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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)	OMB No 1545-0047 2011
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		22-2692940	
C Name of organization The Community Hospice Foundation Inc		E Telephone number	
Doing Business As		(518) 285-8150	
Number and street (or P O box if mail is not delivered to street address) Room/suite 295 Valley View Blvd		G Gross receipts \$ 2,571,526	
City or town, state or country, and ZIP + 4 Rensselaer, NY 121449307			
F Name and address of principal officer Laurie J Mante 295 Valley View Blvd Rensselaer, NY 121449307		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(Insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ▶ www.communityhospice.org		H(c) Group exemption number ▶	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1997 M State of legal domicile NY	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities The Community Hospice Foundation supports the Community Hospice, Inc , which serves seriously ill people and their families during the process of dying and grieving The Organization strives to enhance quality of life with comprehensive, compassionate services that respect the dignity of those we serve The Organization is a member of St Peter's Healthcare Services ("SPHCS"), which is a member of Catholic Health East ("CHE")		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	793
	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		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	2,276,880	1,497,335
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	525,211	700,201
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	330,163	285,135
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,132,254	2,482,671
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	439,961	392,871
	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–24e)	471,718	434,270
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	911,679	827,141
	19 Revenue less expenses Subtract line 18 from line 12	2,220,575	1,655,530
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		9,897,914	8,495,558
21 Total liabilities (Part X, line 26)		4,690,065	5,017,009
22 Net assets or fund balances Subtract line 21 from line 20		5,207,849	3,478,549

Part II	Signature Block
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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			2012-11-15 Date	
	Virginia Arbour Finance Director Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	William J Homer	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00994519
	Firm's name (or yours if self-employed), address, and ZIP + 4	DELOITTE TAX LLP 1700 MARKET STREET 25TH FLOOR PHILADELPHIA, PA 191033984			EIN 86-1065772
					Phone no (215) 246-2300

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

The Community Hospice Foundation supports the Community Hospice, Inc , which serves seriously ill people and their families during the process of dying and grieving The Organization strives to enhance quality of life with comprehensive, compassionate services that respect the dignity of those we serve The Organization is a member of St Peter's Healthcare Services ("SPHCS"), which is a member of Catholic Health East ("CHE")

2

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

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?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 381,882 including grants of \$) (Revenue \$)

The Community Hospice Foundation, Inc is an organization incorporated to promote fundraising and public relations of The Community Hospice, Inc The Community Hospice served 4,272 patients in 2011 The number of admissions were 3,760 These patients had a total of 221,032 patient days

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 \$ 381,882

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . .	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i> . . .	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? <i>If "Yes," complete Schedule C, Part III.</i> . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . .	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . .	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? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . .	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements . . .	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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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>	35b	Yes	
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								
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .				1a	8		
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	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				2b	Yes		
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 or securities 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	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes		
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			
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.				13a			
b	Enter the aggregate 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 aggregate 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	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18
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	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ☒ NY
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 made 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 made 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 ☒ Director of Finance 295 Valley View Blvd Rensselaer, NY 121449307 (518) 285-8150

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Barbieri Maria Board Member	1 00	X						0	0	0
(2) Boyle Steven Ex-Officer	1 00	X		X				0	869,274	15,412
(3) Buckley Maureen Treasurer	1 00	X						0	0	0
(4) Byrne-Chartrand Elizabeth Secretary	1 00	X						0	0	0
(5) Caplan Ronald A Board Member	1 00	X						0	0	0
(6) Glaser Barbara Board Member	1 00	X						0	0	0
(7) Kapp Sr Judith Board Member	1 00	X						0	0	0
(8) McElroy Lee Board Member	1 00	X						0	0	0
(9) Oakley David Board Member	1 00	X						0	0	0
(10) O'Conner James Vice Chairman	1 00	X						0	0	0
(11) Parente David Board Member	1 00	X						0	0	0
(12) Pinsley Carol L Board Member	1 00	X						0	0	0
(13) Salmon Del Board Member	1 00	X						0	0	0
(14) Salvador Scott Board Member	1 00	X						0	0	0
(15) Thomas Frank MD Board Member	1 00	X						0	0	0
(16) Turo Albert Board Member	1 00	X						0	0	0
(17) Waring Sr Gail Board Member	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Watson Ronald F President & CEO	34 00	X		X				0	244,645	22,816
(19) Wendt Steve Chairman of the Board	1 00	X						0	0	0
(20) Wheeler Michael Board Member	1 00	X						0	0	0
(21) Arbour Virginia Finance Director	8 00			X				0	147,038	28,783
(22) Constantino Jo-Ann CEO of the Eddy	1 00			X				0	368,616	19,523
(23) Gavin James CFO	1 00			X				0	394,647	129,780
(24) Reed James K MD President	1 00			X				0	815,276	37,728
(25) Manny Stephen J Director of Development	38 00					X		130,541	0	23,730
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								130,541	2,839,496	277,772

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶1

		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>		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>	Yes	
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>		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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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	368,138			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,129,197			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		1,497,335			
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)		289,333		
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)			410,868		410,868
8a		Gross income from fundraising events (not including \$ 368,138 of contributions reported on line 1c) See Part IV, line 18					
			a		104,109		
b		Less direct expenses	b		88,855		
c		Net income or (loss) from fundraising events . .			15,254		15,254
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	Net Ass Rel Restrict	900099	269,881			269,881	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		269,881				
12	Total revenue. See Instructions		2,482,671	0	0	985,336	

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)
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	321,428	143,373	178,055	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	46,854	43,388	3,466	
10	Payroll taxes	24,589	22,770	1,819	
11	Fees for services (non-employees)				
a	Management	60,857		60,857	
b	Legal	13,737		13,737	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	133,030	5,536	127,494	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	4,713	2,224	2,489	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,330	264	12,066	
20	Interest				
21	Payments to affiliates	18,526		18,526	
22	Depreciation, depletion, and amortization	27,009	259	26,750	
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	Program Services Expens	164,068	164,068		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	827,141	381,882	445,259	0
26	Joint costs. Check here ☐ 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			891,931	2	354,873
	3	Pledges and grants receivable, net			510,779	3	37,607
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			150	9	7,143
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	170,098			
	b	Less: accumulated depreciation	10b	153,419	43,688	10c	16,679
	11	Investments—publicly traded securities			8,451,366	11	8,079,256
	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)			9,897,914	16	8,495,558	
Liabilities	17	Accounts payable and accrued expenses			70,201	17	41,923
	18	Grants payable				18	
	19	Deferred revenue			6,350	19	1,810
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			4,613,514	25	4,973,276
	26	Total liabilities. Add lines 17 through 25			4,690,065	26	5,017,009
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			4,506,467	27	2,771,112
28		Temporarily restricted net assets			146,755	28	125,256
29		Permanently restricted net assets			554,627	29	582,181
Organizations that do not follow SFAS 117, check here ☐ 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			5,207,849	33	3,478,549
34	Total liabilities and net assets/fund balances			9,897,914	34	8,495,558	

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	2,482,671
2	Total expenses (must equal Part IX, column (A), line 25)	2	827,141
3	Revenue less expenses Subtract line 2 from line 1	3	1,655,530
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,207,849
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,384,830
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	3,478,549

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 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?		No
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		
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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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

2011

Open to Public
Inspection

Name of the organization The Community Hospice Foundation Inc	Employer identification number 22-2692940
--	--

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,576,894	2,192,897	1,974,662	2,276,880	1,497,335	10,518,668
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	2,576,894	2,192,897	1,974,662	2,276,880	1,497,335	10,518,668
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)						145,689
6 Public Support. Subtract line 5 from line 4						10,372,979

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,576,894	2,192,897	1,974,662	2,276,880	1,497,335	10,518,668
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	291,962	288,107	264,848	246,765	289,333	1,381,015
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						11,899,683

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 2011 (line 6 column (f) divided by line 11 column (f))	14	87 170 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	90 580 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

Name of the organization
The Community Hospice Foundation Inc

Employer identification number
22-2692940

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

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii)

Assets included in Form 990, Part X

▶ \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	0
1d	
1e	
1f	0

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		170,098	153,419	16,679
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				16,679

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 22-2692940
Name: The Community Hospice Foundation Inc

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
The Community Hospice Foundation Inc

Employer identification number
22-2692940

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

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

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
		Hospice Walk (event type)	Touched by an Angel (event type)	5 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	189,313	110,445	172,489
	2	Less Charitable contributions	74,500	111,419	182,219
	3	Gross income (line 1 minus line 2)	114,813	-974	-9,730
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	32,856	5,896	50,103
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(88,855)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			15,254

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	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
------------	-----------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization The Community Hospice Foundation Inc	Employer identification number 22-2692940
--	--

Part I

Questions Regarding Compensation

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

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

[illegible]

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 3	The organization's Top Management Officials - Steven Boyle, CEO and James Reed, President are compensated by a related organization. The organization relies on a related organization, CHE, which uses the following methods to establish its compensation: - Compensation committee - Independent compensation consultant - Written employment contract - Compensation survey - Approval by the board or compensation committee. On an annual basis, the organization uses an independent compensation consultant to review the salaries for its executive staff and ensure they are paid within market. In addition, a compensation committee reviews this information annually and it is then approved by the board or compensation committee. Finally, executives receive a written letter outlining the specifics of their compensation.
	Part I, Line 4b	Supplemental Executive Retirement Plan will provide benefits to certain key executive employees of SPHCS. The Trustee is Charles Schwab Trust Company. The plan type is a 457(f) plan funded through a Rabbi Trust.

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

2011

Open to Public
Inspection

Name of the organization The Community Hospice Foundation Inc	Employer identification number 22-2692940
--	--

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 3	The organization delegated control over certain duties of key employees to a related exempt organization

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 4	The organization amended its bylaws to extend the date until which the number of directors is set at no less than 17 nor more than 27,to January 2012,and to provide that directors whose final term expires in January 2011 may be re-elected and serve for an additional year,until January 2012 In addition, the organization did make changes to its governing documents since the prior form 990 was filed Effective October 1, 2011, the health systems of St Peter's Health Care Services ("SPHCS"), Northeast Health ("NEH"), and Seton Health System, Inc ("Seton") were merged by establishing St Peter's Health Partners as the sole member of each Catholic Health East ("CHE") is the sole member of St Peter's Health Partners As part of this merger, the organization's bylaws were amended to reserve powers to St Peter's Health Partners, CHE and the sponsoring organization

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	Yes, the voting members of The Community Hospice, Inc Board of Directors

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	Yes, the current voting members of the organization have the power to elect the members of the governing body

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	The organization took steps to educate management, members of the board and members of appropriate subcommittees of the board on the compliance requirements mandated by the Form 990. The form was reviewed by management and then submitted to the Finance Committee which reported its findings to the board.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	The organization follows St. Peter's Health Care Service's policy which sets forth the organization's conflict-of-interest policy and processes. Annually, all those serving the organization in a fiduciary capacity, including directors, officers and key employees receive a copy of the policy and annual disclosure statement to be completed. Disclosures of financial interests or other reportable circumstances as defined in the policy are submitted and reviewed by the Governance committee of the Board of Trustees. Summary information is reported to the entire Board and available to the Board throughout the year as business comes before the Board or management for action. The policy contains a continuing affirmative obligation on all affected individuals to disclose compensation or other circumstances throughout the year which may rise to the level of an actual or apparent conflict. The determination of whether a disclosed financial or other interest constitutes a conflict of interest is made by the Board or an appropriate committee thereof comprised of dis-interested persons and without the participation of the affected individual except to respond to questions about the disclosure. The policy further addresses the procedure for the Board's further consideration of the proposed transaction/matter without the participation of the affected person and the documentation of the proceedings. Lastly, the policy addresses potential disciplinary action for violations of the policy. The policy is available to the public upon request.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The organization relies on CHE to determine compensation for the CEO, President and CIO of the organization. The CHE board has an independent committee review and approve all elements of remuneration for all disqualified parties, as well as other key management. The board/committee has an established compensation philosophy which details the objectives of market positioning and pay elements. The committee engages with external consultants to provide market data comparing the organization's roles to similarly sized health systems utilizing both title and job content comparisons. The committee reviews the market analysis, approves any salary adjustments for the executive population, considers both reasonableness and effectiveness of all remunerative programs and establishes the detailed performance expectations which are incorporated into the incentive plan. All of these discussions and decisions are documented through the provision of meeting minutes. The compensation of other officers and key employees of the organization are reviewed by an independent compensation consultant who reviews the salaries to ensure they are within market and market competitive. This is done on an annual basis, reviewed by either the organization's or a related organization's compensation committee and communicated to the other officers and key employees.

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

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section A	Individuals compensated by a related organization have responsibilities and perform services for several organizations within the health system. The amount of compensation appearing in Columns (E) and (F) reflect the services performed for the entire health system as a whole and not merely a single organization within the health system.

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Increase in Temp Restricted Net Assets 777,084 Transfer to/from Affiliate -3,815,664 Transfer to/from Affiliate for Capital -346,250 Total to Form 990, Part XI, Line 5 -3,384,830

Identifier	Return Reference	Explanation
	form 990, Part VII, Section A	All money paid for services provided by Sr Gail Waring goes directly to her regilious order on her behalf

Identifier	Return Reference	Explanation
		Disclosure Statement Related to Form 5471 Filed by Catholic Health East and Saint Michael's Medical Center Under the constructive ownership rule of Internal Revenue Code Sections 318(a) and 958(b), the organization is required to file Form 5471, Information Return of U S Persons With Respect to Certain Foreign Corporations, as a Category 4 and/or Category 5 filer with respect to Stella Maris Insurance Company Limited and Chestnut Risk Services, LTD (collectively, the "foreign corporations") This filing requirement is, or will be, satisfied through the filing of Forms 5471 with respect to the foreign corporations on the organization's behalf by the U S organizations identified below Foreign Corporation Stella Maris Insurance Company U S Organization Catholic Health East Address 3805 West Chester Pike, Suite 100, Newtown Square, Pennsylvania 19073 Identifying Number of U S Tax Return with Which Form 5471 was filed 23-2929748 IRS Service Center Where U S Return Was Filed Ogden, UT Foreign Corporation Chestnut Risk Services, LTD U S Organization Saint Michael's Medical Center Address 111 Central Avenue, Newark, New Jersey 07102 Identifying Number of U S Tax Return with Which Form 5471 was filed 26-2616046 IRS Service Center Where U S Return Was Filed Ogden, UT

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

2011

Open to Public Inspection

Name of the organization
The Community Hospice Foundation Inc

Employer identification number
22-2692940

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) Disproportionate 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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

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) The Community Hospice Inc	B	2,506,384	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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	
------------	------------------	-------------	--

Software ID:
Software Version:
EIN: 22-2692940
Name: The Community Hospice Foundation Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Catholic Health East 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-2929748	Management Services	PA	501(c) (3)	Line 11a, I	N/A	Yes	
Continuing Care Management Services Network 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 35-2336834	Management & Support Services	PA	501(c) (3)	Line 11b, II	Catholic Health East	Yes	
Mercy Health System of Maine 144 State Street Portland, MA 04101 01-0484074	Management & Support Services	ME	501(c) (3)	Line 11c, III-FI	Catholic Health East	Yes	
Mercy Hospital 144 State Street Portland, MA 04101 01-0211534	Hospital	ME	501(c) (3)	Line 3	Mercy Health System of Maine	Yes	
St Peter's Health Partners 315 South Manning Blvd Albany, NY 12208 45-3570715	Management & Support Services	NY	501(c) (3)	Line 11b, II	Catholic Health East	Yes	
St Peter's Health Care Services 315 South Manning Blvd Albany, NY 12208 22-2702507	Management & Support Services	NY	501(c) (3)	Line 9	St Peter's Health Partners	Yes	
St Peter's Hospital 315 South Manning Blvd Albany, NY 12208 14-1348692	Hospital	NY	501(c) (3)	Line 3	St Peter's Health Care Services	Yes	
St Peter's Hospital Foundation Inc 319 South Manning Blvd Suite 309 Albany, NY 12208 22-2262982	Fundraising & Public Relations	NY	501(c) (3)	Line 7	St Peter's Health Care Services	Yes	
Eddy Licensed Home Care Agency 433 River St Suite 3000 Troy, NY 12180 14-1818568	Home Health	NY	501(c) (3)	Line 3	LTC (Eddy) Inc	Yes	
The Community Hospice Inc 295 Valley View Blvd Rensselaer, NY 12144 14-1608921	Serving seriously ill people & their families	NY	501(c) (3)	Line 3	St Peter's Health Care Services	Yes	
Villa Mary Immaculate 301 Hackett Blvd Albany, NY 12208 14-1438749	Nursing Home & Physical Rehab	NY	501(c) (3)	Line 3	St Peter's Hospital	Yes	
Warde Service Corporation Inc 159 Wolf Road 3rd Floor Albany, NY 12205 14-1732097	Supporting & strengthening the ministries of rel sr mercy	NY	501(c) (3)	Line 9	St Peter's Health Care Services	Yes	
Mercy Care for Kids Inc 310 South Manning Blvd Albany, NY 12208 14-1717564	Day care center	NY	501(c) (3)	Line 9	St Peter's Health Care Services	Yes	
Our Lady of Mercy Life Center 2 Mercycare Lane Guilderland, NY 12084 14-1743506	Nursing Home Facility	NY	501(c) (3)	Line 3	St Peter's Health Care Services	Yes	
St Peter's Auxiliary 315 South Manning Blvd Albany, NY 01228 22-2843206	Auxiliary	NY	501(c) (3)	Line 11a, I	St Peter's Health Care Services	Yes	
Memorial Hospital Albany NY 600 Northern Blvd Albany, NY 12204 14-1338457	General Hospital	NY	501(c) (3)	Line 3	Northeast Health Inc	Yes	
Beechwood Inc 2212 Burdett Ave Troy, NY 12180 14-1651563	Real estate holding	NY	501(c) (2)	N/A	LTC (Eddy) Inc	Yes	
Beverwyck Inc 40 Autumn Drive Slingerlands, NY 12159 14-1717028	Independent/Assisted Living Retirement Community	NY	501(c) (3)	Line 9	LTC (Eddy) Inc	Yes	
Capital Region Geriatric Center Inc 421 West Columbia St Cohoes, NY 12047 14-1701597	Nursing Home	NY	501(c) (3)	Line 9	LTC (Eddy) Inc	Yes	
Senior Care Connection Inc 504 State St Schenectady, NY 12305 14-1708754	PACE Program	NY	501(c) (3)	Line 9	LTC (Eddy) Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
Glen Eddy Inc One Glen Eddy Drive Niskayuna, NY 12309 14-1794150	Independent/Assisted Living Community	NY	501(c) (3)	Line 9	LTC (Eddy) Inc	Yes	
Hawthorne Ridge Inc 30 Community Way East Greenbush, NY 12061 80-0102840	Independent/Assisted Living Retirement Community	NY	501(c) (3)	Line 9	LTC (Eddy) Inc	Yes	
Heritage House Nursing Center Inc 2920 Tibbits Ave Troy, NY 12180 14-1725101	Nursing home	NY	501(c) (3)	Line 9	LTC (Eddy) Inc	Yes	
Home Aid Service of Eastern New York Inc 433 River St Suite 3000 Troy, NY 12180 14-1514867	Home care	NY	501(c) (3)	Line 9	LTC (Eddy) Inc	Yes	
James A Eddy Memorial Geriatric Center Inc 2256 Burdett Ave Troy, NY 12180 22-2570478	Nursing home	NY	501(c) (3)	Line 9	LTC (Eddy) Inc	Yes	
LTC (Eddy) Inc 2212 Burdett Ave Troy, NY 12180 22-2564710	Elderly health/housing supporting org	NY	501(c) (3)	Line 11a, I	Northeast Health Inc	Yes	
The Marjorie Doyle Rockwell Center Inc 421 West Columbia St Cohoes, NY 12047 14-1793885	Adult Home/Alzheimers	NY	501(c) (3)	Line 9	LTC (Eddy) Inc	Yes	
Samaritan Hospital of Troy New York 2215 Burdett Ave Troy, NY 12180 14-1338544	General hospital	NY	501(c) (3)	Line 3	Northeast Health Inc	Yes	
Shaker Properties Inc 2212 Burdett Ave Troy, NY 12180 22-3119822	Real Estate holding	NY	501(c) (2)	N/A	Northeast Health Inc	Yes	
Sunnyview Hospital & Rehabilitation Ctr 1270 Belmont Ave Schenectady, NY 12308 14-1338386	Rehabilitation hospital	NY	501(c) (3)	Line 3	LTC (Eddy) Inc	Yes	
Empire Home Infusion Service Inc 10 Blacksmith Drive Malta, NY 12020 14-1795732	Home care	NY	501(c) (3)	Line 9	Home Aid Service of Eastern New York Inc	Yes	
Samaritan Child Care Center Inc 2213 Burdett Ave Troy, NY 12180 14-1710225	Child day care	NY	501(c) (3)	Line 9	Northeast Health Inc	Yes	
The Northeast Health Foundation Inc 2224 Burdett Ave Troy, NY 12180 22-2743478	Supporting foundation	NY	501(c) (3)	Line 7	Northeast Health Inc	Yes	
Northeast Health Inc 2212 Burdett Ave Troy, NY 12180 04-2450756	Supporting Organization	NY	501(c) (3)	Line 11b, II	St Peter's Health Partners	Yes	
Seton Health System Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1776186	Hospital	NY	501(c) (3)	Line 3	St Peter's Health Partners	Yes	
Seton Auxiliary Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1505031	Supporting Organization	NY	501(c) (3)	Line 9	Seton Health System Inc	Yes	
Seton Health at Schuyler Ridge Residential Healthcare 1 Abele Blvd Clifton Park, NY 12065 14-1756230	Skilled Nursing	NY	501(c) (3)	Line 9	Seton Health System Inc	Yes	
Seton Health Foundation 1300 Massachusetts Avenue Troy, NY 12180 22-2345416	Supporting Organization	NY	501(c) (3)	Line 11a, I	Seton Health System Inc	Yes	
Seton Licensed Home Care Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1809134	Licensed Home Health Agency	NY	501(c) (3)	Line 3	Seton Health System Inc	Yes	
Vincentian Health Services 1300 Massachusetts Avenue Troy, NY 12180 14-1685163	Discontinued Operations	NY	501(c) (3)	Line 11a, I	Seton Health System Inc	Yes	

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(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
St Mary's Woodland Village Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1675183	Discontinued Operations	NY	501(c)(3)	Line 9	Seton Health System Inc	Yes	
Brightside Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-2182395	Behavioral Care	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc	Yes	
Farren Care Center Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-2501711	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
Mercy Hospital Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3398280	Acute Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
Mercy Specialist Physicians Inc c/o SPHS 1221 Main Street No 108 Holyoke, MA 01040 26-4033168	Neurosurgery Medical Services	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
Sisters of Providence Care Centers Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 22-2541103	Long Term Care	MA	501(c)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
Sisters of Providence Health System Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3398374	Management & Support Services	MA	501(c)(3)	Line 11a, I	Catholic Health East	Yes	
McAuley Center Inc 275 Steele Road West Hartford, CT 06117 06-1058086	Independent Living	CT	501(c)(3)	Line 9	Mercy Community Health Inc	Yes	
Mercy Community Health Inc 2021 Albany Avenue West Hartford, CT 06117 06-1492707	Management & Support Services	CT	501(c)(3)	Line 11a, I	Catholic Health East	Yes	
Mercy Community HomeCare Services 2021 Albany Avenue West Hartford, CT 06117 06-1488137	In Home Health Care	CT	501(c)(3)	Line 9	Mercy Community Health Inc	Yes	
Mercy Services 2021 Albany Avenue West Hartford, CT 06117 06-1453323	Support Services	CT	501(c)(3)	Line 1	Mercy Community Health Inc	Yes	
Mercyknoll Inc 2021 Albany Avenue West Hartford, CT 06117 06-0757380	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc	Yes	
Saint Mary Home II Inc 2021 Albany Avenue West Hartford, CT 06117 06-1164104	Elderly Care	CT	501(c)(3)	Line 3	Mercy Community Health Inc	Yes	
St Mary Home Incorporated 2021 Albany Avenue West Hartford, CT 06117 06-0646843	Skilled Nursing	CT	501(c)(3)	Line 3	Mercy Community Health Inc	Yes	
Mercy Healthcare Center 114 Wawbeek Avenue Tupper Lake, NY 12986 15-0532211	Hospital	NY	501(c)(3)	Line 3	Catholic Health East	Yes	
Mercy Uihlein Health Corporation 185 Old Military Road Lake Placid, NY 12946 16-1535133	Hospital	NY	501(c)(3)	Line 11b, II	Mercy Healthcare Center	Yes	
Uihlein Mercy Center 185 Old Military Road Lake Placid, NY 12946 15-0532190	Hospital	NY	501(c)(3)	Line 3	Mercy Healthcare Center	Yes	
St James Mercy Foundation Inc 411 Canisteo Street Hornell, NY 14843 16-1486437	Foundation	NY	501(c)(3)	Line 7	St James Mercy Health System Inc	Yes	
St James Mercy Health System Inc 411 Canisteo Street Hornell, NY 14843 22-3127184	Management & Support Services	NY	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
St James Mercy Hospital 411 Canisteo Street Hornell, NY 14843 16-0743310	Hospital	NY	501(c)(3)	Line 3	St James Mercy Health System Inc	Yes	

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Marian Community Hospital 100 Lincoln Avenue Carbondale, PA 18407 24-0711230	Hospital	PA	501(c)(3)	Line 3	Maxis Health System	Yes	
Marian Community Hospital Auxiliary 100 Lincoln Avenue Carbondale, PA 18407 25-1874733	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System	Yes	
Maxis Foundation 100 Lincoln Avenue Carbondale, PA 18407 23-2330090	Fundraising	PA	501(c)(3)	Line 11b, II	Maxis Health System	Yes	
Maxis Health System 100 Lincoln Avenue Carbondale, PA 18407 91-1940902	Health Care System	PA	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
Maxis Medical Services 100 Lincoln Avenue Carbondale, PA 18407 23-2577185	Physician Practices	PA	501(c)(3)	Line 3	Maxis Health System	Yes	
Tri-County Human Services Center Inc PO Box 517 Carbondale, PA 18407 23-1938528	Behavioral Health Organization	PA	501(c)(3)	Line 7	Maxis Health System	Yes	
Columbus Acquisition Corp 1160 Raymond Boulevard Newark, NJ 07102 26-2616342	Inactive Entity	NJ	501(c)(3)	Line 9	Saint Michaels Medical Center	Yes	
Saint Michaels Medical Center 111 Central Avenue Newark, NJ 07102 26-2616046	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East	Yes	
St James Care Inc 1160 Raymond Boulevard Newark, NJ 07102 26-2616230	Inactive Entity	NJ	501(c)(3)	Line 9	Saint Michaels Medical Center	Yes	
St Michaels Medical Center Foundation 1160 Raymond Boulevard Newark, NJ 07102 22-3311976	Foundation	NJ	501(c)(3)	Line 11a, I	Saint Michaels Medical Center	Yes	
University Heights Property Company Inc 1160 Raymond Boulevard Newark, NJ 07102 22-3100162	Medical Property Holding Company	NJ	501(c)(2)	N/A	Saint Michaels Medical Center	Yes	
Life St Francis Corporation 601 Hamilton Avenue Trenton, NJ 08629 22-2797282	Health Services	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ	Yes	
St Francis Medical Center Foundation NJ 601 Hamilton Avenue Trenton, NJ 08629 52-1025476	Foundation	NJ	501(c)(3)	Line 11a, I	St Francis Medical Center Trenton NJ	Yes	
St Francis Medical Center Trenton NJ 601 Hamilton Avenue Trenton, NJ 08629 22-3431049	Hospital	NJ	501(c)(3)	Line 3	Catholic Health East	Yes	
Langhorne MRI Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2519529	Inactive Entity	PA	501(c)(3)	Line 9	St Mary Medical Center	Yes	
Langhorne Physician Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2571699	Physician Services	PA	501(c)(3)	Line 9	St Mary Medical Center	Yes	
LIFE St Mary 1201 Langhorne-Newtown Road Langhorne, PA 19047 26-2976184	Elderly Care	PA	501(c)(3)	Line 9	St Mary Medical Center	Yes	
St Mary Medical Center 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-1913910	Hospital	PA	501(c)(3)	Line 3	Catholic Health East	Yes	
St Mary Medical Center Foundation Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2567468	Foundation	PA	501(c)(3)	Line 7	St Mary Medical Center	Yes	
East Norriton Physician Services c/o One West Elm Street Conshohocken, PA 19428 23-2515999	Physician Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	

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Mercy Catholic Medical Center of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-1352191	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Family Support 1001 Baltimore Pike Suite 301 Springfield, PA 19064 23-2325059	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Health Foundation of Southeastern Pennsylvania c/o MHS One West Elm Street Conshohocken, PA 19428 23-2829864	Fundraising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Health Plan c/o One West Elm Street Conshohocken, PA 19428 22-2483605	Health Plans	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Health System of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-2212638	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
Mercy Home Health 1001 Baltimore Pike Suite 310 Springfield, PA 19064 23-1352099	Home Health	PA	501(c)(3)	Line 9	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Home Health Services 1001 Baltimore Pike Suite 301 Springfield, PA 19064 23-2325058	Home Health	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Management of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-2627944	Physician Practices	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Mercy Suburban Hospital One West Elm Street Conshohocken, PA 19428 23-1396763	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
Nazareth Health Care Foundation 2701 Holme Avenue Philadelphia, PA 19152 23-2300951	Fundraising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Nazareth Hospital 2601 Holme Avenue Philadelphia, PA 19152 23-2794121	Acute Care Hospital	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
Nazareth Physician Services Inc 2601 Holme Avenue Philadelphia, PA 19152 20-3261266	Physician Practices	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
NE Physician Services 2601 Holme Avenue Philadelphia, PA 19152 23-2497355	Physician Practices	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
St Agnes Continuing Care Center 1900 S Broad Street Philadelphia, PA 19145 23-2840137	Continuing Care Services	PA	501(c)(3)	Line 3	Mercy Health System of Southeastern Pennsylvania	Yes	
St Agnes Continuing Care Center Foundation 1900 S Broad Street Philadelphia, PA 19145 23-2415137	Fundraising	PA	501(c)(3)	Line 11b, II	Mercy Health System of Southeastern Pennsylvania	Yes	
Life at Lourdes Inc 1600 Haddon Avenue Camden, NJ 08108 26-1854750	Elderly Care	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
Lourdes Ancillary Services 1600 Haddon Avenue Camden, NJ 08103 22-2568525	Supporting Organization	NJ	501(c)(3)	Line 11b, II	Our Lady of Lourdes Health Care Services	Yes	
Lourdes Dialysis at Innova Inc 1600 Haddon Avenue Camden, NJ 08108 26-3237625	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
Lourdes Medical Center Burlington County 218 Sunset Road Willingboro, NJ 08046 22-3612265	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
Our Lady of Lourdes Health Care Services 1600 Haddon Avenue Camden, NJ 08103 22-2568528	Management & Support Services	NJ	501(c)(3)	Line 11b, II	Catholic Health East	Yes	

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Our Lady of Lourdes Health Foundation Inc 1600 Haddon Avenue Camden, NJ 08103 22-2351960	Foundation	NJ	501(c)(3)	Line 7	Our Lady of Lourdes Health Care Services	Yes	
Our Lady of Lourdes Medical Center 1600 Haddon Avenue Camden, NJ 08103 21-0635001	Hospital	NJ	501(c)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
Franciscan Eldercare Corporation PO Box 2500 Wilmington, DE 19805 22-3008680	Eldercare	DE	501(c)(3)	Line 9	St Francis Hospital	Yes	
St Francis Foundation PO Box 2500 Wilmington, DE 19805 51-0374158	Foundation	DE	501(c)(3)	Line 11b, II	St Francis Hospital	Yes	
St Francis Hospital PO Box 2500 Wilmington, DE 19805 51-0064326	Hospital	DE	501(c)(3)	Line 3	Catholic Health East	Yes	
LIFE at St Francis Healthcare Inc 7th Clayton Streets Wilmington, DE 19805 45-2569214	Elderly Care	DE	501(c)(3)	Line 3	St Francis Hospital	Yes	
McAuley Ministries McAuley Hall 3333 Fifth Avenue Pittsburgh, PA 15213 94-3436142	Management & Support Services	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System	Yes	
Mercy Jeannette Hospital 3805 West Chester Pike Newtown Square, PA 19073 25-1310602	Inactive Entity	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System	Yes	
Mercy Life Center Corporation 1200 Reedsdale Street Pittsburgh, PA 15233 25-1604115	Community Treatment	PA	501(c)(3)	Line 9	Pittsburgh Mercy Health System	Yes	
Pittsburgh Mercy Health System 3333 5th Avenue Pittsburgh, PA 15213 25-1464211	Management & Support Services	PA	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
St Joseph's of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC 28387 56-0694200	Hospital	NC	501(c)(3)	Line 3	Catholic Health East	Yes	
Life St Joseph of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC 28387 27-2159847	Healthcare Services	NC	501(c)(3)	Line 3	St Joseph's of the Pines Inc	Yes	
Mercy Senior Care Inc 212 West Third Street PO Box 866 Rome, GA 30162 58-1366508	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc	Yes	
Good Samaritan HospitalInc 1201 Siloam Road Greensboro, GA 30462 26-1720984	Hospital	GA	501(c)(3)	Line 3	Saint Joseph's Health System Inc	Yes	
Saint Joseph's Health System Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1744848	Management & Support Services	GA	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
Saint Joseph's Mercy Care Services Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1752700	Community Outreach	GA	501(c)(3)	Line 7	Saint Joseph's Health System Inc	Yes	
Saint Joseph's Mercy Foundation Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 58-1448522	Fundraising	GA	501(c)(3)	Line 11b, II	Saint Joseph's Health System Inc	Yes	
Mercy Services Downtown Inc 5673 Peachtree-Dunwoody Road Suite Atlanta, GA 30342 27-2046353	Real Estate Holding Company	GA	501(c)(3)	Line 11b, II	Saint Joseph's Health System Inc	Yes	
St Mary's Health Care System Inc 1230 Baxter Street Athens, GA 30606 58-0566223	Hospital	GA	501(c)(3)	Line 3	Catholic Health East	Yes	
St Mary's Foundation Inc 1230 Baxter Street Athens, GA 30606 58-2544232	Fundraising	GA	501(c)(3)	Line 11b, II	St Mary's Health Care System Inc	Yes	

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St Mary's Highland Hills Inc 1230 Baxter Street Athens, GA 30606 02-0576648	Assisted Living & Retirement Community	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc	Yes	
St Mary's Medical Group Inc 1230 Baxter Street Athens, GA 30606 26-1858563	Hospital / Physician Services	GA	501(c)(3)	Line 3	St Mary's Health Care System Inc	Yes	
Mercy Medical Corporation PO Box 1090 101 Villa Drive Daphne, AL 36526 63-6002215	Hospital	AL	501(c)(3)	Line 3	Catholic Health East	Yes	
Mercy LIFE of Alabama PO Box 1090 101 Villa Drive Daphne, AL 36526 27-3163002	Hospital	AL	501(c)(3)	Line 3	Mercy Medical Corporation	Yes	
Allegany Franciscan Ministries Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 58-1492325	Management & Support Services	FL	501(c)(3)	Line 11b, II	Catholic Health East	Yes	
St Francis Hospital Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 59-0624442	Hospital	FL	501(c)(3)	Line 11a, I	Allegany Franciscan Ministries Inc	Yes	
Holy Cross Hospital Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791028	Hospital	FL	501(c)(3)	Line 3	Catholic Health East	Yes	
Holy Cross Long-Term Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0787320	Medical Services	FL	501(c)(3)	Line 3	Holy Cross Hospital Inc	Yes	
Holy Cross Medical Properties Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0666283	Medical Building Real Estate Management	FL	501(c)(2)	N/A	Holy Cross Hospital Inc	Yes	
Mercy Hospital Foundation Inc 3663 South Miami Avenue Miami, FL 33133 59-1709438	Fundraising	FL	501(c)(3)	Line 7	Mercy Hospital Inc	Yes	
Mercy Hospital Inc 3663 South Miami Avenue Miami, FL 33133 59-0791034	Hospital	FL	501(c)(3)	Line 3	Catholic Health East	Yes	
Mercy Medical Development Inc 3663 South Miami Avenue Miami, FL 33133 59-2789194	Outpatient Services	FL	501(c)(3)	Line 9	Mercy Hospital Inc	Yes	
Mercy Mission Services Inc 3663 South Miami Avenue Miami, FL 33133 65-0435764	Health Care	FL	501(c)(3)	Line 11a, I	Mercy Hospital Inc	Yes	
Mercy Outpatient Services Inc DBA Sister Emmanuel Hospital 3663 South Miami Avenue Miami, FL 33133 51-0461511	Hospital	FL	501(c)(3)	Line 3	Mercy Hospital Inc	Yes	
Global Health Ministry 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-3068656	Health Care	PA	501(c)(3)	Line 7	Catholic Health East	Yes	
VNA Home Health & Hospice 50 Foden Road South Portland, ME 04106 01-0246804	Home Health & Hospice	ME	501(c)(3)	Line 11a, I	Mercy Health System of Maine	Yes	
Providence Place Inc 5 Gamelin Street Holyoke, MA 01040 04-3404084	Retirement Community	MA	501(c)(3)	Line 9	Sisters of Providence Health System Inc	Yes	
Intercoastal Health Systems 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 65-0556413	Management & Support Services	PA	501(c)(3)	Line 11a, I	Catholic Health East	Yes	
Sunnyview Hospital & Rehabilitation Center Foundation 1270 Belmont Ave Schenectady, NY 12308 22-2505127	Supporting foundation	NY	501(c)(3)	Line 11a, I	Sunnyview Hospital & Rehabilitation Ctr	Yes	

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
Samaritan Medical Office Building Inc 2212 Burdett Avenue Troy, NY 12180 14-1607244	Real Estate	NY	N/A	C			
Affiliated Management Services Corporation Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1668024	Real Estate	NY	N/A	C			
Catherine Horan Building Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 010400000 04-2938180	Building Management	MA	N/A	C			
Diversified Community Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 010400000 04-3128890	Medical Services	MA	N/A	C			
Mercy Inpatient Medical Associates Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 010400000 04-3029829	Medical Services	MA	N/A	C			
Providence Home Care Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 010400000 04-3317426	Health Care Services	MA	N/A	C			
System Coordinated Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 010400000 04-2938181	Lab Services	MA	N/A	C			
Physicians Medical Office Building Condominium Trust 1221 Main Street Room 108 Holyoke, MA 010400000 04-6608649	Property Management	MA	N/A	C			
SJM Properties Inc 411 Canisteo Street Hornell, NY 148482104 16-1294991	Property Holdings	NY	N/A	C			
Carbondale Area Physicians' Association PC 100 Lincoln Ave Carbondale, PA 18407 23-2801677	Medical Insurance Contracting	PA	N/A	C			
Carbondale Area Physicians' PHO Inc 100 Lincoln Ave Carbondale, PA 18407 23-2801676	Inactive	PA	N/A	C			
Carbondale Physicians' Services Inc 100 Lincoln Ave Carbondale, PA 18407 23-2365077	Pharmacy	PA	N/A	C			
Chestnut Risk Services Ltd 11 Victoria Street Hamilton BD	Insurance	BD	N/A	C			
LifeCare Physicians PC 601 Hamilton Avenue trenton, NJ 086291986 26-1649038	Health Care Services	NJ	N/A	C			
Multicare Plus Inc 601 Hamilton Avenue Trenton, NJ 086291986 22-3435844	Inactive	NJ	N/A	C			
Langhorne Services II Inc 1201 Langhorne-Newtown Road Langhorne, PA 190470000 25-3795549	General Partner of LMOB Partners, II	PA	N/A	C			
Langhorne Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 190470000 23-2625981	General Partner of LMOB Partners	PA	N/A	C			
AMHP Holdings Corp 200 Stevens Drive Philadelphia, PA 19113 26-1144363	Behavioral Health	PA	N/A	C			
Select Health of South Carolina Inc 4390 Belle Oaks Drive Suite 400 Charleston, SC 29405 57-1032456	Health Maintenance Organization	SC	N/A	C			
Gateway Health Plan Inc 600 Grant Street Pittsburgh, PA 15219 25-1505506	Health Care	PA	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
Gateway Health Plan Inc of Ohio 600 Grant Street Pittsburgh, PA 15219 30-0282076	Health Care	PA	N/A	C			
MCMC Eastwick Inc c/o MHS One West Elm Street Conshohocken, PA 19428 23-2184261	Medical Office Buildings	PA	N/A	C			
Community Behavioral Healthcare Network of PA Inc 8040 Carlson Road Harrisburg, PA 17112 25-1765391	Behavioral Health	PA	N/A	C			
Health Management Services Org Inc 500 Grove Street Suite 100 Haddon Heights, NJ 08035 22-3366580	Health Care Billing	NJ	N/A	C			
Jeannette Medical Providers 3805 West Chester Pike Newtown Square, PA 19073 25-1787334	Holding Company	PA	N/A	C			
Jeannette OBGYN Group 1 Inc 3805 West Chester Pike Newtown Square, PA 19073 23-2890748	Holding Company	PA	N/A	C			
Jeannette Primary Care Group 1 Inc 3805 West Chester Pike Newtown Square, PA 19073 23-2890743	Holding Company	PA	N/A	C			
Georgia Health Enterprises LLC 11440 Commerce Park Drive Reston, VA 20191 54-1806329	Healthcare	VA	N/A	C			
St Mary's Highland Hills Village Inc 1660 Jennings Mill Pkly Bogart, GA 30622 58-2276801	Assisted Living	GA	N/A	C			
GHE Physicians PC 3500 Piedmont Road Atlanta, GA 30305 58-2277939	Practice Management	GA	N/A	C			
Nursing Network Inc 4725 North Federal Highway Fort Lauderdale Highwa, FL 333080000 59-1145192	Medical Services	FL	N/A	C			
Mercy Physician Group Inc 3663 South Miami Avenue Miami, FL 33133 20-2970015	Health Care	FL	N/A	C			
Stella Maris Insurance Company Limited PO Box 69 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0078266	Insurance	CJ	N/A	C			
Catholic Health East Senior Services 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 37-1572595	Senior Services	PA	N/A	C			