Atlanta, GA303421769 58-1609308	Holding Company	GA	N/A	C			
ACTx 5673 Peachtree Dunwoody Road Atlanta, GA303421769 83-0345672	Research	GA	N/A	C			
Georgia Health Enterprises LLC 11440 Commerce Park Drive Reston, VA20191 54-1806329	Healthcare	VA	N/A	C			
St Mary's Highland Hills Village Inc 1660 Jennings Mill Pkly Bogart, GA30622 58-2276801	Assisted Living	GA	N/A	C			
GHE Physicians PC 3500 Piedmont Road Atlanta, GA30305 58-2277939	Practice Management	GA	N/A	C			
Nursing Network Inc 4725 North Federal Highway Fort Lauderdale Highwa, FL333080000 59-1145192	Medical Services	FL	N/A	C			
Mercy Physician Group Inc 3663 South Miami Avenue Miami, FL33133 20-2970015	Health Care	FL	N/A	C			
Stella Maris Insurance Company Limited PO Box 69 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0078266	Insurance	CJ	N/A	C			
Catholic Health East Senior Services 3805 West Chester Pike Suite 100 Newtown Square, PA19073 37-1572595	Senior Services	PA	N/A	C			

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) Sisters of Providence Health System Inc	A	34,924
(2) System Coordinated Services Inc	I	104,305
(3) Sisters of Providence Health System Inc	O	218,240,574
(4) System Coordinated Services Inc	L	9,753,254
(5) System Coordinated Services Inc	J	365,576
(6) Sisters of Providence Health System Inc	P	79,083