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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION	D Employer identification number 26-2973307
	Doing Business As	E Telephone number (712) 279-2202
	Number and street (or P O box if mail is not delivered to street address) 255 NORTH WELCH AVENUE	
	Room/suite	
	City or town, state or country, and ZIP + 4 PRIMGHAR, IA 51245	
	F Name and address of principal officer RODD HOLTKAMP 255 NORTH WELCH AVENUE PRIMGHAR,IA 51245	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ N/A		

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 2008	M State of legal domicile IA
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Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND PROVIDE SERVICES TO THE COMMUNITIES SERVED BY BAUM HARMON MERCY HOSPITAL AND CLINICS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	72,981
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	12,744
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	11,731
		0	97,456
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	10,878
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	0	230
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	0	11,108
	19 Revenue less expenses Subtract line 18 from line 12	0	86,348
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	0	641,869
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances Subtract line 21 from line 20	0	641,869

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

Sign Here		Signature of officer		2012-05-10	
		RODD HOLTKAMP PRESIDENT		Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no ▶

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

TO PROMOTE AND PROVIDE SERVICES TO THE COMMUNITIES SERVED BY BAUM HARMON MERCY HOSPITAL AND CLINICS AND TO DEVELOP AND MAINTAIN FACILITIES THAT SUPPORT THE MISSION OF BAUM HARMON MERCY HOSPITAL AND CLINICS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 11,036 including grants of \$ 10,878) (Revenue \$ 0)

TO SUPPORT AND PROVIDE FUNDING FOR BAUM HARMON MERCY HOSPITALPRIMGHAR MERCY MEDICAL CLINICSUTHERLAND MERCY MEDICAL CLINICHARTLEY MERCY MEDICAL CLINICPAULLINA MERCY MEDICAL CLINICKIDS KAMPUS DAYCARE CENTER

4b

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

4c

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

4d

Other program services (Describe in Schedule O)



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

4e

Total program service expenses \$ 11,036

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year.			7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12.			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders.			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b		
c Enter the amount of reserves on hand.			13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
MARILEE EDWARDS
715 2ND STREET NE
PRIMGHAR,IA 51245
(712) 957-0008

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	129,294	47,694

2 Total number of individuals (including but not limited to those I
\$100,000 in reportable compensation from the organization. 0

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	72,981		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		72,981		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		12,744	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	19,372		
b		Less direct expenses	b	7,731		
c		Net income or (loss) from fundraising events . . .		11,641		11,641
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances	a			
b		Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code				
11a	OTHER	900099	90		90	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		90			
12	Total revenue. See Instructions		97,456	0	0	24,475

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	10,878	10,878		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
a	Fees for services (non-employees)				
	Management				
b	Legal	72		72	
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	144	144		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MISCELLANEOUS	14	14		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	11,108	11,036	72	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments				2	100
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities				11	641,769
	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				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			0	16	641,869	
Liabilities	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	641,869
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			0	33	641,869
34	Total liabilities and net assets/fund balances			0	34	641,869	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	97,456
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,108
3	Revenue less expenses Subtract line 2 from line 1	3	86,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Other changes in net assets or fund balances (explain in Schedule O)	5	555,521
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	641,869

Part XII **Financial Statements and Reporting**

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION

Employer identification number

26-2973307

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

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

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☒

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) BAUM HARMON MERCY HOSPITAL	421500277	3	Yes		Yes		Yes		0
Total									0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income 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 (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

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

Facts And Circumstances Test

Form **8453-EO****Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2010, or tax year beginning JUL 1, 2010, and ending JUN 30, 2011**2010**Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions.

Name of exempt organization **BAUM HARMON MERCY HOSPITAL AND CLINICS
FOUNDATION**Employer identification number
26-2973307**Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>97456</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

PRESIDENT

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453 EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's
Use
Only**ERO's
signatureFirm's name (or
yours if self-employed),
address, and ZIP code

Date

5/9/12Check if
also paid
preparer ☐Check
if self-
employed ☐

ERO's SSN or PTIN

EIN

Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **8453-EO** (2010)

023061 01-14-11

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION

Employer identification number
26-2973307

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT (event type)	HOLIDAY FESTIVAL (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	7,898	11,474	19,372
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	7,898	11,474	19,372
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	630		630
	6	Rent/facility costs	258	200	458
	7	Food and beverages	1,250	3,193	4,443
	8	Entertainment			
	9	Other direct expenses	1,566	634	2,200
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			7,731
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			11,641

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

13a

b

An outside facility

13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION

Employer identification number
26-2973307

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations

0

3

Enter total number of other organizations

0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DONATIONS MADE BY BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE AND ARE CONSIDERED UNRESTRICTED WITH REGARD TO THE USE OF THE FUNDS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION	Employer identification number 26-2973307
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION IS ORGANIZED AS A DIRECTORSHIP CORPORATION WITHOUT ANY CORPORATE MEMBERS THE BUSINESS AND AFFAIRS OF BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION SHALL BE MANAGED BY OR UNDER THE DIRECTION OF ITS BOARD OF DIRECTORS HOWEVER, THE DIRECTORS SHALL BE APPOINTED BY THE BOARD OF DIRECTORS OF BAUM HARMON MERCY HOSPITAL

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION'S FORM 990 WAS REVIEWED BY MANAGEMENT MANAGEMENT REVIEW TOOK PLACE BEFORE THE FORM 990 WAS FILED WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH CONTAINS THE ELEMENTS IN THE MODEL CONFLICT OF INTEREST POLICY ISSUED BY THE IRS. IT APPLIES TO ALL "INTERESTED PERSONS" OF BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS. INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION. ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD OF DIRECTORS OF BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION ON AN ANNUAL BASIS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW TRINITY-HEALTH ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE ANNUAL REPORT (WHICH INCLUDES COMMUNITY BENEFIT MINISTRY INFORMATION) AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE

Identifier	Return Reference	Explanation
ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, LINE 1, COLUMN B	THE HOURS LISTED IN COLUMN B OF PART VII, SECTION A, LINE 1 REFLECT ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE ACTIVITIES OF THE REPORTING ORGANIZATION IN ADDITION, THESE ARE THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS JAN GAUDIAN - 39 HOURS ROBERT MONICAL - 39 HOURS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	EQUITY TRANSFER FROM AFFILIATES 555,521 TOTAL TO FORM 990, PART XI, LINE 5 555,521

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2	BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY 11 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION

Employer identification number
26-2973307

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

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

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BAUM HARMON MERCY HOSPITAL	C	555,521	PER BOOKS
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 26-2973307

Name: BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP 245 STATE ST SE GRAND RAPIDS, MI49503 27-2491974	HEALTHCARE SERVICES	MI	501(C)(3)		9 TRINITY HEALTH-MICHIGAN		No
AMICARE HOSPICE SERVICES INC 27870 CABOT DRIVE NOVI, MI483772920 38-2949053	PROVIDE HOSPICE SERVICES	MI	501(C)(3)		11, TYPE I TRINITY HOME HEALTH SERVICES INC		No
AUXILIARY OF HOLY ROSARY HOSPITAL 351 SW 9TH STREET ONTARIO , OR97914 94-3059469	SUPPORTS SERVICES OF RELATED HOSPITAL	OR	501(C)(3)		9 SAINT ALPHONSUS MEDICAL CENTER-ONTARIO		No
BATTLE CREEK HEALTH SYSTEM 300 NORTH AVENUE BATTLE CREEK, MI49016 38-2776791	HEALTHCARE SERVICES	MI	501(C)(3)		3 TRINITY HEALTH - MICHIGAN		No
BATTLE CREEK HEALTH SYSTEM AUXILIARY 300 NORTH AVENUE BATTLE CREEK, MI49016 38-3355520	SUPPORT OF TAX EXEMPT HEALTH ORGANIZATION	MI	501(C)(3)		11, TYPE I BATTLE CREEK HEALTH SYSTEM		No
BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA51245 42-1500277	ACUTE/AMBULATORY HEALTHCARE SERVICES	IA	501(C)(3)		3 MERCY HEALTH SERVICES-IOWA CORP		No
BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA51245 26-2973307	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)		11, TYPE I BAUM HARMON MERCY HOSPITAL		No
CAPITAL PARK FAMILY HEALTH CENTER INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1387838	OPERATION OF A FEDERALLY QUALIFIED HEALTH CENTER (FORMERLY)	OH	501(C)(3)		3 MOUNT CARMEL HEALTH SYSTEM		No
CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI48106 38-2507173	FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES	MI	501(C)(3)		11, TYPE II TRINITY HEALTH-MICHIGAN		No
COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN46619 26-3051440	HEALTHCARE SERVICES	IN	501(C)(3)		3 SAINT JOSEPH REGIONAL MEDICAL CENTER INC		No
CRANBROOK HOSPICE CARE 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI48302 38-3320699	PROVIDE HOSPICE HEALTH SERVICES	MI	501(C)(3)		11, TYPE I TRINITY HOME HEALTH SERVICES INC		No
DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH43213 34-2032340	HOSPITAL CAMPUS IN FAIRFIELD COUNTY OHIO	OH	501(C)(3)		3 MOUNT CARMEL HEALTH SYSTEM		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA CORP		No
DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA CORP		No
HACKLEY HOSPITAL 1700 CLINTON ST PO BOX 3302 MUSKEGON, MI 494433302 38-1358196	HEALTHCARE SERVICES	MI	501(C)(3)	3	MERCY HEALTH PARTNERS		No
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST PO BOX 3302 MUSKEGON, MI 494433302 38-2299878	SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY	MI	501(C)(3)	11, TYPE III-FI	MERCY HEALTH PARTNERS		No
HACKLEY LIFE COUNSELING 1352 TERRACE ST MUSKEGON, MI 494423545 38-1386362	COUNSELING, EDUCATION, AND SUPPORT	MI	501(C)(3)	9	MERCY HEALTH PARTNERS		No
HACKLEY VISITING NURSE SERVICES AND HOSPICE INC 888 TERRACE ST MUSKEGON, MI 49440 38-1359598	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	7	MERCY HEALTH PARTNERS		No
HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48333 52-1945054	LONG-TERM CARE AND REHABILITATION FOR THE ELDERLY	MD	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES		No
HOLY CROSS HOSPITAL FOUNDATION INC 11801 TECH ROAD SILVER SPRING, MD 20904 20-8428450	CHARITABLE FUNDRAISING	MD	501(C)(3)	11, TYPE I	HOLY CROSS HOSPITAL OF SILVER SPRING INC		No
HOLY CROSS HOSPITAL OF SILVER SPRING INC 1500 FOREST GLEN RD SILVER SPRING, MD 209101484 52-0738041	HEALTHCARE SERVICES	MD	501(C)(3)	3	TRINITY HEALTH CORPORATION		No
HOLY CROSS MEDICAL CENTER 27870 CABOT DRIVE NOVI, MI 483772920 95-1985442	HEALTHCARE SERVICES (FORMERLY)	CA	501(C)(3)	3	TRINITY HEALTH CORPORATION		No
HOLY ROSARY MEDICAL CENTER FOUNDATION 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	11, TYPE I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO		No
HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 504016208 42-1173708	HOSPICE HEALTH CARE SERVICES	IA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA CORP		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI48108 38-3320707	HOSPICE HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
HPCN 1675 LEAHY STREET MUSKEGON, MI49442 30-0207909	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE II	MERCY HEALTH PARTNERS		No
IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI48106 38-3316559	PROVIDES OFFICE-BASED MEDICAL CARE	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		No
LAKESHORE COMMUNITY HOSPITAL INC 72 S STATE STREET SHELBY, MI494551228 38-2549295	ACUTE HEALTHCARE SERVICES	MI	501(C)(3)	3	MERCY HEALTH PARTNERS		No
LIFESPAN INC 166 EAST GOODALE AVE BATTLE CREEK, MI490372728 38-3298476	PROVIDE HOSPICE HEALTH SERVICES	MI	501(C)(3)	9	BATTLE CREEK HEALTH SYSTEM		No
MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA51101 38-3320705	PROVIDE HOME HEALTH CARE SERVICES	IA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA CORP		No
MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI48106 38-2561013	HEALTHCARE SERVICES (FORMERLY)	MI	501(C)(3)	3	CATHERINE MCAULEY HEALTH SERVICES CORP		No
MERCY AMICARE HOME HEALTHCARE OAKLAND 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI483020312 38-3320698	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
MERCY AMICARE HOME HEALTHCARE PORT HURON 505 HURON AVENUE PORT HURON, MI48060 38-3320701	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 684 HARVEY STREET MUSKEGON, MI49442 38-3321856	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
MERCY HEALTH PARTNERS 1415 LEAHY STREET MUSKEGON, MI49442 38-2589966	HEALTHCARE SYSTEM SUPPORT	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA50401 31-1373080	HEALTHCARE SERVICES	DE	501(C)(3)	3	TRINITY HEALTH-MICHIGAN		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MERCY HEALTHCARE FOUNDATION 1410 N 4TH ST CLINTON, IA52732 42-1316126	FUNDRAISING AND FINANCIAL ASSISTANCE FOR HOSPITAL CHARITABLE SERVICES	IA	501(C)(3)	11, TYPE I	MERCY MEDICAL CENTER-CLINTON		No
MERCY HOSP & HEALTH SERVICES OF DETROITMARSHALL PARK HEALTH SERVICES INC 27870 CABOT DRIVE NOVI, MI483772920 38-1562325	SUPPORTS MALPRACTICE CONTINGENCIES OF CLOSED HOSPITAL	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
MERCY HOSPITAL CADILLAC FOUNDATION 400 HOBART CADILLAC, MI496012331 20-3357131	SUPPORT THE SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI48060 38-1630480	VOLUNTEER SERVICE AUXILIARY	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA527322940 42-1336618	TO PROVIDE QUALITY HEALTH CARE	DE	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA CORP		No
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA51102 14-1880022	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA CORP		No
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA 1000 4TH STREET SW MASON CITY, IA504012800 42-1229151	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE III-FI	MERCY HEALTH SERVICES-IOWA CORP		No
MERCY MEDICAL CENTER FOUNDATION INC 1512 12TH AVENUE ROAD NAMPA, ID83686 26-1737256	SUPPORT THE SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA		No
MERCY NORTH HOMECARE AND HOSPICE 7985 MACKINAW TRAIL CADILLAC, MI49601 38-3313897	HOME HEALTH AND HOSPICE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
MERCY PAVILION OF BATTLE CREEK 300 NORTH AVENUE BATTLE CREEK, MI49016 38-2783350	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MI	501(C)(3)	9	BATTLE CREEK HEALTH SYSTEM		No
MERCY PHYSICIAN GROUP INC 1512 12TH AVENUE ROAD NAMPA, ID83686 20-8192593	TO PROVIDE QUALITY HEALTH CARE	ID	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-NAMPA		No
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION PO BOX 9184 FARMINGTON HILLS, MI483339184 38-2719605	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MI	501(C)(3)	11, TYPE II	TRINITY CONTINUING CARE SERVICES INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MIDWEST MEDFLIGHT 1300 VICTORS WAY ANN ARBOR, MI48108 38-2684671	AEROMEDICAL TRANSPORT	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		No
MOUNT CARMEL CARE CONTINUUM SERVICES CORP 793 WEST STATE STREET COLUMBUS, OH43222 31-1126211	COOPERATIVE HOSPITAL SERVICE ORGANIZATION	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		No
MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	2	MOUNT CARMEL HEALTH		No
MOUNT CARMEL HEALTH 6150 EAST BROAD STREET COLUMBUS, OH43213 31-4379602	HEALTHCARE SERVICES	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		No
MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM		No
MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1471229	MEDICARE HMO FOR SENIORS	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM		No
MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1439334	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	OH	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No
MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1113966	SUPPORT THE SERVICES OF RELATED HOSPITAL	OH	501(C)(3)	11, TYPE I	MOUNT CARMEL HEALTH SYSTEM		No
MOUNT CARMEL HOME CARE LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH43215 26-2729300	PROVIDE HOME HEALTH CARE SERVICES	OH	501(C)(3)	9	TRINITY HOME HEALTH SERVICES INC		No
MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL 7333 SMITHS MILL RD NEW ALBANY, OH43054 87-0790288	HEALTHCARE SERVICES	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		No
MRI MOBILE SERVICES OF WEST MICHIGAN 1820 - 44TH STREET KENTWOOD, MI49508 38-3073745	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		No
MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI49440 91-1932918	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MI	501(C)(3)	7	MERCY HEALTH PARTNERS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE68045 20-8072234	HEALTHCARE SERVICES	NE	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA CORP		No
OAKLAND MERCY HOSPITAL FOUNDATION 601 E 2ND STREET OAKLAND, NE68045 31-1678345	SUPPORTS SERVICES OF RELATED HOSPITAL	NE	501(C)(3)	11, TYPE III-FI	OAKLAND MERCY HOSPITAL		No
PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI494423257 38-2638284	MEDICAL CARE, TRANSPORTATION AND EDUCATION	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		No
PROFESSIONAL OFFICE CORPORATION 1303 EAST HERNDON AVE FRESNO, CA93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	11, TYPE I	SAINT AGNES MEDICAL CENTER		No
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA93720 94-1437713	HEALTHCARE SERVICES	CA	501(C)(3)	3	TRINITY HEALTH CORPORATION		No
SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID83706 82-0401011	SUPPORTS SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC		No
SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID83706 94-3028978	SUPPORTS SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC		No
SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY 3325 POCAHONTAS ROAD BAKER CITY, OR97814 27-1790052	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC		No
SAINT ALPHONSUS MEDICAL CENTER-NAMPA 1512 12TH AVENUE ROAD NAMPA, ID83686 82-0200896	TO PROVIDE QUALITY HEALTH CARE	ID	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC		No
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO 351 SW 9TH STREET ONTARIO, OR97914 27-1789847	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC		No

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						Yes	No
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID83706 82-0200895	HEALTHCARE SERVICES	ID	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC		No
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC 1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN46563 35-1142669	HEALTHCARE SERVICES	IN	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC		No
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC PO BOX 1935 SOUTH BEND, IN466341935 35-0868157	HEALTHCARE SERVICES	IN	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC		No
SAINT JOSEPH REGIONAL MEDICAL CENTER INC 801 EAST LASALLE AVE SOUTH BEND, IN46617 35-1568821	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No
SAINT JOSEPH'S AUXILIARY OF MARSHALL COUNTY 1915 LAKE AVENUE PLYMOUTH, IN46563 35-6043563	HOSPITAL SERVICE AUXILIARY	IN	501(C)(3)	11, TYPE II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC		No
SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI483339184 31-1040468	PROVIDES HOUSING FOR LOW INCOME ELDERLY INDIVIDUALS	IN	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES-INDIANA		No
SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW GRAND RAPIDS, MI49505 38-3320700	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
SAINT MARY'S DORAN FOUNDATION CO SAINT MARY'S HEALTH CARE 200 JEFFERSON ST SE GRAND RAPIDS, MI49503 38-1779602	SUPPORTS SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	7	TRINITY HEALTH-MICHIGAN		No
ST JOHN'S HEALTH SYSTEM 27870 CABOT DRIVE NOVI, MI483772920 35-0877584	HEALTHCARE SERVICES (FORMERLY)	IN	501(C)(3)	3	TRINITY HEALTH CORPORATION		No
ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI48341 35-2356789	SUPPORTS SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
ST ANN'S HOSPITAL 500 SOUTH CLEVELAND AVE WESTERVILLE, OH43081 31-4412701	HEALTHCARE SERVICES	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		No
ST ELIZABETH HEALTH CARE FOUNDATION 3325 POCAHONTAS ROAD BAKER CITY, OR97814 94-3164869	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY		No

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

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						Yes	No
ST JOSEPH'S MEDICAL CENTER AUXILIARY 801 E LASALLE AVE PO BOX 1935 SOUTH BEND, IN466341935 35-6033285	HOSPITAL SERVICE AUXILIARY	IN	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC		No
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 4215 EDISON LAKES PARKWAY MISHAWAKA, IN46545 35-1654543	SUPPORTS SERVICES OF RELATED HOSPITAL	IN	501(C)(3)	11, TYPE I	SAINT JOSEPH REGIONAL MEDICAL CENTER INC		No
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI483339184 38-2559656	MANAGEMENT SERVICES FOR LONG TERM CARE AND SENIOR LIVING FACILITIES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No
TRINITY CONTINUING CARE SERVICES - INDIANA INC PO BOX 9184 FARMINGTON HILLS, MI483339184 93-0907047	PROVIDES LONG-TERM CARE AND RESIDENTIAL HOUSING	IN	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES		No
TRINITY HEALTH - MICHIGAN 27870 CABOT DRIVE NOVI, MI483772920 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	3	TRINITY HEALTH CORPORATION		No
TRINITY HEALTH CORPORATION 27870 CABOT DRIVE NOVI, MI483772920 35-1443425	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	11, TYPE I	N/A		No
TRINITY HEALTH INTERNATIONAL 27870 CABOT DRIVE NOVI, MI483772920 42-1253527	HEALTHCARE TRAINING AND SUPPORT SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No
TRINITY HEALTH WELFARE BENEFIT TRUST 27870 CABOT DRIVE NOVI, MI483772920 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE COVERAGE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION		No
TRINITY HOME HEALTH SERVICES INC 17410 COLLEGE PARKWAY LIVONIA, MI48152 38-2621935	HOME HEALTH CARE SYSTEM MANAGEMENT SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVANCED IMAGING SERVICES OF BATTLE CREEK 5352 BECKLEY ROAD STE A BATTLE CREEK, MI49015 20-4594297	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No	0 %
ADVENT REHABILITATION LLC 607 DEWEY AVENUE SUITE 300 GRAND RAPIDS, MI49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A	N/A				No			No	0 %
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
CENTER FOR DIGESTIVE CARE LLC 5300 ELLIOTT DRIVE YPSILANTI, MI48197 03-0447062	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A	N/A				No			No	0 %
CENTRAL OHIO SLEEP MEDICINE LTD 5955 EAST BROAD ST COLUMBUS, OH43213 31-1701029	SLEEP MEDICINE SERVICES	OH	N/A	N/A				No			No	0 %
CLINTON IMAGING SERVICES LLC 615 VALLEY VIEW DR STE 202 MOLINE, IL61265 41-2044739	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A				No			No	0 %
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A				No			No	0 %
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI48104 38-2648446	LABORATORY	MI	N/A	N/A				No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproporionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FRESNO IMAGING CENTER 1303 E HERNDON AVE FRESNO, CA93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A	N/A				No			No	0 %
HAWARDEN COMMUNITY CLINIC LLC 1122 AVENUE L HAWARDEN, IA51023 20-1444339	MEDICAL CLINIC	IA	N/A	N/A				No			No	0 %
IDAHO GYNONCOLOGY SERVICES LLC 1055 N CURTIS RD BOISE, ID83706 20-2975807	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A				No			No	0 %
INTERMOUNTAIN MEDICAL IMAGING LLC 877 WEST MAIN ST STE 603 BOISE, ID83702 82-0514422	PROVIDE IMAGING SERVICES	ID	N/A	N/A				No			No	0 %
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA50401 42-1328388	MRI SERVICES	IA	N/A	N/A				No			No	0 %
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA50401 20-1960348	SURGERY-SAME DAY	IA	N/A	N/A				No			No	0 %
MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
MCMC POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1392994	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEDILUCENT MOB I 793 W STATE STREET COLUMBUS, OH43222 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A	N/A				No			No	0 %
MERCY OUTPATIENT SURGERY CENTER LLC 1512 12TH AVENUE ROAD NAMPA, ID83686 84-1380439	OUTPATIENT SURGERY	ID	N/A	N/A				No			No	0 %
MICHIANA HEALTH INFORMATION NETWORK LLC 215 WEST MADISON STREET SOUTH BEND, IN46601 35-2050128	COMMUNITY BASED CLINICAL INFORMATION SYSTEM AND DATA DEPOSITORY	IN	N/A	N/A				No			No	0 %
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
NEWCO AMBULATORY SURGERY CTR LLP 4190 24TH AVENUE FORT GRATIOT, MI48059 30-0136708	OUTPATIENT SURGERY CENTER	MI	N/A	N/A				No			No	0 %
RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1531135	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
ROSENBERG & BRUNO PROPERTIES LLC (FKA BSV MEDICAL OFFICE BUILDING II LLC) 855 M STREET TENTH FLOOR FRESNO, CA93721 20-2673839	MEDICAL OFFICE BUILDING RENTAL	CA	N/A	N/A				No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SARMED OUTPATIENT PHARMACY LLC 999 N CURTIS RD STE 102 BOISE, ID83706 51-0483218	PHARMACY	ID	N/A	N/A				No			No	0 %
SIXTY FOURTH STREET LLC 2373 64TH ST STE 2200 BYRON CENTER, MI49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A				No			No	0 %
ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID83605 82-0526861	RADIATION ONCOLOGY	ID	N/A	N/A				No			No	0 %
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
TAMARACK MEDICAL CLINIC LLC 610 VILLAGE DRIVE DONNELLY, ID83615 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A				No			No	0 %
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1784409	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI48106 76-0820959	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
COMMUNITY HEALTH VENTURES INC 565 W WESTERN AVE MUSKEGON, MI49440 38-3522260	SOFTWARE MARKETING	MI	N/A	C			
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C			
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C			
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C			
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C			
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI49442 38-2447870	PHARMACY	MI	N/A	C			
HEF INC 1415 LEAHY ST MUSKEGON, MI49442 38-3086401	OFFICE STAFFING	MI	N/A	C			
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD20904 52-1986562	HOME CARE SERVICES	MD	N/A	C			
HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C			
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C			
INTEGRATED HEALTH ASSOCIATES INC 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI48106 38-3126920	MEDICAL MANAGEMENT	MI	N/A	C			
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C			
IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI48106 38-3316559	MEDICAL SERVICES	MI	N/A	C			
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C			
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID83686 82-0389927	OUTPATIENT PHARMACY	ID	N/A	C			
MERCY COMMUNITY PHYSICIANS 363 FREMONT STREET BATTLE CREEK, MI49017 26-4252468	HEALTHCARE SERVICES	MI	N/A	C			
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C			
MICHIGAN PHYSICIAN SERVICES 44405 WOODWARD AVENUE H-5 PONTIAC, MI48341 38-3293125	PHYSICIAN SERVICES	MI	N/A	C			
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI49546 38-2647304	ATHLETIC CLUB	MI	N/A	C			
MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-0971510	BEHAVIORAL HEALTHCARE SERVICES	OH	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
MOUNT CARMEL HEALTH HORIZONS CORP 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1177652	MEDICAL SERVICES/RENT	OH	N/A	C			
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1382442	MEDICAL SERVICES	OH	N/A	C			
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA50401 42-1382308	MEDICAL SERVICES	IA	N/A	C			
PRIMARY CARE NETWORK OF OHIO INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1422486	HEALTH MANAGEMENT SERVICES	OH	N/A	C			
PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA93729 77-0395267	FORMERLY HEALTH MANAGEMENT NOW DISCONTINUED SUBSTANTIALLY ALL OPERATIONS	CA	N/A	C			
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID837061370 33-1078261	PHYSICIANS	ID	N/A	C			
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI49546 38-3450733	ATHLETIC CLUB	MI	N/A	C			
SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C			
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 27870 CABOT DRIVE NOVI, MI483772920 38-3410377	GRANTOR TRUST	MI	N/A	T			
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C			
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI49508 38-3280200	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	C			
WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C			