## 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.

20**08** 

Open to Public Inspection

A	For t	he 200	8 cale	ndar year, or	tax year beg	ginning	0	7/01,2	008, and	ending			06/30 <b>,20</b> 09
В	Check If	applicable:	Please	C Name of orga	nization MER	CY MEDI	CAL CENT	ER			D Em	ployer iden	tification number
Γ		fress inge	use IRS	Doing Busines		***************************************				***************************************		-05916	65B
Γ	_	no change	print or	Number and :	street (or P.O. bo	ox if mail is no	t delivered to s	reet address	)	Room/suit		ephone num	
	Initi	al ceturn	type.	301 ST.	PAUL PLAC	'E						10)332	20000
T	Ter	mination	Specific		state or country, a					ــــــــــــــــــــــــــــــــــــــ	<del>-                                     </del>	10/ 332	2-3000
一	Am	ended	instruc- tions.	BALTIMORI	г мв 212	102					6 60	ss receipts	\$ 300 cos
$\vdash$		lication	F Na	me and addres	s of principal of	officer: my ou			-	<del></del>	_	this a group	373,003,702
_	per	ding									afi	iliates?	<u> </u>
	Toy-e	xempt st		ST PAUL 1								e all affiliates	
÷		site: ►	1	X 501(c) ( 3		no.)   4	947(a)(1) or	527					a list. (see instructions)
<del>-</del>		·····		MDMERCY.C		Т	T-7	_					on number -
À		of organ		X Corporation	Trust	Association	Other	<u> </u>		Year of form	nation: 19	49 M St	ate of legal domicile: MD
	art i		nmary										
	1	Briefly	descril	e the organiza	tion's mission	or most sign	nificant activit	ies:					
QI CI	:1			N GOD'S F									
Governance				OF MERCY,						SONS OF	EVER	<u>Y</u>	
Je II				OLOR, AND								·	
g ဗိ	2	Check	this bo	× ▶ ∐ if the	a organization	discontinue	ed its operati	ons or disp	osed of me	ore than 25	% of its as	ssets.	
ಂಶ	3			ling members o								3	3 7
Activities	4	Numb	er of inc	lependent votir	ig members of	the govern	ing body (Pai	t VI, line 1	)			4	1
Ž	5	Total r	number	of employees (F	art V, line 2a)				• • • •	• • • • •	• • • •	5	
Act	6	Total r	number	of volunteers (e	stimate if nece							6	<del></del>
•	7a			related busines			ne 12. colum	n (C)				7:	
	Ь	Net un	related	business taxat	le income from	Form 990-	T. line 34 .			· • • • • •	• • • •	71	
	1										Prior	Year	Current Year
	8	Contril	oution a	nd grants (Part	VIII. line 1h)					<u> </u>		48,531	
Revenue	9	Progra	m servi	ce revenue (Par	t VIII line 2a)					• • •			
šve	10	invest	nent in	come (Part VIII,	column (A) lir	nee 3. A. and		• • • • •	• • • • •	· · ·		24,726	
æ	11	Other	roventie	(Part VIII, colt	mn (A) lines f	103 J. 4, allo	100, and 14.		• • • • •	• • • }		36,181	
	12	Total	CACHIOC	- add lines 8 th	rough 11 (m)	n ou, ou, su, stanual Dari	. 100, and 11	(A) line (C		⋯⋯⊢		32,211	
	13	Cronto	and air	- aud illies o ti	rough 11 (nius	st equal Part	VIII, COIUMI	(A), line 12	)	· · · · ·	355,20	59,287	
	1	Consti	2110 511	milar amounts p	alu (Part IX, Co	Jumn (A), III	ies 1-3)			••• ⊢			275,833.
	14 Benefits paid to or for members (Part IX, column (A), line 4)										····		NONE
ës	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									<u>139,29</u>	<u>59,923</u>	. 162,572,206.
Expenses	16a	a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25) ▶ NONE											NONE
X	b	Total fi	undralsi	ng expenses, P	art IX, column	(D), line 25)	<b>&gt;</b>	<u>NON</u>	<u>E</u>		******		
_	17	Other	expense	s (Part IX, colu	mn (A), lines 1	1a-11d, 11f-	·24f)				184,34	19,121	. 181,097,930.
	18	Total e	xpenses	s. Add lines 13-	-17 (must equa	al Part IX, co	lumn (A), line	25)			323,60	09,044	. 343,945,969.
	19	Revenu	ie less	expenses. Subt	ract line 18 from	m line 12					31,66	50,243	. 30,199,504.
S or											Beginnin	g of Year	End of Year
Net Assets Fund Balanc	20			art X, line 16)			<b>.</b>				747,38	36,010	764,769,042.
g B	21	Total II	abilities	(Part X, line 26)	)							2,103	
Š	22	Net ass	ets or f	und balances.	Subtract line 2	1 from line 2	20				216,69		
Рa	rt II	Sig	nature	Block	*1								<u> </u>
		Under	penalties	of perjury, I de	cfare that I have	examined t	his return, inc	luding acco	mpanying s	chedules ar	nd stateme	nts, and to	the best of my knowledge
		and be	lief, it is	true, correct, as	id complete. De	aclaration of	preparer (other	er than offic	er) is base	d on all inf	ormation o	of which pr	reparer has any knowledge.
S	ign										1		
H	ere	S	ignature	of officer						·····	D	ate	
		<b>₽</b> ī	ype or p	int name and title									
		Prepar	er's ⊾	· · · · · · · · · · · · · · · · · · ·				Date		Check if			r's identifying number
Paid		signati						05/	7/201	o emblohed	▶ □		tructions) P00482524
	arer's	Firm's	name (or	yours COHE	N. BUTHET		KNIGHT,		.,, 201	<u></u>	EIN		
Jse (	Only	if self-e	mployed) , and ZIP	COLLE	OCKLEDGE DRIV				7_100^		Phone no		<u>52-1202280</u>
Mav	the If			return with the				1			<del></del>	<del></del>	301-828-1002
<u>_</u>				erwork Reduc	· · · · · · · · · · · · · · · · · · ·	············		,	· · · · ·		• • • • •		- X Yes No Form 990 (2008)
						.,							roun 330 (2008)

Form 990 (2008)			52-0591658	Page
Part III Sta	itement of Program Se	rvice Accomplishments (see instruction	s)	
1 Briefly desc	ribe the organization's r	mission:		
SEE STA	TEMENT 1			
<u></u>				
	9			
·				
2 Did the org	janization undertake ar	y significant program services during t	he year which were not listed on	
the prior Fo	rm 990 or 990-EZ?			Yes X N
If "Yes" des	cribe these new service:	s on Schedule O.		
3 Did the org	anization cease conduc	ting, or make significant changes in ho	w it conducts, any program	
				Yes X N
If "Yes." des	cribe these changes on	Schedule O.	****************	
4 Describe the	e exempt purpose achie	evements for each of the organization's the	ree largest program services by exper	ises
Section 501	(c)(3) and 501(c)(4) org	ganizations and section 4947(a)(1) trusts	are required to report the amount of o	rants and
		nses, and revenue, if any, for each progra		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		,,,,		
Aa/Codo:	\ /Evnoncoo \$	250, 610, 277. including grants of \$	ATT AND V/Payenia C	
		250,610,277. Including grants of \$	275,833. ) (Revenue \$ 369	<u>,217,491.</u> )
SEE STA	TEMENT 2			
			····	<u>-</u>
Ah/Codo:	\/Evoorcon \$	including grants of \$	\/Dayanua #	
*b (Code	) (cyberises & _	including grants of \$	) (Revenue \$	)
			17	
	····			
		IQ.		
c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	```
			) (NOTORING U	/
_	<u></u>			
	····		······································	
				·····
			<del></del>	
		i i		
d Other progra	m services. (Describe in	Schedule O.)		
(Expenses \$	-	ng grants of \$ ) (Reve	nue \$	
		\$ 250,610,277. (Must equal Part		
iA		ZJUFULUFZII, (maot oqual i art	,	Form 000 (0000
E1020 1.000				Form <b>990</b> (2008)

Pai	t 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			T
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			1
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ĺ	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<del>  "-</del>
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			<b> </b>
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1		1
		9		x
10	complete Schedule D, Part IV  Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			<b>—</b>
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	90	x
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Х	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			1
	Schedule J	23	Х	L
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			ł
	24b-24d and complete Schedule K. If "No," go to question 25	24a	<u> </u>	
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ł
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			ĺ
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified		1	İ
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		x
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	х	<b></b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
ICA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	ليي	X
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## Part IV Checklist of Required Schedules (continued)

		Yes	No
During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
Part IV	28a		Х
	28b		_X
professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
	29	Х	
	30		x
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		x	_41
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			x
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			<u>х</u>
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			x
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV  Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Iine 1  Is any related organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV.  Law a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.  Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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

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## 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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	SSS		
	gaming (gambling) winnings to prize winners?	1c	X	3050000
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   3,277			MASS
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Saves
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	199000		2208
_	this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	<b>-</b>
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	02600400	X
a	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			
r .	and Financial Accounts.	53333	egging 25.	388758
oa L	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
62	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		
U	gifts were not tax deductible?	6b		ı
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.	7a	anoutett.	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del></del>	- 41
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	x	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	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	248992201	assazar
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40:	amounts due or received from them.)	42-	avess i	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	Salaa a	
	in 100, officer the amount of tax-exempt interest received of accided during the year   120	44268)	250000 C	AND THE PARTY OF T

Form 990 (2008) Page 6 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions. 1a Enter the number of voting members of the governing body 7 b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . . . Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . Did the organization become aware during the year of a material diversion of the organization's assets?..... 5 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organizations contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? Х 9a Does the organization have local chapters, branches, or affiliates? 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? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or 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 X Section B. Policies 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MD, Section 6104 requires an organization to make its Forms 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 | x | Another's website | x | Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public.
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶JOHN TOPPER 301 ST. PAUL PLACE BALTIMORE, MD 21202

Form 990 (2008)

410-332-9313

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- 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 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, and 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 officer, director, trustee, or key employee.										
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	Institutional trustee	(chec Officer	a Key employee	Highest compensated	oly) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
THOMAS MULLEN										
PRESIDENT AND CEO	40.	Х		X				1,056,400.	NONE	27,998.
AMY FREEMAN	ļ									
EXE VP/SECRETARY	40.	Х		Х				443,048.	NONE	50,156.
SAMUEL MOSKOWITZ										
EXEC VP/VICE CHAIR	40.	Х		Х				628,015.	NONE	29,358.
SCOTT SPIER MD										
SR VP/DIRECTOR	40.	X						987,294.	NONE	34,189.
JOHN TOPPER										
SR VP & CFO/TREASURER	40.	Х		Х				424,882.	NONE	88,275.
SUSAN MACMILLAN										
SR VP/DIRECTOR	40.	х						423,608.	NONE	66,429.
AINE OCONNOR										
DIRECTOR	40.	Х						NONE	NONE	5,788.
NICHOLAS KOAS										
KEY EMPLOYEE	40.				Х			233,606.	NONE	31,801.
JUDITH WEILAND										
SENIOR VP	40.					<u> </u>		437,746.	NONE	62,833.
ROBERT EDWARDS										
SENIOR VP	40.			$\Box$		Х		309,375.	NONE	38,317.
JAMES LEVY						-				
PHYSICIAN	40.					Х		268,075.	NONE	34,415.
MICHAEL SAMBAT MD										
PHYSICIAN	40.					_X		293,650.	NONE	23,463.
WILMA ROWE MD		J			- 1	- 1	i			
PHYSICIAN	40.				_	<u> </u>		360,424.	NONE	9,720.

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	ple	oye	es,	and	Hig	hest Compensat	ed Emplo	yees (c	continued)
(A) Name and title	(B) (C) Average Position (check all that a hours per S 3 3 0 8 8							(D) Reportable compensation	Report	able	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rel organiza (W-2/1099	ated tions	other compensation from the organization and related organizations
										i	
<u> </u>	······································										
								,	*·······		
											==44.
1b Total							han	5,866,123. \$100,000 in rep	portable co	NONE mpens	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										ated	3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual		an \$	150	,000	0?	if "Y					4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5 X
Section B. Independent Contractors											
1 Complete this table for your five highest of compensation from the organization.	compensate	ed ind	dep	end	ent	cont	ract	tors that received	I more tha	an \$10	0,000 of
(A) Name and business addre	ess							(B) Description of ser	vices	С	(C) ompensation
SEE STATEMENT 3		-					-			····	
2 Total number of independent contractors (in	-	ose i	n 1	) w	ho	rece	ived	more than \$100	0,000 in		
compensation from the organization	84							······································			

	Statement of Rever	iue		S	52-0591658		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512, 513, or 5
1 a	Federated campaigns	1a					
b							
c		1c					
ta ta b c c d e f	.,		2,846,853.				
е	Government grants (contrib	utions) 1e	320,714.				
f	All other contributions, gifts, gra		4				
	and similar amounts not include		2,718,507.				
g	Noncash contributions included Total. Add lines 1a-1f	,		5 006 024			
h	Total. Aud Intes 14-11		Business Code				
2a	PATIENT REVENUE		Buomess occu	360,452,760.	360,452,760.		
b	PEDIATRIC REVENUE			669,029.	669,029.	<u> </u>	
		***************************************		007,025.	003,023.		
d		***************************************					
e							
f	All other program service rev	venue					
g	Total. Add lines 2a-2f		<u> </u>	361,121,789.			
3	Investment Income (Includin	ng dividends, inter	rest, and				
	other similar amounts)		. STMT. 4 ▶	1,607,326.			1,607,32
4	Income from investment of t	tax-exempt bond	proceeds 🕨	NONE			
5	Royalties	(3.03-1		NONE		Children and the children and the subtraction of the Children	***************************************
		(i) Real	(ii) Personal				
6a	Gross Rents	1,621,943					
b	Less: rental expenses	1,458,046	1				
C	Rental income or (loss)	163,897.					
d	Net rental income or (loss) .	(i) Securities	(ii) Other	163,897.		-36,068.	199,96
7a	Gross amount from sales of	-6,001,810.	<del> </del>				
	assets other than inventory	~6,001,810.	6,500				
þ	Less: cost or other basis and sales expenses		86, 263.				
c	Gain or (loss)	41					
d	Net gain or (loss)				Account Calculation Calculation ( exchange design)		-6,081,57
8a	• • •	undraising		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0,001,31
"-	events (not including \$						
	of contributions reported on I	line 1c).					
	See Part IV, line 18	,					
b	Less: direct expenses	b					
C	Net income or (loss) from fun	ndraising events .	<u></u>	NONE			
9a	Gross income from gaming a See Part IV, line 19.						
	Less: direct expenses Net income or (loss) from gal			NONE			
10a		ory, less		1,441			
	Less: cost of goods sold						
	Net income or (loss) from sale			NONE			
	Miscellaneous Revenu	ue	Business Code	NON2			
11a	MANAGEMENT FEE	E.	561000	6,708,895.	6,549,934.	158,961.	
	TELEVISION SERVICE	Es .		91,490.	0,019,3311	130,701.	91,490
-	CAFETERIA REVENUE	- 10		1,679,648.			1,679,64
ď	All other revenue		812930	2,967,927.	1,545,768.	453,068.	969,09
	Total. Add lines 11a-11d			11,447,960.			
е	total Add intestilled a a						

## 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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	275,833.	275,833.		
	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	NONE			
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,				
	trustees, and key employees	3,878,872.		3,878,872.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	<b>⊢</b>	NONE			
	Other salaries and wages	133,536,352.	99,632,899.	33,903,453.	NONI
	Pension plan contributions (include section 401	2 707 610	0.010.770	001 015	
	(k) and section 403(b) employer contributions)	3,797,618.	2,912,773.	884,845.	NONE
	Other employee benefits	11,664,844.	8,946,935.	2,717,909.	NONE
	Payroll taxes	9,694,520.	7,435,697.	2,258,823.	NONE
	Fees for services (non-employees):	1 516 060	27027	1 516 060	
	Management	1,516,868. 1,126,409.	NONE	1,516,868.	NONE
	Legal	545,891.	19,917.	1,106,492.	NONE
	Lobbying	NONE	212,219. NONE	333,672.	NONE
	Professional fundraising services. See Part IV, line 17	NONE	NONE	NONE	NONE
	investment management fees	140,369.	140,369.	NONE	NONE
	Other	23,938,035.	16,839,739.	7,098,296.	NONE
	Advertising and promotion	2,120,668.	2,113,290.	7,378.	NONE
	Office expenses	75,108,849.	70,826,934.	4,281,915.	NONE NONE
	nformation technology.	924,645.	924,645.	NONE	NONE
	Royalties	NONE	NONE NONE	NONE	NONE
	Occupancy	8,185,246.	7,697,488.	487,758.	NONE
	Fravel	476,845.	350,161.	126,684.	NONE
	Payments of travel or entertainment expenses		000,72021		HOILE
	or any federal, state, or local public officials	NONE	NONE	NONE	NONE
	Conferences, conventions, and meetings	486,077.	132,808.	353,269.	NONE
	nterest	6,941,540.	NONE	6,941,540.	
	Payments to affiliates	NONE	7. 7.17		<u> </u>
22 [	Depreciation, depletion, and amortization	19,610,356.		19,610,356.	NONE
	nsurance	6,172,042.	175,117.	5,996,925.	NONE
	Other expenses. Itemize expenses not				
	overed above. (Expenses grouped together				
а	and labeled miscellaneous may not exceed				
5	i% of total expenses shown on line 25 below.)		i		
a I	REPAIRS_AND_MAINT	7,214,343.	7,127,687.	86,656.	NONE
b J	PERSONAL_PROPERTY_TAXES	6,708.	_	6,708.	NONE
c ſ	OTHER	5,841,014.	4,116,650.	1,724,364.	NONE
đΙ	CONATIONS	82,592.	69,683.	12,909.	NONE
e J	BAD_DEBT	20,659,433.	20,659,433.	NONE	NONE
	All other expenses				NONE
5 T	otal functional expenses. Add lines 1 through 24f	343,945,969.	250,610,277.	93,335,692.	NONE
	oint Costs. Check here   If following		*		
	OP 98-2. Complete this line only if the organization eported in column (B) joint costs from a				
C	ombined educational campaign and fundraising				
S	olicitation			<u></u>	

	art A	Datatice Stieet	(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing	46,599,897	1	59,805,697.
	2	Savings and temporary cash investments	11,000,000	2	NON
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	24,843,583.	4	23,247,708
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L	200,000	5	150,000
	6	Receivables from other disqualified persons (as defined under section			
	1	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II			
		of Schedule L		6	
Ş	7	Notes and loans receivable, net	263,336.	7	222,901
Assets	8	Inventories for sales or use	4,756,664.	8	5,046,103
₹	9	Prepaid expenses and deferred charges	3,243,098.		3,026,104
	10a	Land, buildings, and equipment: cost basis 10a 524, 654, 671			
	b	Less: accumulated depreciation. Complete		ĺ	
		Part VI of Schedule D	249,063,417.	10c	326,492,725.
	11	Investments - publicly traded securities STMT- 11 -	340,070,618.		286,199,676.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	67,345,397.	15	60,578,128.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	747,386,010.	16	764,769,042.
	17	Accounts payable and accrued expenses	44,418,052.	17	46,440,491.
	18	Grants payable	14,110,002.	18	40,440,491.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	448,837,116.	20	444 400 277
6	21	Escrow account liability. Complete Part IV of Schedule D	440,037,110.	21	444,488,377.
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Ē		highest compensated employees, and disqualified persons. Complete Part II			
ᆵ		of Schedule L		22	
ļ	23	Secured mortgages and notes payable to unrelated third parties STMT. 12.	804,775.	23	362 672
	24	Unsecured notes and loans payable	804,773.	24	362,672.
	25	Other liabilities. Complete Part X of Schedule D	36,632,160.	25	56 272 470
		Total liabilities. Add lines 17 through 25	530,692,103.	26	56,273,470.
SS .		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.	330,692,103.		547,565,010.
2	27	Unrestricted net assets	182,209,738.	27	179,182,648.
39/5		Temporarily restricted net assets	28,600,686.		36,856,312.
ğ		Permanently restricted net assets	5,883,483.	29	1,165,072.
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	3,000,400.		17100,012.
3	30	Capital stock or trust principal, or current funds	ļ	30	
ادة		Paid-in or capital surplus, or land, building, or equipment fund		31	···
AS		Retained earnings, endowment, accumulated income, or other funds		32	
ē		Total net assets or fund balances	216,693,907.	33	217 004 020
		Total liabilities and net assets/fund balances		34	217,204,032.
	t XI	Financial Statements and Reporting	747,386,010.	34	764,769,042.
· ar	· Al	This ion out of the politing			Yes No
!	Accou	inting method used to prepare the Form 990: Cash X Accrual Other			1.03 1.0
		the organization's financial statements compiled or reviewed by an independent accounts			2a X
		the organization's financial statements audited by an independent accountant?			
		s" to lines 2a or 2b, does the organization have a committee that assumes responsibility f			- 1 Lu   X
-		review, or compilation of its financial statements and selection of an independent account	•	_	· · 2c
a		esult of a federal award, was the organization required to undergo an audit or audits as se		• • •	
		ngle Audit Act and OMB Circular A-133?			За х
		s," did the organization undergo the required audit or audits?			
					1 201

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number MERCY MEDICAL CENTER 52-0591658 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). (Attach Schedule H.) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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). (see instructions) 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. b Type II c Type III - Functionally Integrated Type I d | Type III - Other 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). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of 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) Provide the following information about the organizations the organization supports. (i) Name of supported (iii) Type of organization (II) EIN (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? US? Yes Yes No No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2008

Pa	Support Schedule for Or (Complete only if you che	ganizations I cked the box o	Described in Son line 5, 7, or	Sections 170(b 8 of Part I.)	o)(1)(A)(iv) and	170(b)(1)(A)(v	ri)
Se	ction A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						************************
4	Total. Add lines 1-3	Same secondario salabat secondario	a menuanananan pada da saka	Silvani di sociali si silali sociali si sacciali sociali socia			
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.					\$330.5	
	tion B. Total Support		γ		<b>,</b>		
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans,	15					
	rents, royalties and income from similar						
	sources	0.					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (S				5.775.555.1155.156 NED515	12	
13	First five years. If the Form 990 is for the o	The second secon					
	organization, check this box and stop here	nganization's ins	st, second, uma, ro	orus, or martax ye	a as a 501(c)(5)		
Sec	tion C. Computation of Public Sup	ort Percenta	ae				
14	Public support percentage for 2008 (lin			11 column (f)		. 14	%
15	Public support percentage from 2007						%
16a	33 1/3% support test - 2008. If the or	roanization did	not check the b	nx on line 13 a	nd line 14 is 33	1/3% or more	
	and stop here. The organization qualifi						
b	33 1/3% support test - 2007. If the or						
-	box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2						
	is 10% or more, and if the organization						
	in Part IV how the organization meets						
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organizar						
	Explain in Part IV how the organization					•	iclv
	supported organization					•	· 1
18	Private foundation. If the organization						
	instructions		•				1 1 1
						hedule A /Form 99	

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

Sec	ction A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include	,					j
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise					<del> </del>	
	sold or services performed, or facilities			1			
	furnished in any activity that is related to the			1			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			1			
•	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		<del> </del>				
5	The value of services or facilities		1				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5		ļ				
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of			j	1		
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000				1		
c	Add lines 7a and 7b	6					
8	Public support (Subtract line 7c from	P.					
	(ine 6.)						
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities toans,		[				
	rents, royalties and income from similar sources	I	i				
h	Unrelated business taxable income (less						
-	section 511 taxes) from businesses	I					
	acquired after June 30, 1975					ļ	
_			<u> </u>				
	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	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(	(c)(3)
	organization, check this box and stop here.	· • • • • • • • • • • • • • • • • • • •		<i>.</i>		· · · · · · · · · · · ·	▶
Sect	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2007 Sche					16	%
Sect	tion D. Computation of Investmen	it Income Per	centage			-	
17	Investment income percentage for 2008 (lir			3, column (f))		17	%
18	Investment income percentage from 2007 §					18	%
	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this box						▶ □
b	33 1/3% support tests - 2007. If the organ						and
_	line 18 is not more than 33 1/3 %, check this						*********
20	Private foundation. If the organization did n						
				,			· · · · · · · · · · · · · · · · · · ·

	Form 990 or 990-EZ) 2008	52-0591658	Page 4
Part IV	Supplemental Information	. Complete this part to provide the explanation required by Part II, line Part III, line 12. Provide any other additional information. (see instructions)	10;
	Part II, line 17a or 17b; or P	Part III, line 12. Provide any other additional information. (see instructions)	
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#### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Internal Revenue Service Name of the organization **Employer identification number** MERCY MEDICAL CENTER 52-0591658 Organization type (check one): Filers of: Section: 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor. during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III, For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their

Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)
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200	of	of Part I

	(rom sad, sad-22, or sad-22) (2008)		Page of of Part
Name of o	rganization MERCY MEDICAL CENTER		Employer identification number 52-0591658
Part I	Contributors (see instructions)		00 0002
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	MERCY HEALTH FOUNDATION  301 ST. PAUL PLACE  BALTIMORE, MD 21202	\$2,846,853. 	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	HEALTHCARE FOR THE HOMELESS  111 PARK AVENUE  BALTIMORE, MD 21201	\$ 1,037,993.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	US DEPT OF HOUSING AND URBAN DEVELOPMNT 451 7TH STREET WASHINGTON, DC 20410	\$ 320,714.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	MERCY CHILDRENS HEALTH OUTREACH PROJECT  111 PARK AVE  BALTIMORE, MD 21201	- \$ <u>264,956.</u>	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	CHARLES EDWARDS II  1826 CIRCLE ROAD  RUXTON, MD 21204	1,401,622.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6_	CASH UNDER 5000  301 ST PAUL PLACE	\$13,936.	Person X Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Name of organization MERCY MEDICAL CENTER

Page of of Part II
Employer identification number

 · -	$\sim$	$\sim$	4	-	_	0	

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5_	INTELLECTUAL PROPERTY		
		\$\$.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

20**08** 

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Nar	ne of the organization		Employer identification number
	RCY MEDICAL CENTER		52-0591658
P	organizations Maintaining Donor Adv the organization answered "Yes" to For	m 990, Part IV, line 6.	or Accounts. Complete if
		(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 a	dvisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to th	e organization's exclusive legal control?	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, as	nd donor advisors in writing that grant ful	nds may be
	used only for charitable purposes and not for the b	enefit of the donor or donor advisor or of	ther
	impermissible private benefit?		· · · · · · · · · Yes No
16	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
1	(a) or conservation easements neig by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recre	ation or pleasure) Preservation	of an historically importantly land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qua	lified conservation contribution in the fo	rm of a conservation easement
	on the last day of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in (c)		
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminate	nated by the organization during
	the taxable year		
1	Number of states where property subject to conser-	vation easement is located >	
5	Does the organization have a written policy regarding		iolations, and
	enforcement of the conservation easements it holds	?"	Yes No
3	Staff or volunteer hours devoted to monitoring, insp	ecting, and enforcing easements during	the year >
7	Amount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the	vear > \$
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sa	ection
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
}	In Part XIV, describe how the organization reports of	onservation easements in its revenue ar	nd expense statement and
	balance sheet, and include, if applicable, the text of	the footnote to the organization's finance	cial statements that describes
	the organization's accounting for conservation easer	ments.	
Par	Organizations Maintaining Collections Complete if the organization answered	of Art, Historical Treasures, or Other 'Yes" to Form 990, Part IV, line 8	er Similar Assets.
а	If the organization elected, as permitted under SFAs art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin		ment and balance sheet works of arch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item:	S 116, to report in its revenue statement oublic exhibition, education, or research	and balance sheet works of art
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	* * * * * * * * * * * * * * * * * * * *	<b>&gt;</b> \$
:	If the organization received or held works of art, hist		
	following amounts required to be reported under SF.	AS 116 relating to these items:	Stroke Saut broston tile
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		
-	24		
or P	ivacy Act and Paperwork Reduction Act Notice, see the instruction	ons for Form 990.	Schedule D (Form 990) 2008

Pa	rt III Organizations Maintaining Co	llections of Art, Hist	torical Treasures,	or Other Similar	Assets (continued)
3	Using the organization's accession and ot	her records, check any	y of the following tha	at are a significant u	se of its collection
	items (check all that apply):				
а	Public exhibition	d	Loan or exch	nange programs	
b		e	Other		
C	Preservation for future generatio				
4	Provide a description of the organization's	collections and explai	n how they further t	he organization's ex	cempt purpose in
	Part XIV.				
5	During the year, did the organization solic				
	assets to be sold to raise funds rather than	n to be maintained as ;	part of the organiza	tion's collection?	· · · · Yes No
Pa	t IV Trust, Escrow and Custodial A			n answered "Yes"	' to Form 990,
	Part IV, line 9, or reported an a	amount on Form 990	, Part X, line 21.		
1a	Is the organization an agent, trustee, custo				
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part X	IV and complete the fo	llowing table:		
					Amount
	Beginning balance				
d	Additions during the year	<i></i>	1	d	
е	Distributions during the year		1	8	
f	Ending balance		1	f	
2a	Did the organization include an amount or	Form 990, Part X, line	217		Yes No
	If "Yes," explain the arrangement in Part XI				
Pai	tV Endowment Funds. Complete	if organization answ	ered "Yes" to Forr	n 990, Part IV, line	<b>∍</b> 10.
	(a) C:	arrent Year (b) Prior y	rear (C) Two years	back (d) Three ye	ars back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
C	Investment earnings or losses				
d	Grants or scholarships			*	
е	Other expenditures for facilities .				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the year	ear end balance held as			
a	Board designated or quasi-endowment	%			
b	Permanent endowment ▶ %				
C	Term endowment ▶ %				
	Are there endowment funds not in the pos	session of the organiza	ation that are held a	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 organizatio				
4	Describe in Part XIV the intended uses of the	-			
Par				X. line 10.	
	Description of investment	(a) Cost or other basis	(b) Cost or other		(d) Book value
		(investment)	basis (other)	(c) Depreciation	(m) book value
1a	Land		6,640,882		6 640 882
b	Buildings		243,283,262	90,218,402.	6,640,882. 153,064,860.
c	Leasehold improvements		639,603,602.	, , , , , , , , , , , , , , , , , , , ,	133,004,000.
ď	Equipment		344 310 406	107,943,544.	36 366 040
	Other	\	130, 420, 014		36,366,942.
	. Add lines 1a-1e. (Column (d) should equal		imn (B) line 10(c) 1	·1	130,420,014.
		t difficulty to the control of the c	( <i>D)</i> , mio 10(0).)		326,492,698.

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 52-0591658
 Page 3

Part VII Investments - Other Securities. See	Form 990, Part X, I	ine 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 and other financial products		
Closely-held equity interests		
Other		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		***************************************
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	<u> </u>	
Part VIII Investments - Program Related. See	T	The state of the s
(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
INTEREST IN MERCY HEALTH FOUND		35,097,687
DUE FROM RELATED ENTITIES		8,637,763.
OTHER RECEIVABLES		2,548,408.
DEPOSITS		691,700.
DEFERRED FINANCING COSTS		3,865,715.
OTHER CURRENT ASSETS OTHER ASSETS		118,851.
INVEST UNCONSOLID SUBS		80,399. 868,380.
DEFERRED COMP PLAN ASSETS		8,669,225.
		7,003,220.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		▶ 60,578,128.
Part X Other Liabilities. See Form 990, Part 2	K, line 25.	
(a) Description of liability	(b) Amount	
Federal income taxes		
CONSTRUCTION RETAINAGE	7,418,600.	
POST RETIREMENT OBLIGATION	6,975,520.	
DEFERRED COMPENSATION	8,669,219.	
MERRILL LYNCH SWAP MALPRACTICE TAIL LIABILITY	26,365,088. 327,536.	
CARDINAL DEPOSIT	2,560,198.	0.00
RETIREMENT ANNUITY PLAN OBLIGA	3,957,309.	
otal. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	56,273,470.	

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.

Schedu	ule D (Form 990) 2008	52-0591658	Page (
Part	XI Reconciliation of Change in Net Assets from Form 990 to I		
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 an		10
Part			
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:	1 - 1	
a	Net unrealized gains on investments		-4 1
b	Donated services and use of facilities		-
C	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIV)	[2d]	
8			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
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	<u>: 12.)</u>	5
Part .	XIII Reconciliation of Expenses per Audited Financial Statemen	its With Expenses per Re	turn
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	1
С	Losses reported on Form 990, Part IX, line 25	2c	7
d	Other (Describe in Part XIV)	2d	7
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:	[ ]	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Bort YIV)	a h	1
••	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line		
Part 2			
	1	): Dort III lines 1s and 4: Dort	IV lines 1b
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9 b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,		IV, IIIIes ID
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Schedule D (F	orm 990) 2008	52-0591658	Page 5
Part XIV	Supplemental Information (continued)		
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Schedule D (Form 990) 2008

#### SCHEDULE H (Form 990)

#### Hospitals

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. 2008

OMB No. 1545-0047

Open to Public Inspection

Schedule H (Form 990) 2008

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

MERCY MEDICAL CENTER 52-0591658 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No <u>1a</u> 1a Does the organization have a charity care policy? If "No," skip to question 6a ..... 1 b 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 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. 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: 3 a 150% 200% Other 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: 3 b 250% 300% 350% 400% 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"? . . . . . . . 5a 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . 5b b If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . . . . . . . . . . If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . . . . . . . . . . . . . . . 5 C 6a 6a Does the organization prepare an annual community benefit report? ...... 6 b b If "Yes," does the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. Charity Care and Certain Other Community Benefits at Cost (d) Direct offsetting (e) Net community (f) Percent of total **Charity Care and** (a) Number of activities or (b) Persons (c) Total community benefit expense benefit expense Means-Tested Government served revenue programs (optional) expense (optional) **Programs** Charity care at cost (from Worksheets 1 and 2) . . . . Unreimbursed Medicald (from Workshee! 3, column a) . . . . Unreimbursed costs - other mes tested government programs (from Worksheel 3, column b) **Total Charity Care and** Means-Tested Government Programs . . . . . Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) . . . . Subsidized health services (from Worksheet 6) . . . . . . h Research (from Worksheet 7) . . Cash and in-kind contributions to community groups (from Worksheet 8) Total Other Benefits . . Total (line 7d and 7j) . . .

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

	(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		Percent of otal expense
1 Physical improvements and housing							
2 Economic development	ļ						
3 Community support							
4 Environmental improvements							
5 Leadership development and							
training for community members	<del> </del>						
6 Coalition building	-						
7 Community health improvement							
8 Workforce development							
9 Other	-					-	
10 Total				<del></del>			
	dicare & (	Collection	Practices (Optional f	or 2008)			
1 Does the organization Association Statement N 2 Enter the amount of the 3 Enter the estimated ar attributable to patients e 4 Provide in Part VI the te expense. In addition, de: 2 and 3, or rationale for i Section B. Medicare 5 Enter total revenue recei 6 Enter Medicare allowable 7 Enter line 5 less line 6 - 1 8 Describe in Part VI the e and the costing methods of the following methods Cost accounting systems 9 a Does the organization ha	lo. 15? organization mount of the ligible under the form the concluding of the concluding of the costs of casurplus or (sextent to whology or sout the costs used:	n's bad deb ne organiz the organ otnote to the osting men ner bad del edicare (in are relating hortfall) ich any sh urce used	at expense (at cost) ation's bad debt experization's charity care police organization's financial chodology used in determine amounts in community cluding DSH and IME) . It to payments on line 5	nse (at cost) icy	escribes bad debt reported on lines  as community benefit and indicate which	1 9a	Yes No
b If "Yes," does the organi	zation's coll	ection pol	cy contain provisions o	n the collection pra	ctices to be followed		
for patients who are know					<u>t VI</u>	9b	
Part IV Management C	Companies	and Joir	nt Ventures (Optional	for 2008)			
(a) Name of entity			escription of primary activity of entity	(c) Organization profit % or stoc ownership %		prof	Physicians' fit % or stock vnership %
1							
2							
3							
4			······································			-	
5							<del></del>
7						+	
8			<del></del>			╅	
9						+	
0						+	
1			<u> </u>			+-	
2			*			1	
3						1	
4							

Name and address    Comment of the control of the c	Part V Facility Information (Required for 2008)					52	2-05	9165	8	Page
MERCY MEDICAL CENTER  301. ST PAUL PLACE BALTINGTE  MD 21202  X	Part V Pacificy Information (Required for 2006)	·	T	T	Τ	1		Т	ı .	
301 ST PAUL PLACE BALTIMORE  MD 21202  X	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	
301 ST PAUL PLACE BALTIMORE  MD 21202  X	MERCY MEDICAL CENTER		<del>                                     </del>							
	301 ST PAUL PLACE	1								
					$\dashv$					
war and the second of the seco										

#### Part VI Supplemental Information (Optional for 2008)

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 8; Part III, line 9b, and Part V. See Instructions.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves.
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 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.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8 If applicable, identify all states with v	rhich the organization, or a related organization, files a community benefit report.
4444	
the two past the two	
	·

SCHEDULEI (Form 990) Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

OMB No. 1545-0047 2008

Open to Public

X No LEDGE/HISTORIC PRES (h) Purpose of grant or assistance Employer identification number Yes 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 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 52-0591658 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance •••••••••••••• (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance the serection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 275,833. Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 23-7180620 (p) EIN EAST REED STREET BALTIMORE, MD 21202 1 (a) Name and address of organization or government BALTIMORE COMMUNITY FOUNDATION MERCY MEDICAL CENTER Name of the organization Internal Revenue Service Part I Part II

BE1288 2,000

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (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. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

#### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Employer identification number MERCY MEDICAL CENTER 52-0591658 Questions Regarding Compensation No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? . . . . . . 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 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment?..... 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? Х 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 must complete lines 5-8. 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? 5b If "Yes" to line 5a or 5b, describe in Part III. 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? 6b If "Yes" to line 6a or 6b, describe in Part III. 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 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

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

The state of the s	$\vdash$		2000					
		tal picardown	of vv-z and/of 1089-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(h-(D)	reported in prior Form 990 or Form 990-EZ
	=	669,362.	237,600.	149,438.	NONE	27,998.	1.084.398	
THOMAS MULLEN	<b>a</b>	NONE	NONE	NONE	NONE	NONE	ENON	
	_i ©	330, 635.	95,700.	16,713.	33,000.	17,156.	493.204.	
AMY FREEMAN	€	NONE	NONE	NONE	NONE	NONE	HNON	
	<u>=</u>	435,140.	127,600.	65,275.	NONE	29,358.	657,373.	
SAMUEL MOSKOWITZ	╛	NONE	NONE	NONE		NONE	NONE	
	<u> </u>	355,017.	36,325.	595,952.	NONE	34,189.	1,021,483.	493.600
SCOTT SPIER MD	8	NONE		NONE	NONE	NONE	NONE	
	E E	338,383.	69, 422.	17,077.	62,008.	26, 267.	513,157.	
JOHN TOPPER	<b>E</b>	NONE	NONE	NONE	NONE	NONE	NONE	***
	E E	298,194.	60,475.	64,939.	29, 500.	36,929.	490,037.	
SUSAN MACMILLAN	8	NONE	NONE	NONE	NONE	NONE	NON	
	e i	265,965.	27,300.	144,481.	52,000.	10,833.	500,579.	134.731
JUDITH WEILAND	<b>E</b>	NONE	NONE	NONE	NONE	NONE	ENON	
	E	236,025.	49,200.	24,150.	12,000.	26,317.	347,692.	
ROBERT EDWARDS (ii	<b>E</b>	NONE	NONE	NONE	NONE	NONE	NON	
	<u> </u>	237,152,	24,	6,923.	NONE	34,415.	302,490.	
JAMES LEVY		NONE	NONE	NONE	NONE	NONE	NONE	
	E	185,918.	47,	NONE	22,842.	8,959.	265,407.	
NICHOLAS KOAS		NONE	NONE	NONE	NONE	NONE	NONE	
	<u>.</u>	188,336-	105,314.	NONE	5,739.	17,724.	317,113.	
MICHAEL SAMBAT MD ("		NONE	NONE	NONE	NONE	NONE	NONE	
	<b>€</b>	307,918.	52,506.	NONE	6,900.	2,820.	370,144.	
WILMA ROWE MD		NONE	NONE	NONE	NONE	NONE	NONE	
<u> </u>	<b>≘</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
5	(8)							* = *
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0	6							
	<u> </u>	1						
5								
1)	=							

Schedule J (Form 990) 2008

Part III Supplemental Information

Part III Supplemental Information
100 ≥
NON-FIXED PAYMENTS
SCH J LINE 7
THE COMPENSATION COMMITTEE APPROVES NON-FIXED PAYMENTS FOR MANAGEMENT
BASED ON THE DEGREE OF MEETING CORPORATE PRICRITIES ESTABLISHED BY THE
BOARD OF TRUSTEES. THE CORPORATE OBJECTIVES ARE DESIGNED TO ADVANCE THE
ORGANIZATION IN THE AREAS OF QUALITY CARE, PATIENT SAFETY, PATIENT
SATISFACTION, BUSINESS DEVELOPMENT AND FINANCIAL STRENGTH.
Schedule J (Form 990) 2008

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service MERCY MEDICAL CENTER

Name of the organization

2008 Open to Public

OMB No. 1545-0047

Employer identification number Inspection

52-0591658

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

Supplemental Information on Tax-Exempt Bonds

(h) On behalf of issuer ž Ŷ (g) Defeased ш ž × Yes Yes Yes 2006 REPLACEMENT GARAGE AND ROUTIN 2007 A REPLACEMENT TOWER AND REFUN 2007 B C D REPLACEMENT PATIENT CAR ŝ ŝ × × × 2008 REFUNDING OF 2003 BONDS (f) Description of purpose Ω Yes Yes × × × Ŷ ŝ × × × O ပ 155,000,000. 35,000,000. 150,000,000. 35, 325, 000. Yes Yes (e) Issue price ŝ ŝ × × × Ω Φ (d) Date issued 574217XX8 08/03/2006 574217L29 11/08/2007 07/16/2008 574217L37 11/08/2007 Yes Yes × × (c) CUSIP# 574217X41 ŝ ŝ × × × 4 ⋖ Yes Yes × × (b) Issuer EIN 52-0936091 52-0936091 52-0936091 52-0936091 Capital expenditures from proceeds ........... Year of substantial completion......... For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 9 Were the bonds issued as part of a current refunding issue? financed property which may result in private business use? Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by Private Business Use (Optional for 2008) 2 Are there any lease arrangements with respect to the 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? B MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY A MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY C MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY D MARYLAND HEALTH & HIGHER EDUCATIONAL FAC AUTHORITY 11 Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows 6 Working capital expenditures from proceeds 10 Were the bonds issued as part of an advance Bond Issues (Required for 2008) Proceeds (Optional for 2008) Gross proceeds in reserve funds. (a) (ssuer name 5 Issuance costs from proceeds 1 Total proceeds of issue. tax-exempt bonds?. . refunding issue? Part III Part I Part II

8E1295 3.000

Schedule K (Form 990) 2008

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

Page 2

	<b>A</b>			82		U				
sa Are there any management or service contracts with	\$ o	2				1			1	
respect to the financed property which may result in	163	20	res	ON	Yes	٥ <u>٧</u>	Yes	No	Yes	No
P. A.	×		×		×		×			
Are triefe any research agreements with respect to the financed property which may result in private business use?		*		>		>		;		
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property.	,		:	1		4		*		
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local covernment.		%	×	8	×	76	×	70		
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		8		8		o ò		8
		%		8		%		8 8		8 8
the organization adopted management practices procedures to ensure the post-issuance pliance of its tax-exempt bond liabilities?	×		×		×	8	×	8		8
Part IV Arbitrage (Optional for 2008)										
1 Has a Form 8038-T, Arbitrage Rebate. Yield Reduction	<b>V</b>	-	8	<b>~</b>		Ü	1	Q		ш
and Penalty in Lieu of Arbitrage Rebate, been filed	Yes	°N	Yes	No	Yes	No	Yes	ş	Yes	N <sub>o</sub>
with respect to the bond issue?		×		×		×		×		
2 Is the bond issue a variable rate issue?		×	X			×	×			
sa has the organization of the governmental issuer identified a hedge with respect to the bond issue on its books and records?	×		×		×		×			
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		×	X		×			×		
b Name of provider.										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair										
market value of the GIC satisfied?			×		×					
5 Were any gross proceeds invested beyond an										
available temporary period?		×		×		×		×		
6 Did the bond issue qualify for an exception to rebate?	×		×		×		×			

#### SCHEDULE L (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

20**08** 

Schedule L (Form 990 or 990-EZ) 2008

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Name of the organization						E	mploye	er ider	tificat	ion nu	mber	
MERCY MEDICAL CENTER								-059	1658	}		
Part I Excess Benefit Transacations To be completed by organization	s (sections that a	n 501(d nswered	c)(3) and sec d "Yes" on F	ction 501(c orm 990, F	)(4) organiz Part IV, lines	ations only 25a or 25	). b, or F	orm 9	90-EZ	', Part	V, line	e 40b
1 (a) Name of disqualified persor				/14	) Description		:				(c) Co	precled
i (a) Name or disqualitied person					) Description	or transaci	ion				Yes	No
2 Enter the amount of tax imposed on	the oro	anizatio	n managere	or disqual	ified nerson	e during th	a vear		şî.			
under section 4958									► \$ _ ► \$ _			
Part II Loans to and/or From Interes To be completed by organizatio				Form 990.	Part IV. line	26. or Fo	m 990	-EZ. F	art V	line 3	 8a.	
(a) Name of interested person and purpose	(b) Loan	to or from anization?		ginal	I	ince due	T	default?	(f) Ap		(g) W	Vritten ment?
	То	From				Yes No			Yes	No	Yes	No
SUSAN MACMILLAN RELOCATION	87	X	2	50,000.	150,000.		╁	X	X		Х	
	-					<del></del>	-					<u> </u>
	li li			,								
Part III Grants or Assistance Benef To be completed by organization	itting Ir	nterest	ed Persons	3.		150,000. 27						
(a) Name of interested person			ip between in organiza	terested per	<del> </del>	1	ount of	grant	or typ	e of as:	sistano	
	0/5											
	ř			***************************************								
Part IV Business Transactions Invol To be completed by organization	ving In	i <b>tereste</b> answere	ed Persons ed "Yes" on I	• Form 990,	Part IV, line	s 28a, 28b	, or 28	<b>3</b> .				
(a) Name of interested person	(b) Relationship between interested person and the organization			(c) Amount of transaction		(d) Description of tra			nsaction		(e) Sha organiz revenu	zation's
											Yes	No
	Î											
	5			<u> </u>				<del></del>				
	ii j											
	4.1			I							1	

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

### SCHEDULE M (Form 990)

### **Non-Cash Contributions**

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

►Attach to Form 990.

20**08** 

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MERCY MEDICAL CENTER

Employer identification number

52-0591658

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	(d) ' determini enues	ng
1	Art-Works of art						
2	Art-Historical treasures	····					
3	Art-Fractional interests		·				
4	Books and publications						
5	Clothing and household		THE				
	goods						
6	Cars and other vehicles						
7	Boats and planes				· · · · · · · · · · · · · · · · · · ·		
8	Intellectual property	Х	1	1,401,622.	COST SAVI	NGS	
9	Securities-Publicly traded						·
10	Securities-Closely held stock						
11	Securities-Partnership, LLC,					*	
	or trust interests				1		
12	Securities-Miscellaneous						******
13	Qualified conservation	T)					
	contribution (historic	25					
	structures)						
14	Qualified conservation						
	contribution (other)						
15	Real estate-Residential	£					
16	Real estate-Commercial	-					
17	Real estate-Other	\$01					
18	Collectibles	1/4		······································			
19	Food inventory [					······································	
20	Drugs and medical supplies					***************************************	
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens,						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()				<del></del>		
27	Other ►()	M					
28	Other ►()	8					
29	Number of Forms 8283 received by	the organiza	ation during the tax year fo	r contributions for		<del></del>	
	which the organization completed Fo				29		
	-	•				Yes	No
30 a	During the year, did the organization	on receive	by contribution any prope	rty reported in Part I, line	e 1-28 that		<u> </u>
	it must hold for at least three years						
	used for exempt purposes for the en					30a	х
b	If "Yes," describe the arrangement in						
1	Does the organization have a g	ift accepta	nce policy that requires	the review of any n	on-standard		
	contributions?					31	х
2a	Does the organization hire or use	third partie	s or related organizations	to solicit, process, or s	ell noncash		
	contributions?					32a	х
b	If "Yes," describe in Part II.				· · · · · · · · · · · · · · · · · · ·		<del></del>
3	If the organization did not report rev	enues in co	lumn (c) for a type of prop	erty for which column (a)	is checked.		
	describe in Part II.		, , , , , , , , , , , , , , , , , , ,				ļ

Schedule M (I	Form 990) 2008	52-0591658 Page <b>2</b>
Part II	Supplemental Information 32b, and 33. Also complete	. Complete this part to provide the information required by Part I, lines 30b, e this part for any additional information.
		<del></del>
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### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MERCY MEDICAL CENTER	<u>52-0591658</u>
DESCRIPTION OF 990 REVIEW PROCESS	
PART VI, LINE 10	
IN MAY, 2009 MERCY HEALTH SERVICES, INC. ("MHS"), THE PARENT COMP	ANY OF
THE ORGANIZATION, ADOPTED THE FOLLOWING POLICY FOR REVIEW OF THE	
ORGANIZATION'S FORM 990:	
THE BOARD OF TRUSTEES ("BOARD") OR THE EXECUTIVE COMMITTEE OF MHS	WILL BE
PROVIDED AN OPPORTUNITY TO REVIEW THE COMPLETED FORM 990 AND TO A	SK_ANY
QUESTIONS PRIOR TO ITS FILING AS FOLLOWS. THE FORM 990 CORE (PART)	<u>S_I</u>
XI) AND SCHEDULES H AND J (AS APPLICABLE) WILL BE SENT TO THE BOA	RD_OR
THE EXECUTIVE COMMITTEE AT LEAST ONE WEEK PRIOR TO THE MEETING AT	WHICH
THE FORM 990 WILL BE REVIEWED (THE "MEETING"). MEMBERS OF THE BOA	RD_OR
EXECUTIVE COMMITTEE WILL BE ASKED TO REVIEW THE DOCUMENTS AND TO I	RAISE
ANY QUESTIONS OR CONCERNS THEY HAVE PRIOR TO OR AT THE MEETING. THE	HE
COMPLETE FORM 990, INCLUDING ALL SCHEDULES AND ATTACHMENTS, WILL I	BE
AVAILABLE AT THE MEETING, WHERE MANAGEMENT WILL REVIEW THE ENTIRE	FORM
990 WITH THE BOARD OR EXECUTIVE COMMITTEE MEMBERS, GIVING PARTICU	LAR
ATTENTION TO THE COMPENSATION DISCLOSURES IN SCHEDULE J. THE FORM	990
WILL BE SUBMITTED TO THE IRS ONLY AFTER ANY QUESTIONS OR CONCERNS	RAISED
BY THE BOARD OR EXECUTIVE COMMITTEE MEMBERS HAVE BEEN ADDRESSED.	
	***************************************
	- Al or

Schedule O (Form 990) 2008	P	age 2
Name of the organization	Employer identification number	
MERCY MEDICAL CENTER	52-0591658	
CONFLICTS OF INTEREST MONITORING AND ENFORCEMENT		
PART VI, LINE 12C		
MERCY HAS A CONFLICT OF INTEREST POLICY THAT COVERS MERCY HEALTH		
SERVICES, INC. AND ALL OF ITS DIRECT AND INDIRECT SUBSIDIARIES. T	не	
INDIVIDUALS COVERED UNDER THE POLICY INCLUDE ALL TRUSTEES, DIRECT	ors,	
OFFICERS (INCLUDING ALL SENIOR AND EXECUTIVE VICE PRESIDENTS) AND	MEMBERS	
OF ANY COMMITTEE WITH BOARD-DELEGATED POWERS. UNDER THE POLICY, E.	ACH SUCH	
PERSON IS REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM REGARDING	G_ALL	
BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER, HAS I	WITH ANY	
OTHER ORGANIZATIONS THAT DO BUSINESS WITH MERCY AND ALL RELATIONS	HIPS	
BETWEEN AND AMONG OFFICERS, TRUSTEES AND DIRECTORS. THE COMPLETED		
DISCLOSURE FORMS ARE REVIEWED BY THE BOARD CHAIR AND BY MERCY'S CH	EO_OR_A	
DESIGNEE.		~~-
IN ADDITION TO THE ANNUAL DISCLOSURE, ANY PERSON WHO IS COVERED BY	THE	
CONFLICT OF INTEREST POLICY HAS AN ONGOING OBLIGATION TO DISCLOSE	THE	
EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT TO THE BOAURD OR THE	BOARD	
COMMITTEE IN WHICH THE MATTER ARISES. FOLLOWING THE DISCLOSURE, TH	IE	
PERSON MAY MAKE A PRESENTATION, BUT MUST THEN LEAVE THE MEETING AN	D_THE	
OTHER MEMBERS OF THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER A		
CONFLICT EXISTS. UNDER THE POLICY, A CONFLICT OF INTEREST EXISTS W	HEN AN	
INDIVIDUAL'S OWN PERSONAL INTERST WOULD, OR MAY, INTERFERE WITH HI	S OR	
HER IMPARTIALITY REGARDING THE MATTER. IF A CONFLICT EXISTS, THE P	ERSON	
MUST ABSTAIN FROM VOTING AND MAY NOT BY PRESENT DURING DELIBERATIO	NS_ON	
THE MATTER. THE BOARD OR COMMITTEE, AFTER CONDUCTING SUCH ADDITION	AL DUE	
DILIGENCE AS IT DETERMINES IS APPROPRIATE, SHALL MAKE A DECISION O	N THE	
MATTER BASED UPON WHETHER THE PARTICULAR PROPOSAL IS FAIR, REASONA	BLE AND	

Schedule O (Form 990) 2008		Page Z
Name of the organization		Employer identification number
MERCY MEDICAL CENTER		52-0591658
IN THE BEST INTEREST OF THE	ORGANIZATION.	
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Schedule O (Form 990) 2008		Page 2
Name of the organization MERCY MEDICAL CENTER		Employer identification number 52–0591658
PROCESS OF DETERMINING COMPENS	ATTON	
THE ORGANIZATION'S BOARD HAS A	DOPTED A COMPENSATION POLICY (THE "	POLICY")
FOR COVERED INDIVIDUALS. PURSU	JANT TO THE POLICY, A COMPENSATION	
COMMITTEE OF INDEPENDENT DIRECT	TORS OF THE BOARD OF THE ORGANIZATI	ON'S
PARENT CORPORATION WAS ESTABLES	SHED TO REVIEW THE COMPENSATION OF	ALL
EMPLOYEES SPECIFIED AS HAVING A	A SUBSTANTIAL INFLUENCE OVER THE	
ORGANIZATION AND WHO RECEIVE RE	EMUNERATION FROM THE ORGANIZATION,	
INCLUDING, AMONG OTHERS, THE OF	RGANIZATION'S PRESIDENT AND CHIEF E	XECUTIVE
OFFICER AND THE ORGANIZATION'S	CHIEF FINANCIAL OFFICER. THE COMPE	NSATION
	PENDENT COMPENSATION CONSULTANT, W	
	IITTEE THAT THE LEVEL OF COMPENSATI	
	SATION IS ESTABLISHED MEET APPLICA	
	" STANDARDS. THE OUTSIDE COMPENSAT	100
CONSULTANT PROVIDES DATA OF COM		
ORGANIZATIONS TO ENSURE THAT TH	E ORGANIZATION DOES NOT COMPENSATE	_IN
EXCESS OF MARKET NORMS.		
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MERCY MEDICAL CENTER	52-0591658
DOCUMENT AVAILABILITY	
PART VI, LINE 19	
THE GOVERNING DOCUMENTS OF THE ORGANIZATION, I	TS CONFLICTS OF INTEREST
DOLLGU AND THE DEVINION OF THE PROPERTY.	
POLICY, AND ITS FINANCIAL STATEMENTS ARE AVAIL	ABLE FROM THE ORGANIZATION
UPON REQUEST.	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
* * * * * * * *	
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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MERCY MEDICAL CENTER	52-0591658
BLANK LINES	
MUD ODCANTARMION DID NOM COMPIEME DADM W. IINDO	Oco Decretor Im Dr.D. Nom
THE ORGANIZATION DID NOT COMPLETE PART V, LINES	- 089 BECAUSE II DID NOT
SPONSOR ANY DONOR ADVISED FUNDS.	
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** ** ** ** ** ** ** ** ** ** ** ** **	
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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
MERCY MEDICAL CENTER	52-0591658
AUDITS	waaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
PART XI QUESTIONS 2 AND 3	
MERCY HEALTH SYSTEM, INC. AND ITS SUBSIDIARIES, INCLUDING	G_THE
ORGANIZATION FILING THIS FORM 990, UNDERGO A CONSOLIDATE	O_AUDIT_OF_THEIR
FINANCIAL STATEMENTS THAT COMPLIES WITH SINGLE AUDIT ACT,	CIRCULAR A-133
REQUIREMENTS DUE TO THE EXPENDITURE OF FEDERAL AWARDS. THE	HE_ACCOUNTING
FIRM OF COHEN, RUTHERFORD, & KNIGHT, P.A. HIS ISSUED AN U	UNQUALIFIED
OPINION REGARDING THE CONSOLIDATED FINANCIAL STATEMENTS	IN CONFORMANCE
WITH GAAS AND THE SINGLE AUDIT ACT/OMB CIRCULAR A-133 REC	QUIREMENTS FOR
THE FISCAL YEAR THAT CORRESPONDS TO THE TAX REPORTING YEAR	AR GOVERNED BY
THIS RETURN.	
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Scriedule () (Form 990) 2008		Page 2
Name of the organization  MERCY MEDICAL CENTER		Employer identification number 52-0591658
TAREBURNING PERSONS		
	E ORGANIZATION ARE EXECUTIVE EMPLOYEES	
	D ARE APPOINTED TO THE ORGANIZATION'S	
THE ORGANIZTION'S CORPORATE	PARENT,	
	· · · · · · · · · · · · · · · · · · ·	
		TO THE REAL PERSONS AND THE PE
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### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008 Open to Public

OMB No. 1545-0047

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Inspection

Employer identification number

52-0591658

NONE MERY MEDICAL

NONE

(F)
Direct controlling
entity

(E) End-of-year assets

(D) Total income

(C)
Legal domicile (state
or foreign country)

(B) Primary activity

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

VERT STREET PROPERTIES LLC

TREET PROPERTIES LLC

UL PLACE

UL PLACE

Identification of Disregarded Entities

Partl

Name of the organization Department of the Treasury Internal Revenue Service

NONE MERCY MEDICA

NONE

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REAL ESTATE

B

REAL ESTATE

BALTIMORE, MD 21202

BALTIMORE, MD 21202

▶ See separate instructions. MERCY MEDICAL CENTER

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### Identification of Related Tax-Exempt Organizations Part II

( <del>X</del> )	2	(8)	Ō	Q	9	(5)
Name, address, and EIN of related organization	N of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public of	Direct controlling
MERCY HEALTH SERVICES INC	52-2173382				((a)(a)	fanns
301 ST PAUL PLACE	BALTIMORE, MD 21202	SUPPORT	MD CM	501 (C) (3)	509721731	4/N
MERCY RIDGE INC	52-2097927			/21/21=22	757 744 757	11/11
	IUM, MI	RETIRE FACILT MD	ν	501 (C) (3)	509(4)(2)	MEDOV HEATHU
MERCY HEALTH FOUNDATION INC	52-2173656			121122	737 (47) 665	UPPORT HERPIN
301 ST PAUL PLACE	BALTIMORE, MD 21202	FOUNDATION	QW	501 (C) (3)	170 (B) (1) UT	170/B)/11/UT MEBCY DESITED
SAINT PAUL PLACE SPECIALISTS INC	INC 52-1495113			1	TA (T) (T) (A) T	וודוקקון דאמייו
301 ST PAUL PLACE	ORE, M	SPEC CARE	MD	501 (C) (3)	170 (R)1 TTT	170(B)1 TIT MEBCY HEALTH
MARYLAND FAMILY CARE INC	52-2046586				TTT T/2 (2.5	וויייייייייייייייייייייייייייייייייייי
301 ST PAUL PLACE		PRIMARY CARE	MD	501 (C) (3)	170 (B) 1 TTT	170 (B) 1 III MERCY HEALTH
STELLA MARIS INC	52-1419602				/2	HTTOMIN TONIES.
	IUM, MD	NURSING FACLT MD	MD	501 (C) (3)	509(A) (2)	MERCY HEALTH
MERCY TRANSITIONAL CARE SERVICES INC	CES INC 52-1968440					
301 ST PAUL PLACE	BALTIMORE, MD 21202	SKILLED NURSE MD	MD	501 (C) (3)	509 (A) (2)	MERCY MEDICA
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the instructions for Form 990.			1	7 3	Schodule D (Form 600) 2008

Schedule R (Form 990) 2008

Page 2

52-0591658

Identification of Related Organizations Taxable as a Partnership

Schedule R (Form 990) 2008

Part III

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
MARYLAND SPECIALTY SERVICES IL	SPECIALTY CARE	OM	MERCY HLTH SERV		NONE	NONE	× × ×		Xes ×
									:
		11.							

r Trust
orporation or
s a Co
Taxable as
Organizations -
of Related
Identification of R
art IV

Part IV Identification of Related Organizations Taxable as a Corporation or Trust	able as a Corpor	ation or Trust					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
GREENLEAF INSURANCE CO LTD 52-0591658  PO BOX 1363 KY1-1108 GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CJ	MERCY MEDICAL	LTD	-1,868,952.	33,102,777.	100.0000
	•						

## Part V Transactions With Related Organizations

and transactio	1	1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	1   1   1   1   1   1   1   1   1   1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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					X     X X X X X X   D		
					× ×××××		X X X X X X X X X X X X X X X X X X X
					× ×××××		× ×××××
					XX XX XX X		NX XX XX
					XXXXXXX		XXXXXXX
					XXXXXX		XXXXXX
2ation(s)	19   X   2   2   2   2   2   2   2   2   2	ton(s)	zation(s)	zation(s)	the of other organization(s)  Tation(s)  Tanisation(s)  Tanisation	ion(s)	ion(s)
ration(s)	ration(s)	ration(s). The formation on who must complete this line, including covered relationships and transaction thresholds.  (A) Transaction (s) Amount involved type (a-1)  (C) Transaction (s) Amount involved type (a-1)	ration(s)	ration(s)	ration(s)	ration(s)	Testion(s).  Testion(s).  Testion(s).  Transaction thresholds.  (A) Transaction thresholds.  Transaction thresholds.  (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C
Instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (A) (B) (C) (C) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (B)  (C)  (C)  (C)  (D)  (D)  (D)  (D)  (D	Integrations for information on who must complete this line, including covered relationships and transaction thresholds.  (B)  (C)  (C)  (C)  (C)  (D)  (C)  (C)  (C	Integrations for information on who must complete this line, including covered relationships and transaction thresholds.  (B)  (C)  (C)  (C)  (D)  (C)  (C)  (D)  (C)  (C	ne of other organization(s)  (A)  Transaction thresholds.  (B)  Transaction (b)  Transaction (c)  Amount involved  type (a-r)	Interctions for information on who must complete this line, including covered relationships and transaction thresholds.  (C)  Transaction (s)  Amount involved type (a-1)	ne of other organization(s)  (A)  Transaction thresholds.  (B)  (C)  Transaction  (B)  (C)  Transaction  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C
(B) (C) Transaction Amount involved	(B) (C) Transaction (s) Amount involved type (a–r)	(A) (B) (C) Transaction Amount involved type (a-r)	(A) (C) Transaction Amount involved type (a-r)	me of other organization(s)  Transaction  Amount involved type (a-r)  Transaction  Amount involved	me of other organization(s)  Transaction  Amount involved  type (a-r)	(B) (C) Transaction Amount involved type (a-r) Amount involved	(G) Transaction Amount involved type (a–1)  (C) Amount involved type (a–1)  (B) (C) (C) (C) (D) (E) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E
	(J-e) add)	type (a-r)	type (4-r)	type (4-r)	type (4-r)	type (4-1)	(A-1)

# Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	16 6 7 2 71	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes		Yes No	(company)	Yes

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION \_\_\_\_\_\_\_\_\_\_\_\_

ROOTED IN GOD'S HEALING LOVE FOR ALL PEOPLE, AND SPONSORED BY THE SISTERS OF MERCY, MERCY PROVIDES HEALTHCARE FOR PERSONS OF EVERY CREED, COLOR, AND ECONOMIC AND SOCIAL CONDITION IN BALTIMORE CITY, CENTRAL MARYLAND AND BEYOND. IN THE TRADITION OF CATHOLIC HEALTHCARE AND OF THE SISTERS OF MERCY, WE CONTINUE OUR SPECIAL COMMITMENT TO POOR AND UNDERSERVED PERSONS.

### FORM 990, PART III - PROGRAM SERVICES

### 4A PROGRAM SERVICE

\_\_\_\_\_\_\_\_\_\_

TO PROVIDE HEALTHCARE TO PATIENTS WITHOUT REGARD TO ABILITY TO

MERCY STRIVES TO PROVIDE EXCELLENT CLINICAL SERVICES ACROSS THE LIFE SPAN WITHIN A COMMUNITY OF COMPASSIONATE CARE. MERCY MEDICAL CENTER HAS 243 LICENSED BEDS AND HAD 18,214 INPATIENT ADMISSIONS FOR THE FISCAL YEAR ENDING JUNE 30, 2009, THE ZIP CODE 21202 IN WHICH MERCY MEDICAL CENTER IS LOCATED HAS A MEDIAN FAMILY INCOME OF \$22,191, WITH 35% OF FAMILIES LIVING BELOW THE POVERTY LEVEL, AND WITH 22% SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME. APPROXIMATELY 59% OF THE PATIENTS SERVED BY MERCY ARE MEMBERS OF A RACIAL OR ETHNIC MINORITY; 66% ARE WOMEN; AND 51% ARE INSURED BY MEDICAID OR MEDICARE. MERCY PROVIDED OVER \$40 MILLION OF UNCOMPENSATED CARE DURING THE FISCAL YEAR ENDING JUNE 30, 2009, AND DEVOTED APPROXIMATELY 12.8% OF ITS OPERATING BUDGET TO BENEFIT THE POOR AND UNDERSERVED. MERCY HAD 2,845 DELIVERIES IN FY 2009 AND 60% OF THE MOTHERS WHO GAVE BIRTH AT MERCY WERE COVERED BY MEDICAID. ON FEBRUARY 1, 2009, A MERCY AFFILIATE ADDED TO OUR MEDICAL STAFF, A PHYSICIAN GROUP SERVING LOW-INCOME EXPECTANT MOTHERS. THIS GROUP EXPECTS TO INCREASE ANNUAL BIRTHS AT MERCY BY OVER 300. MERCY LED AN INITIATIVE TO FORM HEALTH CARE FOR THE HOMELESS, INC., A DIRECT SERVICE AND ADVOCACY ORGANIZATION ESTABLISHED IN 1984, THAT NOW SERVES 6,000 HOMELESS INDIVIDUALS EACH YEAR. MERCY'S AFFILIATE, SAINT PAUL PLACE SPECIALISTS, INC., PROVIDES SPECIALTY PHYSICIAN SERVICES TO PATIENTS OF HEALTHCARE FOR THE HOMELESS. THROUGH ITS PHARMACY CHARITY CARE PROGRAM, MERCY PROVIDES \$300,000 ANNUALLY TO PATIENTS WHO ARE UNINSURED OR UNDERINSURED, SUCH AS HOMELESS INDIVIDUALS AWAITING MEDICAL ASSISTANCE. MERCY PROVIDES OVER \$200,000 IN TRANSPORTATION ASSISTANCE TO PATIENTS FOR TAXIS AND BUSES.

### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS \_\_\_\_\_\_\_

NAME AND ADDRESS	DESCRIPTION OF SERVICE	
WHITING TURNER PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	32,286,255.
ELLERBE BECKET 1001 G ST NW WASHINGTON, DC 20001	ARCHITECT	4,170,714.
JEFFREY BROWN CONTRACTING LLC 400 E JOPPA RD TOWSON, MD 21286	CONSTRUCTION	3,935,076.
CURA HOSPITALITY PO BOX 827276 PHILADELPHIA, PA 19182	FOOD SERVICES	3,805,088.
RADAMERICA II LLC 9105 FRANKLIN SQUARE DR BALTIMORE, MD 21237	RADIATION THERAPY	2,619,788.
TOTAL COMPENSAT	ION	46,816,921.

DESCRIPTION	INTEREST INCOME INVESTMENT INCOME INT DIV INCOME

TOTALS

1,607,326.			1,607,326.
846,048. 301,903. 459,375.			846,048. 301,903. 459,375.
REVENUE	BUSINESS REV.	EXEMPT REVENUE	REVENUE
(D) EXCLUDED	(C) UNRELATED	(B) RELATED OR	(A) TOTAL

**RENT AND ROYALTY INCOME** 

Taxpayer's Name							1		ing Number
MERCY MEDICAL C	ENTER						<u> 5</u>	<u>2-05</u>	91658
DESCRIPTION OF PROPERTY									
RENTAL PROPERTI		41							
		the operation			ty during the tax year?	···	0.40	· · · · ·	
REAL RENTAL INC	OME		— ·	• • •	• • • • • • • • • •	<u>1,621</u>	,943	-	
OTHER INCOME									
								-	
TOTAL GROSS INCOME						<b>t</b>		_	1,621,943.
OTHER EXPENSES:							<u> </u>	•	1,041,543.
CLEANING						1 1	,200		
OTHER INTEREST		······································	·				,405		
REPAIRS		•••		****			,302		
TAXES							,950		
OTHER EXPENSES							,914		
	<del></del>								
	····							_	
					<del></del> _			4	
DEPRECIATION (SHOWN BELO	(W)				687,2	75.		_	
LESS: Beneficiary's Portion	<i></i>	• • • • •			•			4	
AMORTIZATION		• • • • •			•		<del></del>	4	
LESS: Beneficiary's Portion								-	
DEPLETION		• • • • •		• • •				$\dashv$	
LESS: Beneficiary's Portion	• • • • • • • • • •	• • • • •	• • • •	• • •				-	1 450 046
TOTAL EXPENSES	OME (LOSS)	• • • • • •	• • • •			• • • • • • • • • •	· · · · ·	·	1,458,046. 163,897.
Less Amount to	OINE (EGGG) - T T T	• • • • • •	• • • •					'	103,097.
Rent or Royalty									
Depreciation				• • •				-	
Depletion								<del>-</del>	
Investment Interest Expense			• • • •						
Other Expenses								_	
Net Income (Loss) to Others									
Net Rent or Royalty Income (Los	is)								163,897.
Deductible Rental Loss (if Applic	able)								
SCHEDULE FOR DEPREC	IATION CLAIMED			γ		· · ·			
							ŀ		
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT			<del> </del>	<b> </b>			-		
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M				L					COD 577
SA Totals	1							1	687.275.

### SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER DEDUCTIONS

RENT OTHER OFFICE EXPENSES

681,205. 29,064. 3,645. 713,914.

========

### RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
			this best and true true year year are	
RENTAL PROPERTIES	1,621,943.	687,275.	770,771.	163,897.
TOTALS	1,621,943.	687,275.	770,771.	163,897.

FORM	990,	PART	X -	NOTES	AND	LOANS	RECEIVABLE

BORROWER:

KAREN PERKINS, M.D. 100,000.

ORIGINAL AMOUNT:

INTEREST RATE: DATE OF NOTE: MATURITY DATE:

5.750000 09/01/2002 08/01/2007

REPAYMENT TERMS: REPAYMENT TERMS: SECURITY PROVIDED: PURPOSE OF LOAN:

MONTHLY

NONE

PRACTICE DEVELOPMENT

33,732.

14,892.

BORROWER:

DONNA MACK

ORIGINAL AMOUNT:

75,799. 5.000000

INTEREST RATE: DATE OF NOTE:

MATURITY DATE:

10/01/2004 06/01/2008

MATURITY DATE:

REPAYMENT TERMS:

SECURITY PROVIDED:

PURPOSE OF LOAN:

MONTHLY

INVENTORY, ACCOUNTS & PROCEEDS OF ALL COLLATERAL

PRACTICE DEVELOPMENT

BEGINNING BALANCE DUE .....

404.

ENDING BALANCE DUE .....

NONE

BORROWER: ORIGINAL AMOUNT:

KATHLEEN SLONE 144,704.

DATE OF NOTE:

01/01/2007

BEGINNING BALANCE DUE .....

ENDING BALANCE DUE .....

132,374. 15,399.

BORROWER:

JOEL MESHULAM MD

DATE OF NOTE:

02/01/2008

PURPOSE OF LOAN:

PRACTICE DEVELOPMENT

BEGINNING BALANCE DUE .....

13,660.

ENDING BALANCE DUE .....

BORROWER: ERICA NICHELSON DO ORIGINAL AMOUNT: 43,166.

DATE OF NOTE: 12/01/2007

PURPOSE OF LOAN: PRACTICE DEVELOPMENT

BEGINNING BALANCE DUE ..... 43,166. ENDING BALANCE DUE ..... 34,399.

BORROWER: MARK KIM MD

BORROWER: MARK KIM MD
ORIGINAL AMOUNT: 40,000.

DATE OF NOTE: 08/01/2008
PURPOSE OF LOAN: PRACTICE DEVELOPMENT

BEGINNING BALANCE DUE ..... 40,000.

ENDING BALANCE DUE ..... 32,782.

BORROWER: METROPOLITAN OBGYN ASSOCIATES

ORIGINAL AMOUNT:
DATE OF NOTE:
PURPOSE OF LOAN: 100,000.

10/15/2008

PRACTICE DEVELOPMENT

BEGINNING BALANCE DUE ..... NONE

ENDING BALANCE DUE ..... 80,409.

BORROWER: TERESA HOFFMAN

ORIGINAL AMOUNT: 60,
DATE OF NOTE: 11/01/2008
PURPOSE OF LOAN: PRACTICE DE 60,022.

PRACTICE DEVELOPMENT LOAN

BEGINNING BALANCE DUE ..... NONE

45,020. ENDING BALANCE DUE .....

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 263,336. \_\_\_\_\_\_\_\_

TOTAL ENDING NOTES AND LOANS RECEIVABLES 222,901.

### FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES \_\_\_\_\_\_\_

ENDING DESCRIPTION BOOK VALUE \_\_\_\_\_

PREPAID EXPENSES

3,026,104. TOTALS

3,026,104. \_\_\_\_\_\_

### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES \_\_\_\_\_

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
FUNDS HELD BY TRUSTEE RESTRICTED INVESTMENTS RESTRICTED CASH	194,970,508. 73,471,142. 17,758,026.	FMV FMV FMV
TOTALS	286,199,676.	

### FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CONSTRUCTION LOAN INTEREST RATE: 4.920000

DATE OF NOTE: 06/01/1989

MATURITY DATE: 06/01/2010

REPAYMENT TERMS: MONTHLY

SECURITY PROVIDED: FIRST LIEN MORTGAGE ON VARIOUS REAL PROPERTIES

PURPOSE OF LOAN: CONSTRUCTION

BEGINNING BALANCE DUE ..... 804,775. 362,672. ENDING BALANCE DUE .....

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 804,775. ---------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 362,672. \_\_\_\_\_

### SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

**Capital Gains and Losses** 

Attach to Form 1041, Form 5227, or Form 990-T. See the separate

OMB No. 1545-0092

instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable). Name of estate or trust Employer identification number MERCY MEDICAL CENTER 52-0591658 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less Part (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) (b) Date acquired (c) Date sold (see page 4 of the instructions) the entire year Subtract (e) from (d) (d) Sales price (mo., day, yr.) (mo., day, yr.) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. Part | Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (see page 4 of the instructions) (d) Sales price the entire year Subtract (e) from (d) (Example: 100 shares 7% preferred of "Z" Co.) (mo., day, yr.) (mo., day, yr.) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b -6,001,810.Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Gain from Form 4797, Part I

Schedule D (Form 1041) 2008

-6,001,810

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Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss

Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a,

Schedule D (Form 1041) 2008

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33

28

29

30

Schedule G. Form 1041 (or line 36 of Form 990-T).....

Enter the amount from line 26 (If line 26 is blank, enter -0-)

Subtract line 28 from line 27

Multiply line 29 by 15% (.15).....

Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see

Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of

Employer identification number

MERC	Y MEDICAL CENTER				52-059165	58
Part II	Long-Term Capital Gains a		ts Held More Ti			
	(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
a						
SALE	OF SECURITIES			-6,001,810.		-6,001,810
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		H				
Takal	Combina tha amazzata in calumn	/f) Enter here and	on Schodula D. F	no 6h		6 001 010
i otal.	Combine the amounts in column	(i). Enter here and	on Schedule D, II	NE UU	Schedule	-0,001,810. 0-1 (Form 1041) 20

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

### Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

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

► See separate instructions.

OMB No. 1545-0184
2008
Attachment Sequence No. 27

Name(s) shown on return Identifying number 52-0591658 MERCY MEDICAL CENTER 1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (d) Gross 2 (b) Date acquired (c) Date sold (a) Description allowed or basis, plus Subtract (f) from the allowable since improvements and of property (mo., day, yr.) (mo., day, vr.) sales price sum of (d) and (e) acquisition expense of sale Gain, if any, from Form 4684, line 45 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from Ilke-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) 8 Subtract line 8 from line 7, if zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below, if line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see Instructions) Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): SEE STATEMENT 1 -79,763. Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 37 and 44a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 -79.763. 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, 18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2008)

19 (a) Description of section 1245, 1250, 1252, 1254	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.			
Α					
В		***************************************			
C					
D	<del></del>				
		Property A	Property B	Property C	Property [
These columns relate to the properties on lines 19A through				· · · · · · · · · · · · · · · · · · ·	1 Topolty L
O Gross sales price (Note: See line 1 before completing	-				
1 Cost or other basis plus expense of sale					
2 Depreciation (or depletion) allowed or allowable,			ļ		
3 Adjusted basis. Subtract line 22 from line 21	. 23				
4 Total gain. Subtract line 23 from line 20	. 24				
5 If section 1245 property:	127		<u> </u>		
a Depreciation allowed or allowable from line 22	253				
b Enter the smaller of line 24 or 25a	-				
6 If section 1250 property: If straight line depreciation was	1200				
used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	262				
b Applicable percentage multiplied by the smaller of	1-11				
line 24 or line 26a (see instructions)	26b				
© Subtract line 26a from line 24. If residential rental property		TF 1.1			
or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	-				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f					······································
If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	. 27a				
b Line 27a multiplied by applicable percentage (see instructions)	. 27b				
c Enter the smaller of line 24 or 27b	27c				
If section 1254 property:  a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a	_			
b Enter the smaller of line 24 or 28a	28b				
If section 1255 property:					· · · · · · · · · · · · · · · · · · ·
a Applicable percentage of payments excluded from					
income under section 126 (see Instructions)	29a		_		
b Enter the smaller of line 24 or 29a (see instructions).	29b				
ummary of Part III Gains. Complete proper	ty colu	ımns A through	D through line 2:	b before going to lin	e 30.
Total gains for all properties. Add property columns	A throug	h D, line 24			
Add property columns A through D, lines 25b, 26g,					
Subtract line 31 from line 30. Enter the portion from	casual	ly or theft on Form 4	684, line 39. Enter th	e portion from	
other than casualty or theft on Form 4797, line 6 art IV Recapture Amounts Under Section					
art IV Recapture Amounts Under Section (see instructions)	ons 17	'9 and 280F(b)(2	2) When Busine	ss Use Drops to 50%	or Less
				(a) Section 179	(b) Section 280F(b)(2)
Onether 470 sumanas dadustias en denus dettes elles	/ahle in :	nrior vegre	3;	2	
Section 179 expense deduction or depreciation allow	TODIC III	hin hears		•	
Section 179 expense deduction or depreciation allow Recomputed depreciation (see instructions)				·	

MERCY MEDICAL CENTER Supplement to Form 4797 Part II Detail

	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
SATE OF TIVED ASSET	Acquired	Sold	Price	or Allowable	Basis	for entire year
3			6,500.		86,263.	-79,763.
		1 4 4 5 7				
[ otals						-79,763.

JSA 8XA259 1.000

Forr	, 990-T	Exem	pt Organization Busin	ess In	com	e Tax Return (and proxy	tax under section 6	033(e))	OMB No. 1545-0687
	rtment of the Treasury	]				ginning07			2008
	nal Revenue Service		ending 06/30					Ī	Open to Public Inspection for 501(c)(3) Organizations Only
T	Check box if					me changed and see instruction	s.)	D Empl	oyer identification number
A L	address changed							(Emplo	yees' trust, see instructions for Block D
BEX	empt under section		MERCY MEDICAL	CENT	ro			on page	. •.,
	501(C)(3)	Print				), box, see page 9 of instructions		E 2 /	0591658
1	1 -	or			ated business activity codes				
-	1 1	Type	201 00 02.00		structions for Block E on page 9.)				
-	408A530(a)		301 ST. PAUL I						
<u>_</u>	529(a)		City or town, state, and ZIP co						
	ok value of all assets end of year		BALTIMORE, MD					531:	<u> 561000</u>
	<b>,</b>	F Gro	up exemption number (See	instruct	ions f	or Block F on page 9.) ▶	· · · · · · · · · · · · · · · · · · ·		
_76	64,769,042.	G Che	ck organization type 🕨 🕽	K 501	(c) co	rporation 501(c	c) trust	401(a)	trust Other trust
H D	escribe the organiz	ation's p	rimary unrelated business a	ctivity.	<u> </u>	SEE STATE	MENT 1		
1 0	uring the tax year,	was the	corporation a subsidiary in	an affili	ated g	roup or a parent-subsidiary o	controlled group?		Yes X No
If	"Yes," enter the na	me and	identifying number of the pa	arent cor	porati	on. 🗲			
JT	he books are in care	of ►	JOHN TOPPER			Telephon	e number 🕨 41	0-332	2-9313
Pa			or Business Income			(A) Income	(B) Expense		(C) Net
1 a			612,032.				······································		
			c Ba	lanca 🛌	1 c	612,032.			
b						012,032.			
2			ule A, tine 7)		2			·····	
3			2 from line 1c		3	612,032.			612,032.
4 a			ttach Schedule D)		4 a				
b	Net gain (loss) (Forr	n 4797, P	art II, line 17) (attach Form 4797	7)	4 b				
C	Capital loss deduc	ction for t	rusts		4 c				
5			s and S corporations (attach sta		5				
6	• • • •	-			6	30,601.	66	,669.	-36,068.
7	Unrelated debt-fin	anced in	come (Schedule E)	• • • •	7			E	
8			es, and rents from con						
0		-							
_					8				
9			section 501(c)(7), (9), o						
	organization (Sche	dule G) .			9				
10			come (Schedule I)		10			***************************************	
11	Advertising income	e (Sched	ule J)		11				
12			of the instructions; attach sched		12				
13	Total. Combine lin	es 3 thro	ugh 12		13	642,633.		,669.	575,964.
Pai		ns Not	Taken Elsewhere (Se	e pag	e 11	of the instructions for	r limitations on	deduc	tions.)
		or conti	ributions, deductions r	nust b	e dir	ectly connected with t	he unrelated bi	usines	s income.)
14	Compensation of o	officers.	directors, and trustees (Sche	dule K)				14	
15					• • •	· • • • • • • • • • • • • • • • • • • •			202,464.
16	Denaire and maint	onance				· · · · · · · · · · · · · · · · · · ·		16	202/101.
17								•	
18									-
19	Taxes and licenses							19	
20			-			n rules.)		. 20	
21						21		<u> </u>	
22	Less depreciation	claimed ·	on Schedule A and elsewhe	re on rel	turn .	22a		22b	NONE
23	Depletion							23	
24	Contributions to de	eferred c	ompensation plans					24	
25	Employee benefit r	orograms			• • •			25	
26	Excess exempt exp	enses (S	chedule (1)	• • • •	• • •			26	
20 27									
	Other deductions	'attanh an	hadula)		• • •	QUE ONAMO	・・・・・・・・ MFNT 2	28	QQQ AEF
28	Other deductions (	auaun 50	AAAbaarat 20	• • • •		ŞEE STATE	ւդեր։ Հ	48	989,455.
29	i otal deductions.	ad lines	14 Inrough 28	• • •				29	1,191,919.
30						ction. Subtract line 29 from li			-615,955.
31									
32						act line 31 from line 30			-615,955.
33	Specific deduction	(Genera	lly \$1,000, but see line 33	instructi	ions fo	r exceptions.)		33	1,000.
34						If line 33 is greater than line			
								34	-615,955.

Par	t III	Tax Con	nputatio	n													
35	Organiza	ations Ta	kable as	Corp	orations.	See	instructio	on <u>s</u>	for tax	comp	utation	on page	15.				
	Controlle	ed group me	mbers (se	ctions 1	561 and	1563) ch	heck here I	▶	See ins	truction:	s and:						
а	Enter yo	our share o	of the \$50	,000,	\$25,000,	and \$	9,925,000	taxa	able inco	me brac	ckets (	(in that order):					
	(1)	············		(2	:)				(3)		····						
þ	Enter org	ganization's	share of: (1	) Additi	onal 5% t	ax (not	more than	\$11,7	750)			1					
	(2) Addit	ional 3% tax	(not more	than \$	100,000)												
C	Income t	ax on the a	mount on li	ne 34									.▶	35c			
36	Trusts	Taxable at	Trust R	ates.	See inst	ructions	for tax	com	putation	on pag	je 16.	. Income tax	on				
	the amou	unt on line 3	4 from:	Tax	rate sche	dule or	s	ched	ule D (Fo	rm 1041)		. <i>.</i>	. •	36			
37	Proxy ta:	x. See page	16 of the i	nstructi	ons									37			
38	Alternativ	ve minimum	tax											38			
39	Total. Ad	d lines 37 a	ind 38 to lii	ne 35c	or 36, wh	ichever	applies				• • • •	· · · · · · · ·		39			
Par		Tax and					•										
40 a	Foreign t	ax credit (c	orporations	attach	Form 11	18; trust	s attach Fo	rm 11	116)	. 40	а						
b	Other cre	edits (see pa	age 17 of th	e instru	ctions)					. 40	b	***************************************					
		business cr															
		r prior year															
														40e			
														41			
42	Other taxe	s. Check if fro	m: For	m 4255	Fori	m 8611	Form	8697	For	n 8866	Oti	her (attach sched	ıle)	42			
43			***************************************							_				43			
	Payment	s: A 2007 o	verpavmen	t credite	ed to 200	8				44	8						
		imated tax p															
		sited with F								1	- 1						
		organization															
		vithholding (															
		dits and pay		,			39										
•	$\Box$	m 4136				ther			Total	▶ 44	•						
45			_	hrough										45			
												▶	Ò	46			
		٠.				•							•	47		**********	NONE
														48	<del></del>		NONE
		amount of								тограна ,		Refunded					NONE
Part	V S	Statemer	nts Rega	arding	g Certa	in Ac	tivities	and	Other	Inform	atio	n (see instruc	tion	s on pa	age 18)		
1	At any tin	ne during th	e 2008 ca	lendar y	year, did	the orga	nization ha	ave a	n interest	in or a s	ignatu	re or other auti	nority	over a	financial	Yes	No
	account (	bank, securi	ties, or othe	er) in a f	foreign co	ountry?	f YES, the	organ	ization m	ay have t	o file F	orm TD F 90-2	2.1, F	Report o	f Foreign		
	Bank and	Financial Ad	counts. If '	ÆS, en	ter the na	me of th	ne foreign o	ount	ry here 🕨	•							Х
2	During the	e tax year, c	lid the orga	anizatio	n receive	a distrit	bution from	1, or v	vas it the	grantor	of, or t	transferor to, a	forei	an trust	?		Х
	If YES, see	e page 5 of t	the instruct	ions for	other for	ms the o	organizatio	n ma	y have to	file.							
3	Enter the	amount of	tax-exempt	interes	t received	d or accr	ued during	the ta	ax year 🕨	\$							
		- Cost o														***************************************	
		at beginnin		1	į į			6			of year	·		6			
	-	· · · · · ·	- • •	2	1			7				d. Subtract li					
		bor		3	J					_		er here and					
		section 26							Part I, lir	ne 2				7			
		hedule)		4a				8				ection 263A	(wi	th res	pect to	Yes	No
		its (attach so		4 b								or acquired					
		lines 1 thre		5				]	to the or	ganizatio	n?.,						X
									npanying so	hedules an	d staten	nents, and to the 1	est of	my kno	wiedge and t	pelief, it	
Sign	Correct, 8	and complete. D	eclaration of pr	shatel (0)	iner (Ņ <b>S</b> N (AX	maket) (2 D	aseu on all inf	ormatic	ar or willich t	vichstet Ug:	early Kno	wierda:	NA n	v the ID	S discuss th	ie rahıra	With
Here					*										er s <u>hown</u> bel		
		re of officer					Date		Title	•				tructions			No
		Preparer's	_						De	ite		Ob anda is		Prepar	er's SSN or I	PTIN	
Paid		signature							05	/17/2		Check if self-employed		P	004825	24	
	arer's	Firm's name		COF	<u>ien,</u> R	UTHE	RFORD +	- KN					52-	1202			
Use (	חווע	yours if self- address, and	l ZiP code	_			GE DRIV					Phone no. 30					
		· ···					20817								Form 95	90-T	(2008)

Schedule C - Rent Incom (see instructions on page		roperty a	and Personal Prop	erty l	Leased W	ith Real Prop	erty)			
1 Description of property								<u> </u>		
(1) MEDI SPA				************		······································	·····			
(2)										
(3)										
(4)		·				***************************************				
17.	2 Rent receiv	ed or accru	ed						<del></del>	
(a) From personal property (if the for personal property is more to more than 50%)	an 10% but not	percent	from real and personal pro age of rent for personal pr r if the rent is based on pro	operty e	xceeds	3(a) Deductions of columns 2(	a) and 2(b)	(attach sch		
(1)				٦	0,601.	022 011	11 MI 1M41	<u> </u>	66,669	
(2)					0,001.				00,003	
(3)					į					
(4)										
Total		Total		3	0,601.	(b) Total deduc	tions			
(c) Total income. Add totals of chere and on page 1, Part I, line 6		•		3	0,601.	Enter here and of Part I, line 6, colu	n page 1,	🏲	66,669	
Schedule E - Unrelated D	ebt-Financed Ir	ncome (se	e instructions on pa							
	2 Gross income from or allocable to debt-financed						nected with d property	or allocable	to	
- Description of des	property				t line depreciation n schedule)		) Other ded attach sch			
(1)									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(2)										
(3)	8									
(4)					,					
A Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjuste or allocable debt-financed p (attach sche	e to property	6 Column 4 divided by column 5		7 Gross ind	come reportable 2 x column 6)	portable   /colum		Allocable deductions nn 6 x total of columns 3(a) and 3(b))	
(1)	7.0		.%					-		
(2)	71		%							
(3)				%						
(4)	<del></del>		<u> </u>	<del></del>		***************************************	·····			
Totals Total dividends-received deducti	ions included in co	lumn 8	Part I, line			and on page 1, ', column (A).		Enter here and on page 1, Part I, line 7, column (B).		
Schedule F - Interest, Ann			ents From Contro	led C	)rganizati	ions (see instru	ctions o	page 20	0)	
			cempt Controlled Or	<del></del>		(300			<del>-</del> /	
1 Name of controlled organization	2 Employer identification num		3 Net unrelated income (loss) (see instructions)	4 Tota	al of specified ments made	6 Part of column included in the c organization's gro	controlling	connecte	ctions directly d with income olumn 5	
(1)	2.									
(2)										
(3)										
(4)	5									
Nonexempt Controlled Organ	izations	!		L		<u> </u>		·	· · · · · · · · · · · · · · · · · · ·	
tonexempt controlled organ			9 Total of specifie		10 Par	t of column 9 that is	1 1	1 Deductio	ns directly	
7 Taxable Income	7 Taxable Income 8 Net unrelated income (loss) (see instructions)				include	ed in the controlling ation's gross income	cor	nected wit column	h income in	
(1)	8									
(2)	<u>E</u>									
(3)										
(4)	U									
	9				Enter here	nns 5 and 10. e and on page 1, e 8, column (A).	Enter	olumns 6 a here and or line 8, colu	n page 1,	
Totals ,		<u></u>		<u>. , ▶</u>					00 T	

8E1630 3.000

Schedule G - Investment I	ilcome or a se	cuon son(c)	<u>)(1), (3</u>	3 Deductions	IIIZat		t-asio	T	6 Total deductions
1 Description of income	2 Amount o	of income		directly connected (attach schedule)		(attach	and set-asides (col. 3 plus col. 4)		
(1)									, , , , , , , , , , , , , , , , , , ,
(2)									
(3)									
(4)									
	l on page 1, column (A).				Enter here and on page 1 Part I, line 9, column (B).				
Totals	one Anticity I	Otho	- The	Advertising In		- / !	4! -		041
Schedule I - Exploited Ex	empt Activity if	icome, Ome	rthan		COM	s (see instru	Ctio	ns on page	21)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connec with production unrelated busin income	cted on of	4 Net income loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fron is r	Pross Income a activity that not unrelated iness income		6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)							<u> </u>		
	Enter here and on page 1, Part I, line 10, col. (A).		1,						Enter here and on page 1, Part II, line 26.
Totals			24\			<del></del>			
Schedule J - Advertising In Part I Income From Per				ated Design		· · · · · · · · · · · · · · · · · · ·			
Part I Income From Per	logicals Repor	ted on a Con	ISOIIU	ited basis			Τ	***************************************	T
1 Name of periodical	oniogical i auvensiiu i		3 Direct gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			Circulation income		3 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						VI			
(2)				ĺ					
(3)				[					
(4)	9								
	题								
Totals (carry to Part II, line (5))				Dania (Fan an		-idi1 1:-1		- D1 (1 C)	lin astronos 0
Part II Income From Per through 7 on a line		ed on a Sep	parate	Basis (For eac	on pe	riodicai listi	9 <b>a</b> 1	n Part II, TII	i in columns 2
1 Name of periodical	2 Gross advertising income		sts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	Circulation 8 income		Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)	700								
(3)									
(4)		······································							
(5) Totals from Part I									
Patela Dart II (linea 4.5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part line 11, col. (B	1						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶ Schedule K - Compensatio	n of Officers D	irectors and	d True	toos (see instru	ctions	on nage 22	<del></del>	····	
1 Name	ii oi oineera, b	Teotors, and		Title	Ottoria	3 Percent of time devoted to business			nsation attributable to elated business
	.11						%	·····	
<u></u>							%		
							%		
	33						%		
fotal. Enter here and on page 1, P	art II, line 14								
	3								Form 990-T (2008

### ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

LEASE REAL ESTATE PROPERTY, PROVIDE MANAGEMENT SERVICES TO TAXABLE AFFILIATES, PROVIDE LAB SERVICES TO NON-HOSPITAL PATIENTS, PROVIDE ANSWERING SERVICE, PROVIDE PARKING TO NON-HOSPITAL PATRONS

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS 

OTHER **PARKING** 

10,655. 978,800.

PART II - LINE 28 - OTHER DEDUCTIONS

989,455.

\_\_\_\_\_

### SCHEDULE C - RENT INCOME DEDUCTIONS \_\_\_\_\_\_

MEDI SPA

RENTAL EXPENSES

CLEANING

INTEREST

TOTAL

29,064.

1,200.

36,405.

66,669.