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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COMMUNITY MERCY HEALTH PARTNERS

Doing Business As
SPRINGFIELD REGIONAL MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ONE SOUTH LIMESTONE STREET

City or town, state or country, and ZIP + 4
SPRINGFIELD, OH 45502

D Employer identification number
31-0785684

E Telephone number
(937) 328-7000

G Gross receipts $ 313,145,038

F Name and address of principal officer
MARK WIENER PRESIDENT AND CEO
1 S LIMESTONE ST
SPRINGFIELD, OH 45502

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HEALTH-PARTNERS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1983 | **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF COMMUNITY MERCY HEALTH PARTNERS IS TO EXTEND THE HEALING MINISTRY OF JESUS BY IMPROVING THE HEALTH OF OUR COMMUNITIES WITH THE EMPHASIS ON PEOPLE WHO ARE POOR AND UNDER-SERVED

2 Check this box ▶☐ 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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of employees (Part V, line 2a)	**5**	2,805
6	Total number of volunteers (estimate if necessary)	**6**	900
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	730,049
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-223,752

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,010,133	452,663
9	Program service revenue (Part VIII, line 2g)	302,386,729	306,780,216
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,294,137	2,072,807
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,929,039	3,839,352
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	299,031,764	313,145,038
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	700,000	450,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	149,614,506	147,740,310
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	165,456,920	163,907,101
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	315,771,426	312,097,411
19	Revenue less expenses Subtract line 18 from line 12	-16,739,662	1,047,627
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	243,335,758	257,797,472
21	Total liabilities (Part X, line 26)	105,389,853	105,668,189
22	Net assets or fund balances Subtract line 21 from line 20	137,945,905	152,129,283

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2010-10-28

DEBORAH BLOOMFIELD CENTRAL DIVISION CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	BKD LLP 312 WALNUT STREET SUITE 3000 CINCINNATI, OH 45202		EIN ▶ Phone no ▶ (513) 621-8300

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

SEE SCHEDULE O

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 $ 253,521,099 including grants of $ 450,000) (Revenue $)

COMMUNITY MERCY HEALTH PARTNERS IS COMMITTED TO DELIVERING EXCEPTIONAL CARE & COMPASSION AS IT SEEKS TO MEET THE HEALTHCARE NEEDS OF ALL PEOPLE, ESPECIALLY THE POOR AND UNDER-SERVED DURING 2009 COMMUNITY MERCY HEALTH PARTNERS PROVIDED $23,253,857 IN COMMUNITY BENEFITS REPRESENTING 8 02% OF TOTAL OPERATING EXPENSES

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 253,521,099

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	2,805		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
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 ▶ _____ 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**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
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	18		
b	Enter the number of voting members that are independent	1b	14		
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 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	No
6	Does the organization have members or stockholders?			6 Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DEBORAH BLOOMFIELD
4600 MCAULEY PLACE
CINCINNATI, OH 45242
(513) 981-5056

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(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			
See add'l data										

1b Total . . . . . ▶	3,531,861	915,104	536,112

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 ▶ 64

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 452,663				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g	Noncash contributions included in lines 1a-1f $ 0					
	h	**Total.** Add lines 1a-1f		452,663			
			Business Code				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	621,990	304,520,905	304,520,905	0	0
	b	INCOME FROM JV'S AND PARTNERSHIPS	900,003	982,307	982,307	0	0
	c	SCHOOL OF NURSING TUITION	611,600	619,284	619,284	0	0
	d	PURCHASE DISCOUNTS	900,099	163,391	163,391	0	0
	e	CORPORATE WELLNESS	900,099	159,626	159,626	0	0
	f	All other program service revenue		334,703	334,703	0	0
	g	**Total.** Add lines 2a–2f		306,780,216			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,072,807	0	0	2,072,807
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	0 / 0				
	b	Less rental expenses	0 / 0				
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0	0	0	0
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 0				
	b	Less cost or other basis and sales expenses	0 / 0				
	c	Gain or (loss)	0 / 0				
	d	Net gain or (loss)		0	0	0	0
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from fundraising events		0	0	0	0
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory		0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722,210	1,049,667	0	0	1,049,667
	b	CHILDCARE	624,410	486,318	0	0	486,318
	c	CATERING	722,320	2,176,751	0	730,049	1,446,702
	d	All other revenue		126,616	0	0	126,616
	e	**Total.** Add lines 11a–11d		3,839,352			
	12	**Total revenue.** See Instructions		313,145,038	306,780,216	730,049	5,182,110

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	450,000	450,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,156,118	1,724,894	431,224	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	134,562	107,650	26,912	0
7	Other salaries and wages	117,932,849	94,346,280	23,586,569	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,434,076	2,747,261	686,815	0
9	Other employee benefits	15,902,593	12,722,074	3,180,519	0
10	Payroll taxes	8,180,112	6,544,090	1,636,022	0
11	Fees for services (non-employees)				
a	Management	3,344,717	2,675,774	668,943	0
b	Legal	285,070	0	285,070	0
c	Accounting	579,943	0	579,943	0
d	Lobbying	0	0	0	0
e	Professional fundraising *See Part IV, line 17*	0			0
f	Investment management fees	0	0	0	0
g	Other	37,641,284	30,113,027	7,528,257	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	51,316,763	41,053,410	10,263,353	0
14	Information technology	4,508,768	3,607,014	901,754	0
15	Royalties	0	0	0	0
16	Occupancy	9,825,070	7,860,056	1,965,014	0
17	Travel	1,004,857	803,886	200,971	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	28,968,189	23,174,551	5,793,638	0
23	Insurance	1,232,226	985,781	246,445	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT EXPENSE	22,225,901	22,225,901	0	0
b	LTC BED TAXES	1,463,117	1,170,494	292,623	0
c	MEMBERSHIP DUES	668,106	534,485	133,621	0
d	MISCELLANEOUS	14,783	11,826	2,957	0
e	OHIO FRANCHISE FEES	828,307	662,645	165,662	0
f	All other expenses	0	0	0	0
25	**Total functional expenses.** Add lines 1 through 24f	312,097,411	253,521,099	58,576,312	0
26	**Joint costs.** Check here ▶ ☐ 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	0	0	0	0

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		15,761,952	1	-5,925,311
	2	Savings and temporary cash investments		361,637	2	363,005
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		27,015,995	4	25,629,866
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		2,555,587	7	2,191,766
	8	Inventories for sale or use		3,826,258	8	4,293,957
	9	Prepaid expenses and deferred charges		1,953,598	9	3,294,012
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 456,382,601			
	b	Less accumulated depreciation	10b 328,785,799	106,349,048	10c	127,596,802
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		78,613,946	12	94,251,618
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		6,897,737	15	6,101,757
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		243,335,758	16	257,797,472
Liabilities	17	Accounts payable and accrued expenses		45,511,248	17	39,819,066
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		44,827,274	23	49,216,482
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities Complete Part X of Schedule D		15,051,331	25	16,632,641
	26	**Total liabilities.** Add lines 17 through 25		105,389,853	26	105,668,189
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		133,197,795	27	148,535,631
	28	Temporarily restricted net assets		3,851,976	28	2,697,518
	29	Permanently restricted net assets		896,134	29	896,134
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		137,945,905	33	152,129,283
	34	Total liabilities and net assets/fund balances		243,335,758	34	257,797,472

Part XI Financial Statements and Reporting

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

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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
COMMUNITY MERCY HEALTH PARTNERS

Employer identification number
31-0785684

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 III Support 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: 31-0785684
Name: COMMUNITY MERCY HEALTH PARTNERS

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			
MARK WIENER PRESIDENT & CEO	40	X		X				359,257	0	33,372
JAMES N DOYLE SECRETARY	1	X		X				0	0	0
MICHAEL S MCKEE MD CHAIR	1	X		X				0	0	0
PAMELA YOUNG PHD VICE CHAIR	1	X		X				0	0	0
CHARLES A BROUGHER TRUSTEE	1	X						0	0	0
DORIS B CLEMENT-BURTON PHD TRUSTEE	1	X						0	0	0
RICHARD W FURAY MD TRUSTEE	1	X						0	0	0
SR DORIS A GOTTEMOELLER RSM TRUSTEE, CHP SVP	1	X						0	0	0
LINDA S HYDEN TRUSTEE	1	X						0	0	0
D DONALD JONES TRUSTEE	1	X						0	0	0
PIUS KURIAN MD TRUSTEE	1	X						0	0	0
JAMES MAY TRUSTEE, SVP CHP & DIVISIONAL CEO	1	X						0	856,980	170,572
PLATO N PAVLATOS TRUSTEE	1	X						0	0	0
JOSEPH R JACKSON TRUSTEE	1	X						0	0	0
RAVI C KHANNA MD TRUSTEE	1	X						0	0	0
MARK B ROBERTSON TRUSTEE	1	X						0	0	0
HOMER A SMITH TRUSTEE	1	X						0	0	0
E'LISE DELANGLADE SPRIGGS TRUSTEE	1	X						0	0	0
JOHN DEMPSEY VP CFO & TREASURER	40			X				206,630	58,124	21,242
SUSAN HAYES VP SENIOR HEALTH & HOUSING	40				X			156,108	0	30,128
TERRANCE WEINBURGER VP MISSION SERVICES	40				X			214,743	0	25,193
KATRINA ENGLISH VP GENERAL COUNSEL	40				X			212,528	0	23,050
STEPHEN FEAGINS MD VP MEDICAL AFFAIRS	40				X			231,180	0	28,235
TERRY POPE VP CHIEF NURSING OFFICER	40				X			206,299	0	22,980
CHERYL LAMBORN VP HUMAN RESOURCES	40				X			192,440	0	16,428

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			
LINDA NILES VP FACILITY MANAGEMENT	40				X			178,793	0	4,102
GREGORY SMITH STAFF PHARMACIST	40					X		175,722	0	24,775
JAMES GOODRICH MD PHYSICIAN	40					X		205,269	0	26,862
SANA WAIKHOM MD PHYSICIAN	40					X		192,941	0	30,391
KENNETH CARDLIN MD PHYSICIAN	40					X		181,559	0	27,042
JENELLE ZELINSKI DIRECTOR OF FINANCE	40					X		174,509	0	19,449
DANA ENGLE FORMER KEY EMPLOYEE	0						X	122,910	0	11,652
RENATO SUNTAY FORMER OFFICER	0						X	338,253	0	11,352
ANNE GEORGES FORMER KEY EMPLOYEE	0						X	182,720	0	9,287

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICE REVENUE	621,990	304,520,905	304,520,905	0	0
INCOME FROM JV'S AND PARTNERSHIPS	900,003	982,307	982,307	0	0
SCHOOL OF NURSING TUITION	611,600	619,284	619,284	0	0
PURCHASE DISCOUNTS	900,099	163,391	163,391	0	0
CORPORATE WELLNESS	900,099	159,626	159,626	0	0

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	22,225,901	22,225,901	0	0
LTC BED TAXES	1,463,117	1,170,494	292,623	0
MEMBERSHIP DUES	668,106	534,485	133,621	0
MISCELLANEOUS	14,783	11,826	2,957	0
OHIO FRANCHISE FEES	828,307	662,645	165,662	0

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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	Employer identification number
COMMUNITY MERCY HEALTH PARTNERS	31-0785684

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		
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-		

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

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? ☐ **Yes** ☐ **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) Yes	(a) No	(b) 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?	Yes		
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?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		12,594
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		No	
j	Total lines 1c through 1i			12,594
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
LOBBYING ACTIVITIES	PART II-B, LINE 1	LOBBYING ACTIVITIES PERFORMED INCLUDE BOTH THE USE OF VOLUNTEERS ENCOURAGED TO WRITE LETTERS TO PUBLIC OFFICIALS ON ISSUES THAT IMPACT THE ORGANIZATION'S ABILITY TO CONTINUE TO PROVIDE HEALTH SERVICES TO THE COMMUNITIES SERVED, AND THE USE OF PAID STAFF MEMBERS AND MANAGEMENT PERSONNEL PAID MANAGEMENT PERSONNEL REGULARLY ISSUE MAILINGS TO LEGISLATORS ATTEMPTING TO INFLUENCE LEGISLATIVE MATTERS AND REFERENDUM, AND ORGANIZE AND HOST MEETINGS AMOUNG HOSPITAL EXECUTIVES AND THEIR LEGISLATORS REGARDING ISSUES THAT IMPACT THE ORGANIZATION'S ABILITY TO CONTINUE TO PROVIDE HEALTHCARE SERVICES TO IT'S PATIENTS AND TO CONTINUE TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES PAID STAFF MEMBERS HAVE, ON LIMITED OCCASIONS, WRITTEN TO LEGISLATORS ON SUCH ISSUES LOBBYING ISSUES WERE RELATED TO CARRYING OUT HEALTHCARE PROGRAMS TO SERVE THE POOR AND UNINSURED TOTAL EXPENDITURES RELATED TO LOBBYING WERE THE FOLLOWING - CATHOLIC HEALTH ASSOCIATION $2,627 - OHIO HOSPITAL ASSOCIATION $1,782 - GREATER DAYTON AREA HOSPITAL ASSOCIATION $7,100 - AMERICAN HOSPITAL ASSOCIATION $1,085 - TOTAL $12,594

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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
COMMUNITY MERCY HEALTH PARTNERS

Employer identification number
31-0785684

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
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	0	3,762,538		3,762,538
b Buildings	0	180,552,754	130,549,807	50,002,947
c Leasehold improvements	0	0	0	0
d Equipment	0	207,411,172	198,235,992	9,175,180
e Other	0	64,656,137	0	64,656,137
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				127,596,802

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other CATHOLIC HEALTHCARE PARTNERS INV MANAGEMENT PROGRAM	94,251,618	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	94,251,618	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DEFERRED INCOME	496,218
ACCRUED PENSION	14,705,319
ACCRUED POST RETIREMENT BENEFITS	443,472
OTHER	987,632
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	16,632,641

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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
FIN 48 footnote	Schedule D, Part X, Line 2	THE COMPANY [CATHOLIC HEALTHCARE PARTNERS AND AFFILIATED ENTITIES] COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT DECEMBER 31, 2009 AND 2008, AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT DECEMBER 31, 2009 OR 2008

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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
COMMUNITY MERCY HEALTH PARTNERS

Employer identification number
31-0785684

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 ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
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 *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)	0	0	7,104,436	0	7,104,436	2 45 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	0	0	12,697,650	0	12,697,650	4 38 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0 %
d **Total** Charity Care and Means-Tested Government Programs	0	0	19,802,086	0	19,802,086	6 83 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	4	170	391,845	690	391,155	0 13 %
f Health professions education (from Worksheet 5)	1	0	1,596,354	0	1,596,354	0 55 %
g Subsidized health services (from Worksheet 6)	7	0	1,534,441	520,179	1,014,262	0 35 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	1	0	450,000	0	450,000	0 16 %
j **Total** Other Benefits	13	170	3,972,640	520,869	3,451,771	1 19 %
k **Total.** Add lines 7d and 7j	13	170	23,774,726	520,869	23,253,857	0

Part II Community 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	0	0	0	0	0	0 %
2	Economic development	0	0	0	0	0	0 %
3	Community support	0	0	0	0	0	0 %
4	Environmental improvements	0	0	0	0	0	0 %
5	Leadership development and training for community members	0	0	0	0	0	0 %
6	Coalition building	0	0	0	0	0	0 %
7	Community health improvement advocacy	0	0	0	0	0	0 %
8	Workforce development	1	0	2,047,868	0	2,047,868	0 7 %
9	Other	0	0	0	0	0	0 %
10	**Total**	1	0	2,047,868	0	2,047,868	0 7 %

Part III Bad 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	7,380,492		
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	13,394		
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	61,337,753		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	60,323,468		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	1,014,285		
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				

☐ Cost accounting system ☑ Cost to charge ratio ☐ 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 IV Management 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	MERCY SURGERY CENTER	OPERATE FREESTANDING AMBULATORY SURGERY CENTER	49 %		51 %
2	MERCY MEDICAL OFFICE CONDOMINIUM ASSOCIATION	REAL PROPERTY MANAGEMENT	49 6 %		50 4 %
3	NORTHPARK CONDOMINIUM ASSOCIATION	REAL PROPERTY MANAGEMENT	55 %		45 %
4					
5					
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Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
SPRINGFIELD REGIONAL MEDICAL CENTER 2615 E HIGH ST SPRINGFIELD,OH 45503	X	X					X		
SPRINGFIELD REGIONAL MEDICAL CENTER 1343 N FOUNTAIN BLVD SPRINGFIELD,OH 45504	X	X					X		
MERCY MEMORIAL HOSPITAL 904 SCIOTO STREET URBANA,OH 43078	X	X			X		X		
MCAULEY CENTER 906 SCIOTO STREET URBANA,OH 43078									SKILLED NURSING FACILITY
ST JOHN'S CENTER 100 W MCCREIGHT AVE SPRINGFIELD,OH 45504									SKILLED NURSING FACILITY
OAKWOOD VILLAGE 1500 VILLA ROAD SPRINGFIELD,OH 45503									SKILLED NURSING FACILITY
MERCY SIENA RETIREMENT COMMUNITY 6125 N MAIN ST DAYTON,OH 45415									SKILLED NURSING FACILITY
SPRINGFIELD REGIONAL CANCER CENTER 148 W NORTH ST SPRINGFIELD,OH 45503									CANCER CENTER

Part VI Supplemental Information

Complete this part to provide the following information

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

COMMUNITY MERCY HEALTH PARTNERS (CMHP) OPERATES THE MERCY WELL CHILD PEDIATRIC CLINIC SERVICES ARE PROVIDED PRIMARILY BY A NURSE PRACTITIONER, HOWEVER, WE DO HAVE A STAFF PHYSICIAN (ON OUR PAYROLL) WHO PROVIDES ON-CALL COVERAGE AND LIMITED ON-SITE HOURS WE REPORTED $142,946 AS SUBSIDIZED SERVICES FOR THIS PROGRAM

22225901

COST OF CHARITY CARE WAS CALCULATED WITH A COST TO CHARGE RATIO USING WORKSHEET 2 THE COST RELATED TO MEDICAID PATIENTS WAS DETERMINED USING THE HOSPITAL COST ACCOUNTING SYSTEM AND INCLUDED BOTH INPATIENTS AND OUTPATIENTS FOR TRADITIONAL MEDICAID AND MEDICAID MANAGED CARE PLANS FOR SUBSIDIZED SERVICES THE HOSPITAL'S COST ACCOUNTING SYSTEM IS USED TO DETERMINE COST RELATED TO THE SPECIFIC SERVICE EXCLUDING TRADITIONAL MEDICAID AND MEDICAID MANAGED CARE PATIENTS COSTS FOR CHARITY AND BAD DEBT ACCOUNTS ARE DEDUCTED USING A RATIO OF COST TO CHARGE SPECIFIC TO THAT SUBSIDIZED SERVICE COSTS FOR OTHER PROGRAMS REFLECT THE DIRECT AND INDIRECT COSTS OF PROVIDING THOSE PROGRAMS

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE BAD DEBT IS CLASSIFIED AS AN OPERATING EXPENSE THIS TREATMENT IS CONSISTENT WITH THE HFMA PRINCIPLES AND PRACTICES BOARD STATEMENT NO 15 AND WITH THE AICPA AUDIT AND ACCOUNTING GUIDE FOR HEALTH CARE ORGANIZATIONS AN AGGREGATE COST TO CHARGE RATIO WAS USED TO PROVIDE BAD DEBT AT COST FOR PART III, LINE 2 REMAINING BALANCES FOR PATIENTS THAT WE KNOW ARE ELIGIBLE FOR CHARITY CARE ARE WRITTEN OFF TO CHARITY CARE PATIENTS WHO MIGHT BE ELIGIBLE FOR CHARITY CARE BUT ARE UNKNOWN TO US ARE WRITTEN OFF TO BAD DEBT AND THEREFORE NOT INCLUDED IN CHARITY CARE THE ESTIMATED AMOUNT OF THE HOSPITAL'S BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE HOSPITAL'S CHARITY CARE POLICY REPORTED ON PART III, LINE 3 WAS DETERMINED AS FOLLOWS REVIEWED DOLLAR AMOUNTS FOR TOTAL REFERRED FOR ASSISTANCE, APPROVED FOR ASSISTANCE AND APPLICATIONS DENIED BECAUSE OF INCOMPLETE INFORMATION, DEVELOPED THE PERCENTAGE OF APPROVED APPLICATIONS TO COMPLETED APPLICATIONS AND THEN APPLIED PERCENTAGE TO THOSE APPLICATIONS THAT WERE INCOMPLETE THIS PROVIDED AN ESTIMATED AMOUNT OF THOSE APPLICATIONS THAT WERE INCOMPLETE THAT WOULD HAVE QUALIFIED FOR ASSISTANCE IF THE APPLICATION HAS BEEN COMPLETED THE DOLLAR AMOUNT OF CHARITY CARE ACTUALLY WRITTEN OFF REPRESENTS THOSE THAT WERE APPROVED TO CALCULATE THE FULL ESTIMATED AMOUNT OF CHARITY CARE, A CALCULATION WAS DONE TO DETERMINE WHAT 100% OF CHARITY WOULD BE FOR THE TOTAL OF THE APPROVED APPLICATIONS AND THE ESTIMATED AMOUNT FOR THOSE APPLICATIONS THAT WERE INCOMPLETE BUT WOULD HAVE BEEN APPROVED IF COMPLETED THE DIFFERENCE BETWEEN THIS ESTIMATED TOTAL AMOUNT AND THE ACTUAL WRITE-OFF AMOUNT FOR CHARITY CARE WAS THEN APPLIED TO THE RATIO COST-OF-CHARGES USED FOR CHARITY CARE AT COST

MEDICARE SHORTFALL IS NOT TREATED AS A COMMUNITY BENEFIT THE AMOUNTS ON PART III, LINE 6 WERE GENERATED BY THE MEDICARE COST REPORT WHICH UTILIZES A DEPARTMENT COST TO CHARGE METHODOLOGY

PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE NOT SENT TO A COLLECTION AGENCY THE ORGANIZATION REPEATEDLY OFFERS PATIENTS ACCESS TO FINANCIAL HELP DURING THEIR HOSPITAL STAY AND AFTER, AS WELL AS WITH EACH BILLING NOTICE BILLS ARE SENT TO A COLLECTION AGENCY AS A LAST RESORT AND ONLY WHEN PATIENTS HAVE THE ABILITY TO PAY SOME PORTION OF THEIR HEALTHCARE EXPENSES BUT REFUSE TO DO SO, WHEN PATIENTS REFUSE TO WORK WITH THE ORGANIZATION TO DETERMINE IF THEY QUALIFY FOR FREE OR DISCOUNTED CARE VIA FEDERAL, STATE, LOCAL OR HOSPITAL ASSISTANCE PROGRAMS, WHEN THE ORGANIZATION IS UNABLE TO LOCATE THE PATIENT OR PERSON RESPONSIBLE FOR THE BILL

COMMUNITY BENEFIT REPORT, PART VI, LINE 8, CMHP IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT IN ANY STATE,

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

COMMUNITY MERCY HEALTH PARTNERS (CMHP) USES AN EXISTING COMMUNITY HEALTH NEEDS ASSESSMENT CMHP'S PRIMARY SERVICE AREA INCLUDES CLARK AND CHAMPAIGN COUNTIES THE CLARK COUNTY COMBINED HEALTH DISTRICT AND THE CHAMPAIGN COUNTY HEALTH DISTRICT BOTH PUBLISH (AND PERIODICALLY UPDATE) COMMUNITY HEALTH ASSESSMENT REPORTS CLARK COUNTY'S MOST RECENT REPORT WAS PUBLISHED IN 2008, AND CHAMPAIGN COUNTY'S REPORT WAS PUBLISHED IN 2007 THESE TWO REPORTS ARE PRESENTED IN A COMMON FORMAT, WHICH ADDRESSES NINE CATEGORIES 1 DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS 2 HEALTH RESOURCE AVAILABILITY 3 DEATH, ILLNESS AND INJURY 4 BEHAVIORAL RISK FACTORS 5 MATERNAL, CHILD AND YOUTH HEALTH 6 COMMUNICABLE DISEASES AND SENTINEL EVENTS 7 ENVIRONMENTAL HEALTH INDICATORS 8 SOCIAL AND MENTAL HEALTH 9 QUALITY OF LIFE IN ADDITION, OUR OWN ASSOCIATES HAVE IDENTIFIED NEEDS BASED ON OBSERVATIONS IN ADMISSION/DISCHARGE TRENDS AND OTHER INTERNAL DATA ONE EXAMPLE OF THIS IS OUR PATIENT TRANSPORTATION PROGRAM THAT WAS LAUNCHED DURING 2009 STAFF FROM THE EMERGENCY DEPARTMENT AND CASE MANAGEMENT REPORTED THAT, ON AVERAGE 3-5 TIMES PER WEEK, A PATIENT WOULD BE CLEARED FOR DISCHARGE, BUT DID NOT HAVE ANY MEANS OF TRANSPORTATION TO GET HOME THIS WOULD DELAY THE DISCHARGE PROCESS, WHICH IN TURN AFFECTED ER WAIT TIMES AND/OR INPATIENT LENGTH OF STAY THERE ARE NO TAXI COMPANIES IN SPRINGFIELD, AND THE AREA BUS SYSTEM OPERATES ON LIMITED HOURS AND ROUTES THIS NEW PROGRAM OFFERS A SOLUTION FOR PATIENTS NEEDING TRANSPORTATION

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

COMMUNITY MERCY HEALTH PARTNERS (CMHP) POSTS ITS CHARITY CARE POLICY, OR A SUMMARY THEREOF, AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT CMHP PROVIDES A COPY OF THE POLICY, OR A SUMMARY THEREOF, AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO PATIENTS AS PART OF THE INTAKE PROCESS AND WITH DISCHARGE MATERIALS ADDITIONALLY, A COPY OF THE POLICY OR A SUMMARY ALONG WITH FINANCIAL ASSISTANCE CONTACT INFORMATION IS INCLUDED IN PATIENT BILLS CMHP DISCUSSES WITH THE PATIENT THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, AND ASSISTS THE PATIENT WITH QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE THE HOSPITAL ELIGIBILITY LINK PROGRAM (HELP) IS A FREE REFERRAL SERVICE PROVIDED BY CMHP THE PURPOSE OF HELP IS TO ASSIST PATIENTS IN OBTAINING MEDICAL BENEFITS THROUGH FEDERAL, STATE, AND HOSPITAL PROGRAMS HELP REPRESENTATIVES WILL PROVIDE THE FOLLOWING SERVICES AT NO COST TO THE PATIENT * EXPLORE ELIGIBILITY UNDER PUBLIC ASSISTANCE PROGRAMS * FILE APPLICATIONS ON PATIENT'S BEHALF * SCHEDULE AND ATTEND APPOINTMENTS * PROVIDE TRANSPORTATION WHEN NECESSARY * PROVIDE MEDICAL DOCUMENTATION TO SOCIAL SECURITY ADMINISTRATION FOR DISABILITY CLAIMS THROUGH HELP, PATIENTS AND THEIR COUNSELORS LOOK AT WHAT OPTIONS ARE AVAILABLE CMHP UNDERSTANDS THAT NOT EVERYONE CAN PAY FOR HEALTHCARE SERVICES HELP IS HERE TO OFFER OPTIONS AND ASSISTANCE FOR THOSE WHO ARE UNINSURED OR UNDERINSURED HELP IS AN EXTENSION OF CHMP'S MISSION TO IMPROVE THE HEALTH OF OUR COMMUNITY WITH EMPHASIS ON THE POOR AND UNDERSERVED MEETING THE NEEDS OF THOSE WITH LIMITED RESOURCES HAS BEEN THE HEART OF OUR MISSION IN 2009, HELP MANAGED 22,427 PATIENT REFERRALS CMHP IS PROUD TO MAKE OUR FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE, WHICH CAN BE FOUND AT WWW COMMUNITY-MERCY ORG OTHER PATIENT EDUCATION INFORMATION THAT IS PROVIDED FOR ELIGIBILITY OF ASSISTANCE IS AS FOLLOWS * A BILINGUAL REPRESENTATIVE IS AVAILABLE IN OUR HELP PROGRAM TWO BILINGUAL REPRESENTATIVES ARE AVAILABLE IN OUR CUSTOMER SERVICE DEPARTMENT EACH OF THESE REPRESENTATIVES ARE IN OUR REGIONAL OFFICE IN CINCINNATI * STAFF TRAINING ON HOSPITAL CARE ASSURANCE PROGRAM (HCAP) AND HOSPITAL FINANCIAL ASSISTANCE (HFA) WAS PROVIDED IN 2009 BY A PRIVATE AUDITING COMPANY TRAINING INCLUDED A MANUAL AND IN-DEPTH INFORMATION REGARDING THE PREPARATION OF THE COST REPORT LOGS, ACCURATE COMPLETION OF THE HCAP APPLICATION, AS WELL AS AN OVERVIEW OF THE FAQ'S PROVIDED BY THE OHIO HOSPITAL ASSOCIATION * FINANCIAL ASSISTANCE COUNSELORS WORK WITH CASE MANAGERS TO EXPEDITE THE TRANSFER OF PATIENTS TO EXTENDED CARE FACILITIES * FEDERAL POVERTY GUIDELINES ARE POSTED ON OUR WEBSITE AS WELL AS A COPY OF OUR CHARITY APPLICATION * CONSISTENT REVIEW OF SELF PAY PATIENTS FOR RETROACTIVE MEDICAID COVERAGE * SERVICES PROVIDED BY VENDOR TO REACH OUT TO PATIENTS IN BAD DEBT TO SCREEN FOR HCAP ELIGIBILITY

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

COMMUNITY MERCY HEALTH PARTNERS'S (CMHP) PRIMARY SERVICE AREA INCLUDES CLARK AND CHAMPAIGN COUNTIES, WHICH HAVE A TOTAL POPULATION OF APPROXIMATELY 180,000 ACCORDING TO THE MOST RECENT COMMUNITY HEALTH ASSESSMENT REPORTS FROM THE TWO COUNTIES, RESIDENTS OF THE CMHP PRIMARY SERVICE AREA ARE GENERALLY OLDER, POORER AND HAVE WORSE HEALTH STATISTICS THAN STATE AND NATIONAL AVERAGES UNEMPLOYMENT HAS ALSO RISEN IN OUR COMMUNITY DURING THE LAST SEVERAL YEARS, AND WE SERVE A GROWING NUMBER OF UNINSURED AND UNDERINSURED PATIENTS CMHP OWNS TWO OF THE THREE HOSPITALS IN THIS GEOGRAPHIC AREA THE THIRD HOSPITAL (NOT OWNED BY CMHP) IS A LIMITED-SERVICE FOR-PROFIT HOSPITAL THAT SPECIALIZES IN OUTPATIENT AND SHORT-STAY SURGERY, AND IT DOES NOT HAVE AN EMERGENCY DEPARTMENT PART OF THE CITY OF SPRINGFIELD HAS BEEN FEDERALLY DESIGNATED AS A MEDICALLY UNDERSERVED AREA OTHER DEMOGRAPHICS OF OUR SERVICE AREA INCLUDE * PERCENTAGE OF ADULTS WHO HAVE NOT ACHIEVED AT LEAST A HIGH SCHOOL DIPLOMA IS HIGHER THAT BOTH THE STATE AND NATIONAL AVERAGES * HIGHER PERCENTAGE OF RESIDENTS LIVING IN POVERTY THAN IN THE STATE AND NATIONWIDE * UNEMPLOYMENT RATE IS HIGHER THAN BOTH THE STATE AND NATIONAL RATES * MEDIAN HOUSEHOLD INCOME IS BELOW THE STATE MEDIAN AND US MEDIAN * THE POPULATION OF THE SERVICE AREA CONSISTS OF 2 9% NON-ENGLISH SPEAKING PEOPLE * THE POPULATION OF THE SERVICE AREA THAT IS 65 YEARS OR OLDER IS 15 5% * THE OCCUPATION CLASSIFICATION IN THE COMMUNITY CONSISTS OF 33% BLUE COLLAR, 51% WHITE COLLAR AND 16% SERVICE AND FARM WORKERS THE MAJOR HEALTH PROBLEMS AND/OR LEADING CAUSES OF DEATH IN OUR SERVICE AREA ARE CARDIOVASCULAR DISEASE, DIABETES, EMPHYSEMA AND CANCER MOST OF THESE ARE PREVENTABLE THROUGH PROPER CARE AND MAINTAINING CONTROL OF THE ILLNESS/DISEASE, AS WELL AS CHOOSING HEALTHIER LIFESTYLES IN OUR SERVICE AREA 28% OF THE POPULATION ARE SMOKERS, 40% HAVE HIGH CHOLESTEROL, AND 30-40% ARE OVERWEIGHT OR AT RISK FOR BECOMING OVERWEIGHT IN 2009, CMHP HAD 17,031_ADMISSIONS, 273,952 OUTPATIENT VISITS, AND 92,220 EMERGENCY ROOM VISITS

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

COMMUNITY MERCY HEALTH PARTNERS (CMHP) ENSURES ACCESS TO HEALTH SERVICES BY RECRUITING AND PROVIDING TRANSITIONAL SUPPORT TO PHYSICIANS TO ATTRACT THEM TO THE COMMUNITY FOR SPECIALTIES WHERE THERE IS A DEMONSTRATED NEED AN APPROPRIATE SUPPLY OF PHYSICIANS IS NECESSARY TO ENSURE THAT RESIDENTS HAVE ACCESS TO ADEQUATE AND TIMELY DIAGNOSIS AND TREATMENT FOR ALL HEALTH CONDITIONS IN 2008, CMHP ENGAGED DEMPSTER HEALTHCARE GROUP TO STUDY PHYSICIAN SHORTAGES AND ASSIST WITH A STRATEGIC PLAN FOR PHYSICIAN RECRUITING THE DEMPSTER REPORT RECOMMENDED A RECRUITMENT GOAL OF AT LEAST 30 NEW PHYSICIANS BETWEEN 2008 AND 2011

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

COMMUNITY MERCY HEALTH PARTNERS (CMHP) OPERATES EMERGENCY ROOMS OPEN TO ALL REGARDLESS OF ABILITY TO PAY IN ADDITION TO PROVIDING EMERGENCY SERVICES, CMHP ALSO PROVIDES MINOR EMERGENCY AND URGENT CARE SERVICES TO ALL REGARDLESS OF ABILITY TO PAY CMHP OPERATES SKILLED NURSING UNITS, ICU, NEWBORN NURSERY, WOUND CARE, DIABETES MANAGEMENT, OUTPATIENT PEDIATRICS, SUBSTANCE ABUSE PRESCRIPTION ASSISTANCE AND A CRITICAL ACCESS HOSPITAL CMHP HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA THE MAJORITY OF THE GOVERNING BODY CONSISTS OF INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY SERVED BY CMHP THROUGH THE SPRINGFIELD REGIONAL SCHOOL OF NURSING (SRSN), CMHP PREPARES ENTRY-LEVEL PRACTITIONERS TO PROVIDE SERVICES IN A VARIETY OF SETTINGS GRADUATES OF THE TWO-YEAR PROGRAM AT SRSN ARE PREPARED FOR THE REGISTERED NURSING LICENSING EXAMINATION CMHP PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, AND/OR OTHER GOVERNMENT -SPONSORED HEALTH CARE PROGRAMS CMHP FURTHERS ITS EXEMPT PURPOSE BY PROVIDING THE FOLLOWING COMMUNITY BENEFIT PROGRAMS IN THE COMMUNITIES IN WHICH IT SERVES COMMUNITY MERCY MED ASSIST HELPS AREA RESIDENTS WHO CANNOT AFFORD THEIR PRESCRIPTION MEDICATIONS DURING 2009, THE MED ASSIST TEAM PROVIDED OVER $1 7 MILLION IN PRESCRIPTION ASSISTANCE TO 1,945 CLIENTS COMMUNITY MERCY REACH OFFERS OUTPATIENT TREATMENT FOR CHEMICAL DEPENDENCY BY LICENSED PROFESSIONALS WHO HAVE MASTER'S-LEVEL EDUCATION REACH ALSO OFFERS AN INNOVATIVE AND EFFECTIVE SMOKING CESSATION PROGRAM THAT INCORPORATES EXERCISE AND NUTRITION/WEIGHT CONTROL TO PROMOTE AN OVERALL HEALTHY LIFESTYLE MERCY WELL CHILD IS A PEDIATRIC CLINIC THAT IDENTIFIES AND ADDRESSES POTENTIAL HEALTH AND DEVELOPMENTAL CONCERNS IN CHILDREN THE CLINIC PROMOTES QUALITY PEDIATRIC CARE WITH A HOLISTIC APPROACH TO MEET THE HEALTH, SOCIAL AND EMOTIONAL NEEDS OF CHILDREN AND FAMILIES MERCY WELL CHILD SERVES CHILDREN FROM INFANTS TO AGE 21, REGARDLESS OF THE FAMILIES' INCOME OR INSURANCE STATUS THE PETTICREW CENTER FOR ADULT SERVICES IS THE ONLY PROVIDER OF ADULT DAY CARE IN THE SPRINGFIELD AREA THIS SERVICE OFFERS AN ALTERNATIVE TO IN-HOME CARE OR PERMANENT PLACEMENT IN A NURSING FACILITY, AND IT PROVIDES A BREAK FOR CAREGIVERS WHILE THEY WORK OR ATTEND TO THEIR OWN PERSONAL NEEDS CMHP'S EMERGENCY DEPARTMENT TREATS AN INCREASING NUMBER OF PATIENTS WHO USE THE FACILITY FOR PRIMARY CARE NEEDS PATIENT DEMOGRAPHICS REFLECT THE CHANGING COMMUNITY AS IN OTHER COMMUNITIES, SOME AREA PHYSICIANS PLACE LIMITS ON THEIR ACCEPTANCE OF MEDICAID PATIENTS IN ADDITION, SOME PRIMARY CARE PHYSICIANS REFER PATIENTS WITH AFTER-HOURS NEEDS DIRECTLY TO AREA EMERGENCY ROOMS COMMUNITY GROUPS AND INDIVIDUALS ARE VERY SUPPORTIVE OF CMHP FOR THE PAST DECADE, THE ROCKING HORSE CENTER HAS BEEN A KEY PARTNER WITH CMHP IN MAKING BASIC HEALTHCARE MORE ACCESSIBLE, ESPECIALLY FOR THE POOR AND UNDERSERVED EARLY IN 2009, ROCKING HORSE WAS GRANTED STATUS AS A FEDERALLY QUALIFIED HEALTH CENTER, WHICH WILL PROVIDE HIGHER LEVELS OF MEDICAID REIMBURSEMENT IN ADDITION, CMHP AND ROCKING HORSE COLLABORATED TO DEVELOP AN ER REFERRAL PROCESS, TO IDENTIFY PATIENTS WHO DID NOT HAVE A MEDICAL HOME AND TO PROVIDE FOLLOW-UP CARE

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

COMMUNITY MERCY HEALTH PARTNERS (CMHP) IS A MEMBER OF COMMUNITY MERCY HEALTH SYSTEMS CMHP IS SPONSORED BY THE SISTERS OF MERCY AND HAS BEEN AN INTEGRAL PART OF THE COMMUNITY SINCE 1950 CMHP INCLUDES AN ACUTE CARE HOSPITAL AND A CRITICAL CARE ACCESS HOSPITAL WITH APPROXIMATELY 641 LICENSED BEDS COMBINED COMMUNITY MERCY HEALTH SYSTEM COMMUNITY BENEFIT FOR 2009 PER THE AUDIT FOOTNOTE IS AS FOLLOWS TOTAL 2009 COMMUNITY BENEFIT $25 3 MILLION BENEFITS TO THE BROADER COMMUNITY $5 2 MILLION UNREIMBURSED CARE FOR THOSE WHO ARE POOR AND QUALIFY FOR MEDICAID $12 7 MILLION COST OF CARE FOR THOSE WHO COULD NOT AFFORD TO PAY $7 1 MILLION SUPPORT FOR OTHER PROGRAMS FOR THOSE WHO ARE POOR $0 3 MILLION COMMUNITY BENEFIT AS PERCENT OF TOTAL EXPENSE 8 7 PERCENT CMHP IS A MEMBER OF CATHOLIC HEALTHCARE PARTNERS (CHP) CHP IS THE CONTINUATION OF THE HEALTH MINISTRY STARTED MORE THAN 150 YEARS AGO BY OUR CO-SPONSORING CONGREGATIONS THE SISTERS OF MERCY, REGIONAL COMMUNITY OF CINCINNATI (OH), THE MID-ATLANTIC COMMUNITY, MERION STATION, PA, THE SISTERS OF HUMILITY OF MARY, THE FRANCISCAN SISTERS OF THE POOR, AND COVENANT HEALTH SYSTEMS OUR SYSTEM OF REGIONAL HEALTH CARE PROVIDERS SERVES LOCAL HEALTH NEEDS IN COMMUNITIES IN OHIO, KENTUCKY, PENNSYLVANIA AND TENNESSEE CHP IS FOCUSED ON IMPROVING THE HEALTH OF COMMUNITIES WE SERVE BY PROVIDING INTEGRATED HEALTH SERVICES THROUGH FACILITIES THAT INCLUDE ACUTE CARE HOSPITALS, LONG-TERM CARE RESIDENCES, HOUSING SITES FOR THE ELDERLY, HOME HEALTH AGENCIES, HOSPICE PROGRAMS, OUTREACH SERVICES AND WELLNESS CENTERS OUR HOSPITALS INCLUDE FOUR CRITICAL ACCESS FACILITIES OFFERING ESSENTIAL HEALTH SERVICES THAT WOULD OTHERWISE NOT EXIST IN THOSE COMMUNITIES WE CARE FOR EVERYONE WHO COMES TO US, REGARDLESS OF THEIR ABILITY TO PAY AS WE HAVE DONE FOR DECADES, WE PROVIDE EXTENSIVE SERVICES TO THE BROADER COMMUNITY, WITH EMPHASIS ON SERVICES FOR PERSONS WHO ARE POOR AND UNDER-SERVED CHP'S HOME OFFICE PROVIDES SERVICES AND SUPPORT TO THE ENTIRE SYSTEM, INCLUDING BUT NOT LIMITED TO PROVIDING GOVERNANCE, MANAGEMENT OVERSIGHT, STRATEGIC LEADERSHIP, FOCUSING RESOURCES TO ASSURE THE HEALING MISSION, PROVIDING ACCESS TO LOWER COST DEBT FINANCING TO SUPPORT OPERATIONS, IMPROVING CLINICAL OUTCOMES AND REDUCING OPERATING COSTS SYSTEM-WIDE COMMUNITY BENEFIT FOR 2009 PER THE AUDIT FOOTNOTE IS AS FOLLOWS TOTAL 2009 COMMUNITY BENEFIT $348 2 MILLION BENEFITS TO THE BROADER COMMUNITY $84 1 MILLION UNREIMBURSED CARE FOR THOSE WHO ARE POOR AND QUALIFY FOR MEDICAID $116 7MILLION COST OF CARE FOR THOSE WHO COULD NOT AFFORD TO PAY $115 3 MILLION SUPPORT FOR OTHER PROGRAMS FOR THOSE WHO ARE POOR $32 1 MILLION COMMUNITY BENEFIT AS PERCENT OF TOTAL EXPENSE 8 7 PERCENT

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY MERCY HEALTH PARTNERS

Employer identification number
31-0785684

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKING HORSE COMMUNITY HEALTH CENTER651 SOUTH LIMESTONE ST SPRINGFIELD,OH 45505	311593544	501(C)(3)	450,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY MERCY HEALTH PARTNERS

Employer identification number
31-0785684

Part I Questions Regarding Compensation

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

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				
See Additional Data Table							

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
Severance or change-of-control payment	Schedule J, Part I, Line 4a	SEVERANCE BENEFITS CONSISTING OF CONTINUATION OF BASE SALARY AND INSURANCE BENEFITS WERE PROVIDED TO LISTED INDIVIDUALS FOR SPECIFIED PERIODS THE LISTED INDIVIDUALS EXECUTED RELEASES AND WAIVERS OF CLAIMS IN EXCHANGE FOR THE SEVERANCE BENEFITS SALARY CONTINUATION AMOUNTS PROVIDED DURING THE YEAR TO LISTED INDIVIDUALS WERE AS FOLLOWS DANA ENGLE $122,500, RENATO SUNTAY $336,275, ANN GEORGES $180,484, TERRY POPE $113,730, CHERYL LAMBORN $98,461, LINDA NILES $62,769
Non-fixed payments	Schedule J, Part I, Line 7	THE ORGANIZATION PROVIDES ANNUAL INCENTIVE COMPENSATION FOR LISTED INDIVIDUALS THE ORGANIZATION'S BOARD OF TRUSTEES ESTABLISHES OBJECTIVE THRESHOLDS FOR QUALITY, COMMUNITY BENEFIT, AND FINANCIAL PERFORMANCE WHICH MUST BE ACHIEVE FOR INCENTIVES TO BE AWARDED THE BOARD ALSO ESTABLISHES THRESHOLD, TARGET AND MAXIMUM LEVELS FOR INCENTIVE AWARDS WITHIN THESE ESTABLISHED PARAMETERS, THE BOARD DETERMINES THE CEO'S INCENTIVE AWARD AND INCENTIVE AWARDS FOR OTHER LISTED INDIVIDUALS ARE DETERMINED BY THE CEO AND DISCLOSED TO THE BOARD THE BOARD MAY AUTHORIZE MODIFIED INCENTIVE AWARDS WHEN APPROPRIATE IN ITS JUDGMENT
THE CHP RETENTION PLAN	SCHEDULE J, PART I, LINE 4B	THE CHP RETENTION PLAN IS A DEFERRED COMPENSATION PLAN WHICH PROVIDES EMPLOYMENT CONTINUATION INCENTIVES TO PERSONS SELECTED BY THE BOARD OF TRUSTEES OR ITS DELEGATE IT PROVIDES ANNUAL CREDITS OF A SPECIFIED PERCENTAGE OF COMPENSATION AND ANNUAL INTEREST CREDITS PARTICIPANTS VEST AND CEASE TO RECEIVE CREDITS AFTER 5 YEARS OF PLAN PARTICIPATION PROVIDED THEY REMAIN EMPLOYED VESTING AND CESSATION OF CREDITS OCCUR EARLIER FOR DEATH OR TOTAL DISABILITY WHILE EMPLOYED, INVOLUNTARY TERMINATION OF EMPLOYMENT WITHIN 24 MONTHS AFTER A CHANGE IN CONTROL OF THE ORGANIZATION, OR, FOR CERTAIN PARTICIPANTS, UPON BEING OFFERED A SPECIFIED PROMOTION PAYMENT OF THE VESTED ACCOUNT BALANCE IN A LUMP SUM OCCURS UPON VESTING AMOUNTS INCLUDIBLE AS TAXABLE COMPENSATION FOR LISTED INDIVIDUALS DUE TO RETENTION PLAN PARTICIPATION IN THE REPORTING YEAR WERE AS FOLLOWS JAMES MAY $0
TERMS & CONDITIONS OF CMHP SERP	PART I, LINE 4B	THE COMMUNITY MERCY HEALTH PARTNERS (CMHP) SERP PLAN IS A DEFERRED COMPENSATION PLAN WHICH PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO PERSONS SELECTED BY THE CMHP COMMITTEE IT PROVIDES ANNUAL CREDITS OF A SPECIFIED PERCENTAGE OF COMPENSATION AND ANNUAL INVESTMENT RETURNS AND/OR LOSSES PARTICIPANTS VEST THE LATER OF FIVE YEARS OF ACTIVE SERVICE OR THE SECOND ANNIVERSARY OF HIS OR HER SEPARATION FROM SERVICE WITH THE EMPLOYER VESTING OCCURS EARLIER FOR DEATH OR TOTAL DISABILITY PAYMENTS DURING EMPLOYMENT ARE MADE FOR REQUIRED TAX WITHHOLDING PAYMENT OF THE VESTED ACCOUNT BALANCE IN A LUMP SUM OCCURS AFTER TERMINATION OF EMPLOYMENT AMOUNTS INCLUDABLE AS TAXABLE COMPENSATION FOR LISTED INDIVIDUALS DUE TO SERP PARTICIPATION IN THE REPORTING YEAR WERE AS FOLLOWS MARK WIENER $17,259, JOHN DEMPSEY $9,698, SUSAN HAYES $7,731, TERRANCE WEINBURGER $10,000, KATRINA ENGLISH $10,100, STEPHEN FEAGINS $11,521, CHERYL LAMBORN $3,077
THE CHP SERP PLAN	SCHEDULE J, PART I, LINE 4B	THE CHP SERP PLAN IS A DEFERRED COMPENSATION PLAN WHICH PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO PERSONS SELECTED BY THE BOARD OF TRUSTEES OR ITS DELEGATE IT PROVIDES ANNUAL CREDITS OF A SPECIFIED PERCENTAGE OF COMPENSATION AND ANNUAL INTEREST CREDITS PARTICIPANTS VEST 50%, 75%, AND 100% IN THEIR ACCOUNTS AFTER 5, 6, AND 7 YEARS OF SERVICE, RESPECTIVELY, VESTING OCCURS EARLIER FOR DEATH OR TOTAL DISABILITY OR REACHING AGE 60 WHILE EMPLOYED, OR INVOLUNTARY TERMINATION OF EMPLOYMENT WITHIN 24 MONTHS AFTER A CHANGE IN CONTROL OF THE ORGANIZATION OR DUE TO POSITION ELIMINATION, PAYMENTS DURING EMPLOYMENT ARE MADE FOR REQUIRED TAX WITHHOLDINGS PAYMENT OF THE VESTED ACCOUNT BALANCE IN A LUMP SUM OCCURS AFTER TERMINATION OF EMPLOYMENT AMOUNTS INCLUDIBLE AS TAXABLE COMPENSATION FOR LISTED INDIVIDUALS DUE TO SERP PARTICIPATION IN THE REPORTING YEAR WERE AS FOLLOWS JAMES MAY $269,246

Additional Data

Return to Form

Software ID: 09000329
Software Version: v2009.2.0
EIN: 31-0785684
Name: COMMUNITY MERCY HEALTH PARTNERS

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARK WIENER	(I)	335,980	0	23,277	8,574	24,798	392,629	0
	(II)	0	0	0	0	0	0	0
JOHN DEMPSEY	(I)	181,348	10,000	15,282	2,006	12,646	221,282	0
	(II)	55,459	0	2,665	1,082	5,508	64,714	0
SUSAN HAYES	(I)	142,821	0	13,287	11,132	18,996	186,236	0
	(II)	0	0	0	0	0	0	0
TERRANCE WEINBURGER	(I)	195,344	0	19,399	8,873	16,320	239,936	0
	(II)	0	0	0	0	0	0	0
KATRINA ENGLISH	(I)	195,767	5,000	11,761	155	22,895	235,578	0
	(II)	0	0	0	0	0	0	0
JAMES MAY	(I)	0	0	0	0	0	0	0
	(II)	540,258	0	316,722	141,906	28,666	1,027,552	0
DANA ENGLE	(I)	0	0	122,910	0	11,652	134,562	0
	(II)	0	0	0	0	0	0	0
RENATO SUNTAY	(I)	0	0	338,253	0	11,352	349,605	0
	(II)	0	0	0	0	0	0	0
STEPHEN FEAGINS MD	(I)	216,231	0	14,949	6,994	21,241	259,415	0
	(II)	0	0	0	0	0	0	0
TERRY POPE	(I)	57,877	0	148,422	1,628	21,352	229,279	0
	(II)	0	0	0	0	0	0	0
ANNE GEORGES	(I)	0	0	182,720	0	9,287	192,007	0
	(II)	0	0	0	0	0	0	0
CHERYL LAMBORN	(I)	62,046	0	130,394	1,532	14,896	208,868	0
	(II)	0	0	0	0	0	0	0
LINDA NILES	(I)	103,384	0	75,409	0	4,102	182,895	0
	(II)	0	0	0	0	0	0	0
GREGORY SMITH	(I)	175,112	0	610	12,867	11,908	200,497	0
	(II)	0	0	0	0	0	0	0
JAMES GOODRICH MD	(I)	198,728	0	6,541	6,064	20,798	232,131	0
	(II)	0	0	0	0	0	0	0
SANA WAIKHOM MD	(I)	186,879	0	6,062	12,212	18,179	223,332	0
	(II)	0	0	0	0	0	0	0
KENNETH CARDLIN MD	(I)	179,551	0	2,008	3,654	23,388	208,601	0
	(II)	0	0	0	0	0	0	0
JENELLE ZELINSKI	(I)	169,671	4,000	838	7,039	12,410	193,958	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY MERCY HEALTH PARTNERS

Employer identification number
31-0785684

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
SPRINGFIELD HEMATOLOGY AND ONCOLOGY	RAVI KHANNA, M D (BOARD MEMEBER) IS AN OWNER	159,780	INDEPENDENT CONTRACTOR		No
BRICKLER ECKLER LLP	FAMILY MEMBER OF JAMES MAY (BOARD MEMBER) IS A KEY EMPLOYEE	114,655	INDEPENDENT CONTRACTOR		No
RISA SPIELDOCH	FAMILY MEMBER OF STEPHEN FEAGINS (KEY EMPLOYEE)	13,450	INDEPENDENT CONTRACTOR		No
MERCY ANESTHESIOLOGISTS	FAMILY MEMBER OF PLATO PAVLATOS (BOARD MEMBER) HAS A REPORTABLE OWNERSHIP INTEREST	692,833	INDEPENDENT CONTRACTOR		No

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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
COMMUNITY MERCY HEALTH PARTNERS

Employer identification number
31-0785684

Identifier	Return Reference	Explanation
Organization's mission	Form 990, Part III, Line 1	THE MISSION OF COMMUNITY MERCY HEALTH PARTNERS IS TO CARRY OUT THE CATHOLIC HEALTHCARE PARTNERS MISSION WITHIN OUR COMMUNITY BY PROVIDING SAFE, EFFECTIVE, PATIENT/RESIDENT CENTERED, TIMELY AND COST EFFICIENT CARE AND EDUCATION TO MEET THE HEALTH NEEDS OF ALL PEOPLE, ESPECIALLY THE POOR AND UNDER-SERVED OUR COMMITMENT TO THIS HEALING MINISTRY WILL BE EVIDENCED BY EXCEPTIONAL CARE, COMPASSION, AND RESPECT FOR THE DIVERSE RELIGIOUS BELIEFS AND FAITH TRADITIONS OF THOSE WE SERVE
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	JAMES DOYLE, MARK ROBERTSON, AND PAMELA YOUNG - BUSINESS RELATIONSHIP,
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	COMMUNITY MERCY HEALTH SYSTEM IS THE MEMBER OF COMMUNITY MERCY HEALTH PARTNERS
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	COMMUNITY MERCY HEALTH SYSTEM HAS THE ABILITY TO ELECT AND REMOVE BOARD MEMBERS
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	COMMUNITY MERCY HEALTH SYSTEM HAS THE AUTHORITY TO APPROVE THE FOLLOWING AMENDMENTS TO GOVERNING DOCUMENTS, CHANGES TO THE MISSION, VISION AND VALUE STATEMENTS THAT DETERMINE THE ACTIVITIES OF THE CORPORATION, TO FIX THE NUMBER OF AND ELECT MEMBERS TO THE GOVERNING BODY, TO REMOVE AT WILL, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE GOVERNING BOARD
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	THE FORM 990 IS PREPARED BY CHP'S TAX DEPARTMENT AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM A COPY OF THE FORM 990 IS THEN REVIEWED BY MANAGEMENT UPON REVIEW, THE FORM 990 IS THEN FORWARDED TO THE AUDIT & CORPORATE RESPONSIBILITY COMMITTEE FOR APPROVAL ADDITIONALLY, THE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION RELATED SCHEDULES AND DISCLOSURES BOTH THE AUDIT & CORPORATE RESPONSIBILITY COMMITTEE AND THE COMPENSATION COMMITTEE ARE INDEPENDENT OF THE FILING ORGANIZATION ONCE THE FORM 990 IS REVIEWED BY ALL APPLICABLE PARTIES A COPY OF THE FINAL VERSION IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ALL BOARD MEMBERS ARE COVERED BY THE CATHOLIC HEALTHCARE PARTNERS (CHP) CONFLICT OF INTEREST POLICY WHICH REQUIRES DISCLOSURE ON AN ANNUAL BASIS ALL POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY CHP CORPORATE COMPLIANCE OFFICER AT THE BEGINNING OF EACH BOARD MEETING ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST BOARD MEMBERS DETERMINED TO HAVE A CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISION-MAKING FOR THE TRANSACTION IN WHICH THE CONFLICT EXISTS
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE ORGANIZATION'S FORMAL PROCESS FOR DETERMINING TOTAL COMPENSATION FOR THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES IS INTENDED TO PROVIDE REASONABLE COMPENSATION FOR ACCOMPLISHING THE ORGANIZATION'S MISSION, TO RECOGNIZE PERFORMANCE, AND TO OPERATE IN KEEPING WITH THE ORGANIZATION'S OBLIGATIONS AS A TAX-EXEMPT CHARITABLE ORGANIZATION THE COMPENSATION & EVALUATION COMMITTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES CONDUCTS AN ANNUAL REVIEW OF THE COMPENSATION AND PERFORMANCE OF THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES IN DOING SO, THE COMMITTEE RETAINS A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT A COMPETITIVE MARKET ANALYSIS ANNUALLY OF THE MARKET RANGES OF BASE, INCENTIVE, AND TOTAL CASH COMPENSATION THE COMMITTEE UTILIZES THAT ANALYSIS AND OTHER APPROPRIATE INFORMATION IN CONNECTION WITH ITS ANNUAL REVIEW AND ADJUSTMENT OF COMPENSATION RANGES IT ALSO REVIEWS AND RECOMMENDS TO THE FULL BOARD THE THRESHOLD, TARGET, AND MAXIMUM INCENTIVE AWARDS FOR WHICH THE LISTED INDIVIDUALS MAY BE ELIGIBLE, BASED UPON THE ORGANIZATION'S PERFORMANCE RESULTS FOR COMMUNITY BENEFIT, QUALITY, AND FINANCIAL PERFORMANCE THE COMMITTEE'S RECOMMENDATIONS CONCERNING SALARY RANGE ADJUSTMENTS AND INCENTIVE AWARDS GO TO THE FULL BOARD FOR APPROVAL THE COMMITTEE, WITH FULL BOARD APPROVAL, DETERMINES THE ADJUSTMENT TO THE CEO'S BASE COMPENSATION AND INCENTIVE AWARD, WITHIN SUCH ESTABLISHED PARAMETERS FOR THE COO, CAO, EVP, AND SVP POSITIONS, ADJUSTMENTS AND INCENTIVE AWARDS ARE APPROVED BY THE ORGANIZATION'S CEO WITHIN SUCH PARAMETERS ADJUSTMENTS AND AWARDS FOR OTHER LISTED INDIVIDUALS ARE RECOMMENDED BY THE SUPERVISING EXECUTIVE BASE SALARY ADJUSTMENTS AND INCENTIVE AWARDS ARE DISCLOSED TO THE COMMITTEE A FORMAL PERFORMANCE APPRAISAL PROCESS IS INCORPORATED IN THE COMPENSATION ADJUSTMENT AND AWARD PROCESS IT UTILIZES A MULTI-PERSPECTIVE APPROACH AND PERFORMANCE MEASURES WHICH ARE LINKED TO THE ORGANIZATION'S LONG-TERM STRATEGIC PLAN, ACHIEVEMENT OF ANNUAL SYSTEM OBJECTIVES, AND PERSONAL OBJECTIVES

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	COMPENSATION-RELATED DETERMINATIONS ARE CONDUCTED IN ACCORDANCE WITH APPLICABLE REQUIREMENTS OF THE INTERNAL REVENUE CODE AND REGULATIONS TO QUALIFY FOR THE PRESUMPTION THAT THE COMPENSATION IS REASONABLE, INCLUDING BUT NOT LIMITED TO APPROVAL BY AN AUTHORIZED BODY COMPOSED OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST, OBTAINING AND RELYING ON APPROPRIATE DATA AS TO COMPARABILITY, AND CONCURRENT DOCUMENTATION OF THE BASIS FOR THE COMPENSATION DETERMINATIONS

Public Disclosure Form 990, Part VI, Section C, Line 19 THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED ON THE CATHOLIC HEALTHCARE PARTNERS WEBSITE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY MERCY HEALTH PARTNERS

Employer identification number
31-0785684

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
SPRINGFIELD REGIONAL CANCER CENTER 148 W NORTH STREET SPRINGFIELD, OH 45502 35-2216018	CANCER CENTER	OH	3,609,042	7,443,191	N/A

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
CATHOLIC HEALTHCARE PARTNERS 615 ELSINORE PLACE CINCINNATI, OH 45202 31-1161086	HC SYS PARENT	OH	501(C)(3)	11 - Type III - FI	N/A
COMMUNITY MERCY HEALTH SYSTEMS 1 S LIMESTONE ST SPRINGFIELD, OH 45502 30-0272454	PARENT ORG	OH	501(C)(3)	11 - Type III - FI	N/A
THE COMMUNITY MERCY FOUNDATION 1 S LIMESTONE ST SPRINGFIELD, OH 45502 31-1443778	FNDRSG	OH	501(C)(3)	11 - Type III - FI	N/A
CH HEALTH SERVICES COMPANY 1 S LIMESTONE ST SPRINGFIELD, OH 45502 31-1181984	HOSPITAL	OH	501(C)(3)	3	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MHSWO HEALTH VENTURES INC 1 S LIMESTONE ST SPRINGFIELD, OH45502 31-1072139	PHYS PRACTICES	OH	N/A	C CORPORATION	-38,935	11,925	100 00 %
NORTHPARKE MEDICAL COMMONS CONDOMINIUM ASSOCIATION 333 N LIMESTONE ST SPRINGFIELD, OH45503 31-1391230	REAL PROPERTY MANAGEMENT	OH	N/A	C CORPORATION	0	0	55 %

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	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)	THE COMMUNITY MERCY FOUNDATION	C	452,663
(2)	MERCY SURGERY CENTER	I	132,248
(3)			
(4)			
(5)			
(6)			

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

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

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