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CHANGE OF ACCOUNTING PERIOD

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JAN 1, 2013 and ending JUN 30, 2013

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

C Name of organization
The Community Hospice Foundation, Inc.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
295 Valley View Blvd.

City, town, or post office, state, and ZIP code
Rensselaer, NY 12144-9307

F Name and address of principal officer: Laurie J. Mante
same as C above

D Employer identification number
22-2692940

E Telephone number
(518) 285-8150

G Gross receipts $ 1,397,403.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.communityhospice.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1997 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Community Hospice Foundation supports the Community Hospice, Inc., which serves seriously ill

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	755
	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.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,910,365.	775,791.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-23,798.	505,687.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,005.	58,110.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,943,572.	1,339,588.
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)	441,262.	214,207.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 254,558.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	483,160.	191,197.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	924,422.	405,404.
	19 Revenue less expenses. Subtract line 18 from line 12	1,019,150.	934,184.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	6,710,367.	7,990,607.
	21 Total liabilities (Part X, line 26)	2,557,312.	3,282,610.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,153,055.	4,707,997.

RECEIVED
JUN 16 2014
IRS-OSC
OGDEN, UT

SCANNED JUN 18 2014

Part II Signature Block

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

Sign Here
▶ Signature of officer Date 5/14/14
▶ Virginia Arbour, Finance Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: William J. Homer	Preparer's signature	Date: 5/13/14	Check ☐ if self-employed	PTIN: P00994519
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ 1700 MARKET STREET, 25TH FLOOR PHILADELPHIA, PA 19103-3984			Phone no. 215-246-2300	

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

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
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 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 $ 29,744. 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 2,543 patients during the tax year ended June 30, 2013. The number of admissions were 1,976. These patients had a total of 103,471 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** ▶ 29,744.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
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		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
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 as charitable contributions?		6a		X
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
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 line 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 X

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 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . . . 1b 5			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		X
6	Did the organization have members or stockholders? . . .	6	X	
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	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body? . . .	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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		X
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . .	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy? . . .	13	X	
14	Did the organization have a written document retention and destruction policy? . . .	14	X	
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	X	
b	Other officers or key employees of the organization . . .	15b	X	
	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		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 ☐ Other *(explain in Schedule O)*

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 during the tax year.

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

Director of Finance - (518) 285-8150
295 Valley View Blvd., Rensselaer, NY 12144-9307

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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) Maureen Buckley	1.00									
Board Member	0.00	X						0.	0.	0.
(2) Elizabeth Byrne-Chartrand	1.00									
Secretary	0.00	X						0.	0.	0.
(3) Ronald A. Caplan	1.00									
Board Member	0.00	X						0.	0.	0.
(4) Barbara Glaser	1.00									
Board Member	0.00	X						0.	0.	0.
(5) Sr. Judith Kapp	1.00									
Board Member	0.00	X						0.	0.	0.
(6) F. Joseph O'Connor	1.00									
Board Member	0.00	X						0.	0.	0.
(7) David Oakley	1.00									
Board Member	0.00	X						0.	0.	0.
(8) James O'Connor	1.00									
Board Member	0.00	X						0.	0.	0.
(9) David Parente	1.00									
Board Member	0.00	X						0.	0.	0.
(10) Carol L. Pinsley	1.00									
Board Member	0.00	X						0.	0.	0.
(11) Laurie Mante	4.00									
CEO/V P Hospice	33.50	X		X				0.	0.	0.
(12) Scott Salvador	1.00									
Board Member	0.00	X						0.	0.	0.
(13) Howard R. Schlossberg M.D.	1.00									
Board Member	0.00	X						0.	0.	0.
(14) Albert Turo	1.00									
Board Member	0.00	X						0.	0.	0.
(15) Sr. Gail Waring	1.00									
Board Member	36.70	X						0.	0.	0.
(16) Steve Wendt	1.00									
Chairman of the Board	0.00	X						0.	0.	0.
(17) Michael Wheeler	1.00									
Board Member	0.00	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 (list any hours for related organizations below line)	(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) Virginia Arbour	30.00									
Finance Director	7.50	X		X				0.	0.	0.
(19) Lisa Marrello	1.00									
Board Member	0.00	X						0.	0.	0.
(20) JoAnn Constantino	1.00									
CEO Eddy	39.00			X				0.	0.	0.
(21) James K. Reed, M.D.	1.00									
President	14.00			X				0.	0.	0.
(22) John Collins, M.D.	1.00									
CMO	39.00			X				0.	0.	0.
(23) Thomas Schuhle	1.00									
Business Dev./CFO	39.00			X				0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

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 ▶ 0

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

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
NONE		

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

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

			(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	134,108.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	641,683.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	775,791.			
Program Service Revenue		Business Code				
	2a					
	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)	▶	119,053.			119,053.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	386,634.				
	b Less: cost or other basis and sales expenses	0.				
	c Gain or (loss)	386,634.				
	d Net gain or (loss)	▶	386,634.			386,634.
	8a Gross income from fundraising events (not including $ 134,108. of contributions reported on line 1c). See Part IV, line 18	a 115,925.				
	b Less: direct expenses	b 57,815.				
	c Net income or (loss) from fundraising events	▶	58,110.			58,110.
	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					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions.	▶	1,339,588.	0.	0.	563,797.

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).

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	178,346.		12,479.	165,867.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	22,217.		1,555.	20,662.
10 Payroll taxes	13,644.		955.	12,689.
11 Fees for services (non-employees):				
a Management	39,899.		39,899.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	107,112.		52,883.	54,229.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,069.		958.	1,111.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,342.		1,342.	
20 Interest				
21 Payments to affiliates	10,623.		10,623.	
22 Depreciation, depletion, and amortization	408.		408.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Services Expens	29,744.	29,744.		
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	405,404.	29,744.	121,102.	254,558.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	117,539.	2	289,420.
	3	Pledges and grants receivable, net	44,127.	3	40,205.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,880.	9	22,035.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 170,098.			
	b	Less: accumulated depreciation — 10b: 167,513.	2,994.	10c	2,585.
	11	Investments - publicly traded securities	6,532,827.	11	7,636,362.
	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)	6,710,367.	16	7,990,607.
Liabilities	17	Accounts payable and accrued expenses	41,359.	17	70,005.
	18	Grants payable		18	
	19	Deferred revenue	9,562.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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	2,506,391.	25	3,212,605.
	26	**Total liabilities.** Add lines 17 through 25	2,557,312.	26	3,282,610.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,447,805.	27	3,971,868.
	28	Temporarily restricted net assets	123,069.	28	153,948.
	29	Permanently restricted net assets	582,181.	29	582,181.
		Organizations that do not follow SFAS 117 (ASC 958), 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	4,153,055.	33	4,707,997.
	34	Total liabilities and net assets/fund balances	6,710,367.	34	7,990,607.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,339,588.
2	Total expenses (must equal Part IX, column (A), line 25)	2	405,404.
3	Revenue less expenses. Subtract line 2 from line 1	3	934,184.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,153,055.
5	Net unrealized gains (losses) on investments	5	737,523.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,116,765.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,707,997.

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 [X] 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

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

2012

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1974662.	2276880.	1497335.	1910364.	775,791.	8435032.
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	1974662.	2276880.	1497335.	1910364.	775,791.	8435032.
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)						122,046.
6 **Public support.** Subtract line 5 from line 4						8312986.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1974662.	2276880.	1497335.	1910364.	775,791.	8435032.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	264,848.	246,765.	289,333.	226,817.	119,053.	1146816.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						9581848.

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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	86.76 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	86.78 %

16a **33 1/3% support test - 2012.** 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 - 2011.** If the organization did not check a 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 - 2012.** 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 - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

The organization is filing a short period return for the current tax year due to a change of accounting period. Thus, the amounts in column 2012 of Schedule A reflect the tax year 1/1/2013 - 6/30/2013 activity. Prior balances have been rolled backward.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

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 can 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 education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

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

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

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

3 Using the organization's acquisition, 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 XIII.

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 XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
3a(i) (i) unrelated organizations		
3a(ii) (ii) related organizations		
3b b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII 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.	167,513.	2,585.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,585.

Schedule D (Form 990) 2012

232052
12-10-12

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Affiliates	3,210,158.
(3) Accounts Payable and Accrued	
(4) Expenses	2,447.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	3,212,605.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI 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 XIII.)	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 XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

Part XII 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 XIII.)	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 XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	

Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

2012

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. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Walk for Hospice (event type)	(b) Event #2 Schenectady Gala (event type)	(c) Other events 6 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	173,812.	76,221.		250,033.
	2 Less: Contributions	87,488.	46,620.		134,108.
	3 Gross income (line 1 minus line 2)	86,324.	29,601.		115,925.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	33,487.	24,328.		57,815.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(57,815.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	58,110.

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				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 1, column d, and line 7			▶	

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 Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization: The Community Hospice Foundation, Inc.

Employer identification number: 22-2692940

Form 990, Part I, Line 1, Description of Organization Mission:

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").

Form 990, Part III, Line 1, Description of Organization Mission:

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").

Form 990, Part VI, Section A, line 6: Yes, The Community Hospice, Inc. is the sole member.

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.

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 Executive Committee of the board.

Form 990, Part VI, Section B, Line 12c: The SPHP Conflict of Interest Policy sets forth the organization's conflict-of-interest policy and

processes. Annually, all those serving the organization in a fiduciary capacity, including directors, officers and key employees receive a copy of the policy and annual disclosure statement to be completed. Disclosures of financial interest or other reportable circumstances as defined in the policy are submitted and reviewed by the organization's CEO and members of the board. Summary information is reported to the entire board and available to the board throughout the year as business comes before the board or management for action. The policy contains a continuing affirmative obligation on all affected individuals to disclose compensation or other circumstances throughout the year which may rise to the level of an actual or apparent conflict. The determination of whether a disclosed financial or other interest constitutes a conflict of interest is made by the board or an appropriate committee thereof comprised of disinterested persons and without the participation of the affected individual except to respond to questions about the disclosure. The policy further addresses the procedure for the board's further consideration of the proposed transaction/matter without the participation of the affected person and the documentation of the proceedings. Lastly, the policy addresses potential disciplinary action for violations of the policy. The policy is available to the public upon request.

Form 990, Part VI, Section B, Line 15: The organization relies on CHE to determine compensation for the top management officials 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

Name of the organization: The Community Hospice Foundation, Inc.

Employer identification number: 22-2692940

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.

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 upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Increase in Temp Restricted Net Assets	30,879.
Transfer to/from Affiliate	-1,077,452.
Transfer to/from Affiliate for Capital	-70,192.
Total to Form 990, Part XI, Line 9	-1,116,765.

Disclosure Statement Related to Form 5471 Filed by Catholic Health East, Saint Michael's Medical Center, and Trinity Health - Michigan

Name of the organization: The Community Hospice Foundation, Inc.

Employer identification number: 22-2692940

Under the constructive ownership rules 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, Chestnut Risk Services, LTD, and Venzke Insurance Company, 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

Foreign Corporation: Venzke Insurance Company, LTD

U.S. Organization: Trinity Health - Michigan

Name of the organization: The Community Hospice Foundation, Inc.

Employer identification number: 22-2692940

Address: 20555 Victor Parkway, Livonia, MI 48152

Identifying Number of U.S. Tax Return with which Form 5471 was filed:

38-2113393

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
2012
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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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
SETON REAL ESTATE HOLDINGS - 32-0393870 1300 MASSACHUSETTS AVENUE TROY, NY 12180	MANAGEMENT REAL ESTATE	New York			SETON HEALTH SYSTEM, INC.
BIG RUN URGENT CARE LTD. - 31-1581575 6150 E. BROAD STREET, 3RD FLOOR COLUMBUS, OH 43213	MEDICAL SERVICES	Ohio			MOUNT CARMEL HEALTH SYSTEM
C.L.R. INVESTMENTS LLC - 32-0008631 120 W. HARRIS ST. CADILLAC, MI 49601	REAL ESTATE RENTAL & DEVELOPMENT	Michigan			TRINITY HEALTH-MICHIGAN
CONCORD RADIATION THERAPY, LLC - 20-8596889 3100 PLAZA PROPERTIES BLVD. COLUMBUS, OH 43219	MEDICAL SERVICES	Ohio			MOUNT CARMEL HEALTH SYSTEM

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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 entity? Yes	(g) No
CATHOLIC HEALTH EAST - 23-2929748 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	MANAGEMENT SERVICES	Pennsylvania	501(c)(3)	Line 11c, III-FI	CHE TRINITY, INC.	X	
CONTINUING CARE MANAGEMENT SERVICES NETWORK - 35-2336834, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	MANAGEMENT & SUPPORT SERVICES	Pennsylvania	501(c)(3)	Line 11b, II	CATHOLIC HEALTH EAST	X	
VNA HOME HEALTH & HOSPICE - 01-0246804 50 FODEN ROAD SOUTH PORTLAND, ME 04106	HOME HEALTH & HOSPICE	Maine	501(c)(3)	Line 11a, I	MERCY HEALTH SYSTEM OF MAINE	X	
MERCY HOSPITAL - 01-0211534 144 STATE STREET PORTLAND, MA 04101	HOSPITAL	Maine	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF MAINE	X	

Part I **Continuation of Identification of Disregarded Entities**

(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
LOYOLA AMBULATORY CENTERS, LLC - 36-4321058 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	AMBULATORY SERVICES	Illinois			LOYOLA UNIVERSITY MEDICAL CENTER
MOUNT CARMEL HEALTH PROVIDERS III, LLC - 20-4145781, 10 WEST BROAD ST., STE 2100, COLUMBUS, OH 43215	MEDICAL SERVICES	Ohio			MOUNT CARMEL HEALTH PROVIDERS, INC.
MOUNT CARMEL HEALTHPROVIDERS TWO, LLC - 20-1983271, 6150 E. BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	Ohio			MOUNT CARMEL HEALTH PROVIDERS, INC.
PATHWAY HOSPICE, LLC - 93-1310235 1050 SW 3RD AVE., SUITE 1600 ONTARIO, OR 97914	HOSPICE CARE	Oregon			SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
SAINT AGNES HOME HEALTH AND HOSPICE, LLC - 38-2621935, 17410 COLLEGE PARKWAY, STE 150, LIVONIA, MI 48152	PROVIDE HOME HEALTH SERVICES	California			TRINITY HOME HEALTH SERVICES, INC.
SAINT JOSEPH REGIONAL MEDICAL CENTER-HEALTH INSURANCE SERVICES, LLC - 46-281, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	SELL INSURANCE PRODUCTS FOR COMMISSION	Indiana			SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.
SAINT MARY'S PHARMACY LLC - 38-3404443 200 JEFFERSON AVE. SE GRAND RAPIDS, MI 49503	PHARMACY	Michigan			TRINITY HEALTH-MICHIGAN
TRINITY HEALTH-WARDE LAB, LLC - 27-2681908 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE RENTAL	Delaware			TRINITY HEALTH-MICHIGAN
HOLY CROSS PHYSICIAN PARTNERS, LLC - 36-4712116, 4725 N. FEDERAL HWY, FT. LAUDERDALE, FL 33308	MEDICAL SERVICES	Florida			HOLY CROSS HOSPITAL, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
MERCY HEALTH SYSTEM OF MAINE - 01-0484074 144 STATE STREET PORTLAND, MA 04101	MANAGEMENT & SUPPORT SERVICES	Maine	501(c)(3)	Line 11c, III-FI	CATHOLIC HEALTH EAST	X	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION - 22-2505127, 1270 BELMONT AVE., SCHENECTADY, NY 12308	SUPPORTING FOUNDATION	New York	501(c)(3)	Line 11a, I	SUNNYVIEW HOSPITAL & REHABILITATION	X	
MERCY CARE FOR KIDS, INC. - 14-1717564 310 SOUTH MANNING BLVD ALBANY, NY 12208	DISCONTINUED OPERATIONS	New York	501(c)(3)	Line 9	ST. PETER'S HEALTH CARE SERVICES	X	
OUR LADY OF MERCY LIFE CENTER - 14-1743506 2 MERCYCARE LANE GUILDERLAND, NY 12084	NURSING HOME FACILITY	New York	501(c)(3)	Line 3	ST. PETER'S HEALTH CARE SERVICES	X	
ST. PETER'S AUXILIARY - 22-2843206 315 SOUTH MANNING BLVD ALBANY, NY 01228	AUXILIARY	New York	501(c)(3)	Line 11a, I	ST. PETER'S HEALTH CARE SERVICES	X	
ST. PETER'S HEALTH CARE SERVICES - 22-2702507, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	MANAGEMENT & SUPPORT SERVICES	New York	501(c)(3)	Line 9	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL - 14-1348692 315 SOUTH MANNING BLVD ALBANY, NY 12208	HOSPITAL	New York	501(c)(3)	Line 3	ST. PETER'S HEALTH CARE SERVICES	X	
ST. PETER'S HOSPITAL FOUNDATION, INC. - 22-2262982, 319 SOUTH MANNING BLVD, SUITE 309, ALBANY, NY 12208	FUNDRAISING & PUBLIC RELATIONS	New York	501(c)(3)	Line 7	ST. PETER'S HEALTH CARE SERVICES	X	
EDDY LICENSED HOME CARE AGENCY - 14-1818568 433 RIVER ST SUITE 3000 TROY, NY 12180	HOME HEALTH	New York	501(c)(3)	Line 3	LTC(EDDY), INC.	X	
THE COMMUNITY HOSPICE, INC. - 14-1608921 295 VALLEY VIEW BLVD RENSSELAER, NY 12144	SERVING SERIOUSLY ILL PEOPLE & THEIR FAMILIES	New York	501(c)(3)	Line 3	ST. PETER'S HEALTH CARE SERVICES	X	
VILLA MARY IMMACULATE - 14-1438749 301 HACKETT BLVD ALBANY, NY 12208	NURSING HOME & PHYSICAL REHAB	New York	501(c)(3)	Line 3	ST. PETER'S HOSPITAL	X	
WARDE SERVICE CORPORATION, INC. - 14-1732097 159 WOLF ROAD, 3RD FLOOR ALBANY, NY 12205	DISCONTINUED OPERATIONS	New York	501(c)(3)	Line 9	ST. PETER'S HEALTH CARE SERVICES	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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NORTHEAST HEALTH, INC. - 04-2450756 2212 BURDETT AVE. TROY, NY 12180	SUPPORTING ORGANIZATION	New York	501(c)(3)	Line 11b, II	ST. PETER'S HEALTH PARTNERS	X	
MEMORIAL HOSPITAL, ALBANY, N.Y. - 14-1338457 600 NORTHERN BLVD. ALBANY, NY 12204	GENERAL HOSPITAL	New York	501(c)(3)	Line 3	NORTHEAST HEALTH, INC.	X	
SAMARITAN HOSPITAL OF TROY, NEW YORK - 14-1338544, 2215 BURDETT AVE., TROY, NY 12180	GENERAL HOSPITAL	New York	501(c)(3)	Line 3	NORTHEAST HEALTH, INC.	X	
THE NORTHEAST HEALTH FOUNDATION, INC. - 22-2743478, 2224 BURDETT AVE., TROY, NY 12180	SUPPORTING FOUNDATION	New York	501(c)(3)	Line 7	NORTHEAST HEALTH, INC.	X	
SAMARITAN CHILD CARE CENTER, INC. - 14-1710225, 2213 BURDETT AVE., TROY, NY 12180	CHILD DAY CARE	New York	501(c)(3)	Line 9	NORTHEAST HEALTH, INC.	X	
SHAKER PROPERTIES, INC. - 22-3119822 2212 BURDETT AVE. TROY, NY 12180	DISCONTINUED OPERATIONS	New York	501(c)(2)	N/A	NORTHEAST HEALTH, INC.	X	
SUNNYVIEW HOSPITAL & REHABILITATION CTR - 14-1338386, 1270 BELMONT AVE., SCHENECTADY, NY 12308	REHABILITATION HOSPITAL	New York	501(c)(3)	Line 3	LTC (EDDY), INC.	X	
JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC. - 22-2570478, 2256 BURDETT AVE., TROY, NY 12180	NURSING HOME	New York	501(c)(3)	Line 9	LTC (EDDY), INC.	X	
CAPITAL REGION GERIATRIC CENTER, INC. - 14-1701597, 421 WEST COLUMBIA ST., COHOES, NY 12047	NURSING HOME	New York	501(c)(3)	Line 9	LTC (EDDY), INC.	X	
HERITAGE HOUSE NURSING CENTER, INC. - 14-1725101, 2920 TIBBITS AVE, TROY, NY 12180	NURSING HOME	New York	501(c)(3)	Line 9	LTC (EDDY), INC.	X	
THE MARJORIE DOYLE ROCKWELL CENTER, INC. - 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047	ADULT HOME/ALZHEIMER'S	New York	501(c)(3)	Line 9	LTC (EDDY), INC.	X	
BEVERWYCK, INC. - 14-1717028 40 AUTUMN DRIVE SLINGERLANDS, NY 12159	INDEPENDENT/ASSISTED LIVING RETIREMENT COMMUNITY	New York	501(c)(3)	Line 9	LTC (EDDY), INC.	X	

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HAWTHORNE RIDGE, INC. - 80-0102840 30 COMMUNITY WAY EAST GREENBUSH, NY 12061	INDEPENDENT/ASSISTED LIVING RETIREMENT COMMUNITY	New York	501(c)(3)	Line 9	LTC (EDDY), INC.	X	
GLEN EDDY, INC. - 14-1794150 ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309	INDEPENDENT/ASSISTED LIVING COMMUNITY	New York	501(c)(3)	Line 9	LTC (EDDY), INC.	X	
BEECHWOOD, INC. - 14-1651563 2212 BURDETT AVE. TROY, NY 12180	REAL ESTATE HOLDING	New York	501(c)(2)	N/A	LTC (EDDY), INC.	X	
SENIOR CARE CONNECTION, INC. - 14-1708754 504 STATE ST. SCHENECTADY, NY 12305	PACE PROGRAM	New York	501(c)(3)	Line 9	LTC (EDDY), INC.	X	
HOME AID SERVICE OF EASTERN NEW YORK INC. - 14-1514867, 433 RIVER ST SUITE 3000, TROY, NY 12180	HOME CARE	New York	501(c)(3)	Line 9	LTC (EDDY), INC.	X	
SETON HEALTH SYSTEM, INC. - 14-1776186 1300 MASSACHUSETTS AVENUE TROY, NY 12180	HOSPITAL	New York	501(c)(3)	Line 3	ST. PETER'S HEALTH PARTNERS	X	
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE - 14-1756230, 1 ABELE BLVD., CLIFTON PARK, NY 12065	SKILLED NURSING	New York	501(c)(3)	Line 9	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH FOUNDATION - 22-2345416 1300 MASSACHUSETTS AVENUE TROY, NY 12180	SUPPORTING ORGANIZATION	New York	501(c)(3)	Line 11a, I	SETON HEALTH SYSTEM, INC.	X	
SETON AUXILIARY, INC. - 14-1505031 1300 MASSACHUSETTS AVENUE TROY, NY 12180	SUPPORTING ORGANIZATION	New York	501(c)(3)	Line 9	SETON HEALTH SYSTEM, INC.	X	
SETON LICENSED HOME CARE, INC. - 14-1809134 1300 MASSACHUSETTS AVENUE TROY, NY 12180	DISCONTINUED OPERATIONS	New York	501(c)(3)	Line 3	SETON HEALTH SYSTEM, INC.	X	
EMPIRE HOME INFUSION SERVICE INC. - 14-1795732, 10 BLACKSMITH DRIVE, MALTA, NY 12020	HOME CARE	New York	501(c)(3)	Line 9	HOME AID SERVICE OF EASTERN NEW YORK INC.	X	
LTC (EDDY), INC. - 22-2564710 2212 BURDETT AVE. TROY, NY 12180	ELDERLY HEALTH/HOUSING SUPPORTING ORG	New York	501(c)(3)	Line 11a, I	NORTHEAST HEALTH, INC.	X	

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ST. PETER'S HEALTH PARTNERS - 45-3570715 315 SOUTH MANNING BLVD ALBANY, NY 12208	MANAGEMENT & SUPPORT SERVICES	New York	501(c)(3)	Line 11b, II	CATHOLIC HEALTH EAST	X	
ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES, P.C. - 46-1177336, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	PHYSICIANS PRACTICE	New York	501(c)(3)	Line 3	ST. PETER'S HEALTH PARTNERS	X	
PROVIDENCE PLACE, INC. - 04-3404084 5 GAMELIN STREET HOLYOKE, MA 01040	RETIREMENT COMMUNITY	Massachusetts	501(c)(3)	Line 9	SISTER OF PROVIDENCE	X	
MARY'S MEADOW AT PROVIDENCE PLACE - 26-2043754, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	LONG-TERM CARE	Massachusetts	501(c)(3)	Line 3	SISTER OF PROVIDENCE	X	
BRIGHTSIDE, INC. - 04-2182395 C/O SPHS, 1221 MAIN STREET, SUITE 108 HOLYOKE, MA 01040	BEHAVIORAL CARE	Massachusetts	501(c)(3)	Line 9	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
FARREN CARE CENTER, INC. - 04-2501711 C/O SPHS, 1221 MAIN STREET, SUITE 108 HOLYOKE, MA 01040	LONG-TERM CARE	Massachusetts	501(c)(3)	Line 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
MERCY HOSPITAL, INC. - 04-3398280 C/O SPHS, 1221 MAIN STREET, SUITE 108 HOLYOKE, MA 01040	ACUTE CARE	Massachusetts	501(c)(3)	Line 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
MERCY SPECIALIST PHYSICIANS, INC. - 26-4033168, C/O SPHS, 1221 MAIN STREET, SUITE 108, HOLYOKE, MA 01040	NEUROSURGERY MEDICAL SERVICES	Massachusetts	501(c)(3)	Line 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
SISTERS OF PROVIDENCE CARE CENTERS INC. - 22-2541103, C/O SPHS, 1221 MAIN STREET, SUITE 108, HOLYOKE, MA 01040	LONG-TERM CARE	Massachusetts	501(c)(3)	Line 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
SISTERS OF PROVIDENCE HEALTH SYSTEM INC. - 04-3398374, C/O SPHS, 1221 MAIN STREET, SUITE 108, HOLYOKE, MA 01040	MANAGEMENT & SUPPORT SERVICES	Massachusetts	501(c)(3)	Line 11a, I	CATHOLIC HEALTH EAST	X	
MERCY LIFE, INC. - 45-3086711 C/O SPHS, 1221 MAIN STREET, SUITE 108 HOLYOKE, MA 01040	ACUTE CARE	Massachusetts	501(c)(3)	Line 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
PIONEER VALLEY CARDIOLOGY ASSOCIATES, INC. - 45-4208896, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	CARDIOLOGY SERVICES	Massachusetts	501(c)(3)	Line 4	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	

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MERCY ONCOLOGY SERVICES, INC. - 45-4884805 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	ONCOLOGY MEDICAL SERVICES	Massachusetts	501(c)(3)	N/A	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
MCAULEY CENTER INC. - 06-1058086 275 STEELE ROAD WEST HARTFORD, CT 06117	INDEPENDENT LIVING	Connecticut	501(c)(3)	Line 9	MERCY COMMUNITY HEALTH INC.	X	
MERCY COMMUNITY HEALTH INC. - 06-1492707 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	MANAGEMENT & SUPPORT SERVICES	Connecticut	501(c)(3)	Line 11a, I	CATHOLIC HEALTH EAST	X	
MERCY COMMUNITY HOMECARE SERVICES - 06-1488137, 2021 ALBANY AVENUE, WEST HARTFORD, CT 06117	IN-HOME HEALTH CARE	Connecticut	501(c)(3)	Line 9	MERCY COMMUNITY HEALTH INC.	X	
MERCY SERVICES - 06-1453323 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	SUPPORT SERVICES	Connecticut	501(c)(3)	Line 1	MERCY COMMUNITY HEALTH INC.	X	
MERCYKNOLL INC. - 06-0757380 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	SKILLED NURSING	Connecticut	501(c)(3)	Line 3	MERCY COMMUNITY HEALTH INC.	X	
SAINT MARY HOME II, INC. - 06-1164104 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	ELDERLY CARE	Connecticut	501(c)(3)	Line 3	MERCY COMMUNITY HEALTH INC.	X	
ST MARY HOME INCORPORATED - 06-0646843 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	SKILLED NURSING	Connecticut	501(c)(3)	Line 3	MERCY COMMUNITY HEALTH INC.	X	
MERCY HEALTHCARE CENTER - 15-0532211 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986	IN DISSOLUTION	New York	501(c)(3)	Line 3	CATHOLIC HEALTH EAST	X	
MERCY UIHLEIN HEALTH CORPORATION - 16-1535133, 185 OLD MILITARY ROAD, LAKE PLACID, NY 12946	IN DISSOLUTION	New York	501(c)(3)	Line 11b, II	MERCY HEALTHCARE CENTER	X	
UIHLEIN MERCY CENTER - 15-0532190 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	IN DISSOLUTION	New York	501(c)(3)	Line 3	MERCY HEALTHCARE CENTER	X	
ST. JAMES MERCY FOUNDATION, INC. - 16-1486437, 411 CANISTEO STREET, HORNELL, NY 14843	FOUNDATION	New York	501(c)(3)	Line 7	ST. JAMES MERCY HEALTH SYSTEM, INC.	X	

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ST. JAMES MERCY HEALTH SYSTEM, INC. - 22-3127184, 411 CANISTEO STREET, HORNELL, NY 14843	MANAGEMENT & SUPPORT SERVICES	New York	501(c)(3)	Line 11b, II	CATHOLIC HEALTH EAST	X	
ST. JAMES MERCY HOSPITAL - 16-0743310 411 CANISTEO STREET HORNELL, NY 14843	HOSPITAL	New York	501(c)(3)	Line 3	ST. JAMES MERCY HEALTH SYSTEM, INC.	X	
MAXIS MEDICAL SERVICES - 23-2577185 100 LINCOLN AVE. CARBONDALE, PA 18407	PHYSICIAN PRACTICES	Pennsylvania	501(c)(3)	Line 3	MAXIS HEALTH SYSTEM	X	
MARIAN COMMUNITY HOSPITAL - 24-0711230 100 LINCOLN AVE. CARBONDALE, PA 18407	IN DISSOLUTION	Pennsylvania	501(c)(3)	Line 3	MAXIS HEALTH SYSTEM	X	
MARIAN COMMUNITY HOSPITAL AUXILIARY - 25-1874733, 100 LINCOLN AVE., CARBONDALE, PA 18407	IN DISSOLUTION	Pennsylvania	501(c)(3)	Line 11b, II	MAXIS HEALTH SYSTEM	X	
MAXIS FOUNDATION - 23-2330090 100 LINCOLN AVE. CARBONDALE, PA 18407	IN DISSOLUTION	Pennsylvania	501(c)(3)	Line 11b, II	MAXIS HEALTH SYSTEM	X	
MAXIS HEALTH SYSTEM - 91-1940902 100 LINCOLN AVE. CARBONDALE, PA 18407	IN DISSOLUTION	Pennsylvania	501(c)(3)	Line 11b, II	MAXIS HEALTH SYSTEM	X	
TRI-COUNTY HUMAN SERVICES CENTER, INC. - 23-1938528, P.O. BOX 517, CARBONDALE, PA 18407	IN DISSOLUTION	Pennsylvania	501(c)(3)	Line 7	MAXIS HEALTH SYSTEM	X	
COLUMBUS ACQUISITION CORP - 26-2616342 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	New Jersey	501(c)(3)	Line 9	SAINT MICHAELS MEDICAL CENTER	X	
SAINT MICHAELS MEDICAL CENTER - 26-2616046 111 CENTRAL AVENUE NEWARK, NJ 07102	HOSPITAL	New Jersey	501(c)(3)	Line 3	CATHOLIC HEALTH EAST	X	
ST. JAMES CARE INC. - 26-2616230 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	New Jersey	501(c)(3)	Line 9	SAINT MICHAELS MEDICAL CENTER	X	
ST. MICHAEL'S FOUNDATION, INC. - 22-3311976 111 CENTRAL AVENUE NEWARK, NJ 07102	FOUNDATION	New Jersey	501(c)(3)	Line 11a, I	SAINT MICHAELS MEDICAL CENTER	X	

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UNIVERSITY HEIGHTS PROPERTY COMPANY, INC. - 22-3100162, 111 CENTRAL AVENUE, NEWARK, NJ 07102	MEDICAL PROPERTY HOLDING COMPANY	New Jersey	501(c)(2)	N/A	SAINT MICHAELS MEDICAL CENTER	X	
LIFE ST. FRANCIS CORPORATION - 22-2797282 601 HAMILTON AVENUE TRENTON, NJ 08629	HEALTH SERVICES	New Jersey	501(c)(3)	Line 11a, I	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
ST. FRANCIS MEDICAL CENTER FOUNDATION NJ - 52-1025476, 601 HAMILTON AVENUE, TRENTON, NJ 08629	FOUNDATION	New Jersey	501(c)(3)	Line 11a, I	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
ST. FRANCIS MEDICAL CENTER TRENTON NJ - 22-3431049, 601 HAMILTON AVENUE, TRENTON, NJ 08629	HOSPITAL	New Jersey	501(c)(3)	Line 3	CATHOLIC HEALTH EAST	X	
LANGHORNE MRI, INC. - 23-2519529 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	INACTIVE ENTITY	Pennsylvania	501(c)(3)	Line 9	ST. MARY MEDICAL CENTER	X	
LANGHORNE PHYSICIAN SERVICES, INC. - 23-2571699, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	PHYSICIAN SERVICES	Pennsylvania	501(c)(3)	Line 9: 509(a)(2)	ST. MARY MEDICAL CENTER	X	
LIFE ST. MARY - 26-2976184 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	ELDERLY CARE	Pennsylvania	501(c)(3)	Line 9	ST. MARY MEDICAL CENTER	X	
ST. MARY MEDICAL CENTER - 23-1913910 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HOSPITAL	Pennsylvania	501(c)(3)	Line 3	CATHOLIC HEALTH EAST	X	
ST. MARY MEDICAL CENTER FOUNDATION, INC. - 23-2567468, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	FOUNDATION	Pennsylvania	501(c)(3)	Line 7	ST. MARY MEDICAL CENTER	X	
EAST NORRITON PHYSICIAN SERVICES - 23-2515999, C/O ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	PHYSICIAN SERVICES	Pennsylvania	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	ACUTE CARE HOSPITAL	Pennsylvania	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY FAMILY SUPPORT - 23-2325059 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH	Pennsylvania	501(c)(3)	Line 9	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	

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MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA - 23-2829864, C/O ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	FUNDRAISING	Pennsylvania	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH PLAN - 22-2483605 C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428	HEALTH PLANS	Pennsylvania	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA - 23-2212638, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	MANAGEMENT & SUPPORT SERVICES	Pennsylvania	501(c)(3)	Line 11b, II	CATHOLIC HEALTH EAST	X	
MERCY HOME HEALTH - 23-1352099 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH	Pennsylvania	501(c)(3)	Line 9	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HOME HEALTH SERVICES - 23-2325058 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH	Pennsylvania	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA - 23-2627944, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	PHYSICIAN PRACTICES	Pennsylvania	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY SUBURBAN HOSPITAL - 23-1396763 ONE WEST ELM STREET CONSHOHOCKEN, PA 19428	ACUTE CARE HOSPITAL	Pennsylvania	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
NAZARETH HEALTH CARE FOUNDATION - 23-2300951 2701 HOLME AVENUE PHILADELPHIA, PA 19152	FUNDRAISING	Pennsylvania	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
NAZARETH HOSPITAL - 23-2794121 2601 HOLME AVENUE PHILADELPHIA, PA 19152	ACUTE CARE HOSPITAL	Pennsylvania	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
NAZARETH PHYSICIAN SERVICES, INC. - 20-3261266, 2601 HOLME AVENUE, PHILADELPHIA, PA 19152	PHYSICIAN PRACTICES	Pennsylvania	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
NE PHYSICIAN SERVICES - 23-2497355 2601 HOLME AVENUE PHILADELPHIA, PA 19152	PHYSICIAN PRACTICES	Pennsylvania	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
ST. AGNES CONTINUING CARE CENTER - 23-2840137, 1900 S. BROAD STREET, PHILADELPHIA, PA 19145	CONTINUING CARE SERVICES	Pennsylvania	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	

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ST. AGNES CONTINUING CARE CENTER FOUNDATION - 23-2415137, 1900 S. BROAD STREET, PHILADELPHIA, PA 19145	FUNDRAISING	Pennsylvania	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
LIFE AT LOURDES INC. - 26-1854750 1600 HADDON AVENUE CAMDEN, NJ 08108	ELDERLY CARE	New Jersey	501(c)(3)	Line 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOURDES ANCILLARY SERVICES - 22-2568525 1600 HADDON AVENUE CAMDEN, NJ 08103	SUPPORTING ORGANIZATION	New Jersey	501(c)(3)	Line 11b, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOURDES DIALYSIS AT INNOVA, INC. - 26-3237625, 1600 HADDON AVENUE, CAMDEN, NJ 08108	HOSPITAL	New Jersey	501(c)(3)	Line 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOURDES MEDICAL CENTER BURLINGTON COUNTY - 22-3612265, 218 SUNSET ROAD, WILLINGBORO, NJ 08046	HOSPITAL	New Jersey	501(c)(3)	Line 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
OUR LADY OF LOURDES HEALTH CARE SERVICES - 22-2568528, 1600 HADDON AVENUE, CAMDEN, NJ 08103	MANAGEMENT & SUPPORT SERVICES	New Jersey	501(c)(3)	Line 11b, II	CATHOLIC HEALTH EAST	X	
OUR LADY OF LOURDES HEALTH FOUNDATION, INC. - 22-2351960, 1600 HADDON AVENUE, CAMDEN, NJ 08103	FOUNDATION	New Jersey	501(c)(3)	Line 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
OUR LADY OF LOURDES MEDICAL CENTER - 21-0635001, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HOSPITAL	New Jersey	501(c)(3)	Line 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOURDES CARDIOLOGY SERVICES PC - 27-4357794 1600 HADDON AVENUE CAMDEN, NJ 08108	CARDIOLOGY SERVICES	New Jersey	501(c)(3)	Line 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
FRANCISCAN ELDERCARE CORPORATION - 22-3008680, P.O. BOX 2500, WILMINGTON, DE 19805	SKILLED NURSING	Delaware	501(c)(3)	Line 9	ST. FRANCIS HOSPITAL	X	
ST. FRANCIS FOUNDATION - 51-0374158 P.O. BOX 2500 WILMINGTON, DE 19805	FOUNDATION	Delaware	501(c)(3)	Line 11b, II	ST. FRANCIS HOSPITAL	X	
ST. FRANCIS HOSPITAL - 51-0064326 P.O. BOX 2500 WILMINGTON, DE 19805	HOSPITAL	Delaware	501(c)(3)	Line 3	CATHOLIC HEALTH EAST	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

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LIFE AT ST. FRANCIS HEALTHCARE, INC. - 45-2569214, P.O. BOX 2500, WILMINGTON, DE 19805	ELDERLY CARE	Delaware	501(c)(3)	Line 3	ST. FRANCIS HOSPITAL	X	
MCAULEY MINISTRIES - 94-3436142 MCAULEY HALL 3333 FIFTH AVENUE PITTSBURGH, PA 15213	MANAGEMENT & SUPPORT SERVICES	Pennsylvania	501(c)(3)	Line 9	PITTSBURGH MERCY HEALTH SYSTEM	X	
MERCY JEANNETTE HOSPITAL - 25-1310602 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073	INACTIVE ENTITY	Pennsylvania	501(c)(3)	Line 9	PITTSBURGH MERCY HEALTH SYSTEM	X	
MERCY LIFE CENTER CORPORATION - 25-1604115 1200 REEDSDALE STREET PITTSBURGH, PA 15233	COMMUNITY TREATMENT	Pennsylvania	501(c)(3)	Line 9	PITTSBURGH MERCY HEALTH SYSTEM	X	
PITTSBURGH MERCY HEALTH SYSTEM - 25-1464211 3333 5TH AVENUE PITTSBURGH, PA 15213	MANAGEMENT & SUPPORT SERVICES	Pennsylvania	501(c)(3)	Line 11b, II	CATHOLIC HEALTH EAST	X	
ST. JOSEPH'S OF THE PINES, INC. - 56-0694200 100 GOSSMAN DRIVE, SUITE B SOUTHERN PINES, NC 28387	HOSPITAL	North Carolina	501(c)(3)	Line 3	CATHOLIC HEALTH EAST	X	
LIFE ST. JOSEPH OF THE PINES, INC. - 27-2159847, 100 GOSSMAN DRIVE, SUITE B, SOUTHERN PINES, NC 28387	HEALTHCARE SERVICES	North Carolina	501(c)(3)	Line 3	ST. JOSEPH'S OF THE PINES, INC.	X	
MERCY SENIOR CARE, INC. - 58-1366508 300 CHATILLON ROAD, P.O. BOX 866 ROME, GA 30162	COMMUNITY OUTREACH	Georgia	501(c)(3)	Line 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
SAINT JOSEPH'S HEALTH SYSTEM, INC. - 58-1744848, 424 DECATUR STREET, ATLANTA, GA 30312	MANAGEMENT & SUPPORT SERVICES	Georgia	501(c)(3)	Line 11b, II	CATHOLIC HEALTH EAST	X	
SAINT JOSEPH'S MERCY CARE SERVICES, INC. - 58-1752700, 424 DECATUR STREET, ATLANTA, GA 30312	COMMUNITY OUTREACH	Georgia	501(c)(3)	Line 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
SAINT JOSEPH'S MERCY FOUNDATION, INC. - 58-1448522, 424 DECATUR STREET, ATLANTA, GA 30312	FUNDRAISING	Georgia	501(c)(3)	Line 11b, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SERVICES DOWNTOWN, INC. - 27-2046353 424 DECATUR STREET ATLANTA, GA 30312	REAL ESTATE HOLDING COMPANY	Georgia	501(c)(3)	Line 11b, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	

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ST MARY'S HEALTH CARE SYSTEM, INC. - 58-0566223, 1230 BAXTER STREET, ATHENS, GA 30606	HOSPITAL	Georgia	501(c)(3)	Line 3	CATHOLIC HEALTH EAST	X	
ST MARY'S FOUNDATION, INC. - 58-2544232 1230 BAXTER STREET ATHENS, GA 30606	FUNDRAISING	Georgia	501(c)(3)	Line 11b, II	ST MARY'S HEALTH CARE SYSTEM, INC.	X	
ST MARY'S HIGHLAND HILLS INC. - 02-0576648 1230 BAXTER STREET ATHENS, GA 30606	ASSISTED LIVING & RETIREMENT COMMUNITY	Georgia	501(c)(3)	Line 3	ST MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S MEDICAL GROUP INC. - 26-1858563 1230 BAXTER STREET ATHENS, GA 30606	HOSPITAL / PHYSICIAN SERVICES	Georgia	501(c)(3)	Line 3	ST MARY'S HEALTH CARE SYSTEM, INC.	X	
GOOD SAMARITAN HOSPITAL, INC. - 26-1720984 1201 SILOAM ROAD GREENSBORO, GA 30462	HOSPITAL	Georgia	501(c)(3)	Line 3	ST MARY'S HEALTH CARE SYSTEM, INC.	X	
MERCY MEDICAL CORPORATION - 63-6002215 P.O. BOX 1090, 101 VILLA DRIVE DAPHNE, AL 36526	HOSPITAL	Alabama	501(c)(3)	Line 3	CATHOLIC HEALTH EAST	X	
MERCY LIFE OF ALABAMA - 27-3163002 P.O. BOX 1090, 101 VILLA DRIVE DAPHNE, AL 36526	HOSPITAL	Alabama	501(c)(3)	Line 3	MERCY MEDICAL CORPORATION	X	
ALLEGANY FRANCISCAN MINISTRIES, INC. - 58-1492325, 33920 U.S. HIGHWAY 19 NORTH SUITE 269, PALM HARBOR, FL 34684	GRANTMAKING ORGANIZATION	Florida	501(c)(3)	Line 11b, II	CATHOLIC HEALTH EAST	X	
ST. FRANCIS HOSPITAL, INC. - 59-0624442 33920 U.S. HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684	GRANTMAKING ORGANIZATION	Florida	501(c)(3)	Line 11a, I	ALLEGANY FRANCISCAN MINISTRIES, INC.	X	
HOLY CROSS HOSPITAL, INC. - 59-0791028 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HOSPITAL-HEALTHCARE PROVIDER	Florida	501(c)(3)	Line 3	CATHOLIC HEALTH EAST	X	
HOLY CROSS LONG-TERM CARE, INC. - 65-0787320 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	MEDICAL SERVICES	Florida	501(c)(3)	Line 3	HOLY CROSS HOSPITAL, INC.	X	
HOLY CROSS MEDICAL PROPERTIES, INC. - 65-0666283, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	MEDICAL BUILDING REAL ESTATE MANAGEMENT	Florida	501(c)(2)	N/A	HOLY CROSS HOSPITAL, INC.	X	

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SSJ HEALTH FOUNDATION, INC. - 59-1709438 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133	FUNDRAISING	Florida	501(c)(3)	Line 7	MERCY HOSPITAL, INC.	X	
MERCY HOSPITAL, INC. - 59-0791034 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133	HOSPITAL	Florida	501(c)(3)	Line 3	CATHOLIC HEALTH EAST	X	
MERCY MEDICAL DEVELOPMENT, INC. - 59-2789194 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133	OUTPATIENT SERVICES	Florida	501(c)(3)	Line 9	MERCY HOSPITAL, INC.	X	
MERCY MISSION SERVICES, INC. - 65-0435764 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133	HEALTH CARE	Florida	501(c)(3)	Line 11a, I	MERCY HOSPITAL, INC.	X	
MERCY OUTPATIENT SERVICES, INC. DBA SISTER EMMANUEL HOSPITAL - 51-0461511, 3663 SOUTH MIAMI AVENUE, MIAMI, FL 33133	HOSPITAL	Florida	501(c)(3)	Line 3	MERCY HOSPITAL, INC.	X	
GLOBAL HEALTH MINISTRY - 23-3068656 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	HEALTH CARE	Pennsylvania	501(c)(3)	Line 7	CATHOLIC HEALTH EAST	X	
INTRACOASTAL HEALTH SYSTEMS - 65-0556413 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	MANAGEMENT & SUPPORT SERVICES	Pennsylvania	501(c)(3)	Line 11a, I	CATHOLIC HEALTH EAST	X	
ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP - 27-2491974, 245 STATE ST. SE, GRAND RAPIDS, MI 49503	HEALTHCARE SERVICES	Michigan	501(c)(3)	Line 9	TRINITY HEALTH-MICHIGAN	X	
AMICARE HOSPICE SERVICES INC - 38-2949053 20555 VICTOR PARKWAY LIVONIA, MI 48152	PROVIDE HOSPICE SERVICES	Michigan	501(c)(3)	Line 9	TRINITY HOME HEALTH SERVICES, INC.	X	
AUXILIARY OF HOLY ROSARY HOSPITAL - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORTS SERVICES OF RELATED HOSPITAL	Oregon	501(c)(3)	Line 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	ACUTE/AMBULATORY HEALTHCARE SERVICES	Iowa	501(c)(3)	Line 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	SUPPORT THE SERVICES OF RELATED HOSPITAL	Iowa	501(c)(3)	Line 11a, I	BAUM HARMON MERCY HOSPITAL	X	

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CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES	Michigan	501(c)(3)	Line 11b, II	TRINITY HEALTH-MICHIGAN	X	
CHE TRINITY INC. - 90-0931907 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	Indiana	501(c)(3)	Line 11b, II	N/A	X	
COMMUNITY HEALTH PARTNERS OF SOUTH BEND - 26-3051440, PO BOX 3998, SOUTH BEND, IN 46619	HEALTHCARE SERVICES	Indiana	501(c)(3)	Line 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
CRANBROOK HOSPICE CARE - 38-3320699 1111 W. LONG LAKE RD., STE 102 TROY, MI 48098	PROVIDE HOSPICE HEALTH SERVICES	Michigan	501(c)(3)	Line 11a, I	TRINITY HOME HEALTH SERVICES, INC.	X	
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	HOSPITAL CAMPUS IN FAIRFIELD COUNTY OHIO	Ohio	501(c)(3)	Line 3	MOUNT CARMEL HEALTH SYSTEM	X	
DUBUQUE MERCY HEALTH FOUNDATION, INC. - 26-2227941, 250 MERCY DRIVE, DUBUQUE, IA 52001	SUPPORT THE SERVICES OF RELATED HOSPITAL	Iowa	501(c)(3)	Line 11a, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	SUPPORT THE SERVICES OF RELATED HOSPITAL	Iowa	501(c)(3)	Line 11a, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION - 36-3332852, 701 W. NORTH AVE., MELROSE PARK, IL 60160	SUPPORT THE SERVICES OF RELATED HOSPITAL	Illinois	501(c)(3)	Line 9	GOTTLIEB MEMORIAL HOSPITAL	X	
GOTTLIEB MEMORIAL FOUNDATION - 74-3260011 701 W. NORTH AVE. MELROSE PARK, IL 60160	SUPPORT THE SERVICES OF RELATED HOSPITAL	Illinois	501(c)(3)	Line 11c, III-FI	N/A	X	
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649 701 W. NORTH AVE. MELROSE PARK, IL 60160	HEALTHCARE SERVICES	Illinois	501(c)(3)	Line 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
HACKLEY HOSPITAL - 38-1358196 1700 CLINTON ST., PO BOX 3302 MUSKEGON, MI 49443-3302	HEALTHCARE SERVICES	Michigan	501(c)(3)	Line 3	MERCY HEALTH PARTNERS	X	
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443-3302	SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY	Michigan	501(c)(3)	Line 11c, III-FI	MERCY HEALTH PARTNERS	X	

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HACKLEY LIFE COUNSELING - 38-1386362 1352 TERRACE ST. MUSKEGON, MI 49442-3545	COUNSELING, EDUCATION, AND SUPPORT	Michigan	501(c)(3)	Line 9	MERCY HEALTH PARTNERS	X	
HACKLEY VISITING NURSE SERVICES AND HOSPICE, INC. - 38-1359598, 888 TERRACE ST., MUSKEGON, MI 49440	PROVIDE HOME HEALTH CARE SERVICES	Michigan	501(c)(3)	Line 7	MERCY HEALTH PARTNERS	X	
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48333	LONG-TERM CARE AND REHABILITATION FOR THE ELDERLY	Maryland	501(c)(3)	Line 9	TRINITY CONTINUING CARE SERVICES	X	
HOLY CROSS HEALTH FOUNDATION, INC. - 20-8428450, 11801 TECH ROAD, SILVER SPRING, MD 20904	CHARITABLE FUNDRAISING	Maryland	501(c)(3)	Line 11a, I	HOLY CROSS HEALTH, INC.	X	
HOLY CROSS HEALTH, INC. - 52-0738041 1500 FOREST GLEN RD. SILVER SPRING, MD 20910-1484	HEALTHCARE SERVICES	Maryland	501(c)(3)	Line 3	TRINITY HEALTH CORPORATION	X	
HOLY CROSS MEDICAL CENTER - 95-1985442 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SERVICES (FORMERLY)	California	501(c)(3)	Line 3	TRINITY HEALTH CORPORATION	X	
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401-6208	HOSPICE HEALTH CARE SERVICES	Iowa	501(c)(3)	Line 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
HOSPICE OF SIOUXLAND - 38-3320710 4300 HAMILTON BLVD. SIOUX CITY, IA 51104	HOSPICE SERVICES	Iowa	501(c)(3)	Line 11a, I	N/A	X	
HOSPICE OF WASHTENAW II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE HEALTH CARE SERVICES	Michigan	501(c)(3)	Line 11a, I	TRINITY HEALTH-MICHIGAN	X	
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	PROVIDES OFFICE-BASED MEDICAL CARE	Michigan	501(c)(3)	Line 9	TRINITY HEALTH-MICHIGAN	X	
LAKESHORE COMMUNITY HOSPITAL, INC. - 38-2549295, 72 S. STATE STREET, SHELBY, MI 49455-1228	ACUTE HEALTHCARE SERVICES	Michigan	501(c)(3)	Line 3	MERCY HEALTH PARTNERS	X	
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	Illinois	501(c)(3)	Line 11b, II	TRINITY HEALTH CORPORATION	X	

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LOYOLA UNIVERSITY MEDICAL CENTER - 36-4015560, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	HEALTHCARE SERVICES	Illinois	501(c)(3)	Line 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET SIOUX CITY, IA 51101	PROVIDE HOME HEALTH CARE SERVICES	Iowa	501(c)(3)	Line 11a, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MARYCREST HEIGHTS - 27-0291722 P.O. BOX 9184 FARMINGTON HILLS, MI 48333	PROVIDES HOUSING FOR ELDERLY INDIVIDUALS	Michigan	501(c)(3)	Line 11a, I	TRINITY CONTINUING CARE SERVICES	X	
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SERVICES (FORMERLY)	Michigan	501(c)(3)	Line 3	CATHERINE MCAULEY HEALTH SERVICES CORP.	X	
MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 1111 W. LONG LAKE RD., STE 102, TROY, MI 48098	PROVIDE HOME HEALTH CARE SERVICES	Michigan	501(c)(3)	Line 11a, I	TRINITY HOME HEALTH SERVICES, INC.	X	
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 505 HURON AVENUE, PORT HURON, MI 48060	PROVIDE HOME HEALTH CARE SERVICES	Michigan	501(c)(3)	Line 11a, I	TRINITY HOME HEALTH SERVICES, INC.	X	
MERCY FOUNDATION, INC. - 36-3227350 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	SUPPORTS THE SERVICES OF RELATED HEALTH CARE SYSTEM	Illinois	501(c)(3)	Line 11a, I	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 684 HARVEY STREET, MUSKEGON, MI 49442	PROVIDE HOME HEALTH CARE SERVICES	Michigan	501(c)(3)	Line 11a, I	TRINITY HOME HEALTH SERVICES, INC.	X	
MERCY HEALTH NETWORK - 42-1478417 1111 6TH AVENUE DES MOINES, IA 50314	HEALTHCARE MANAGEMENT	Delaware	501(c)(3)	Line 11a, I	N/A	X	
MERCY HEALTH PARTNERS - 38-2589966 1415 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE SYSTEM SUPPORT	Michigan	501(c)(3)	Line 3	TRINITY HEALTH-MICHIGAN	X	
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTHCARE SERVICES	Delaware	501(c)(3)	Line 3	TRINITY HEALTH-MICHIGAN	X	
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	Illinois	501(c)(3)	Line 11a, I	TRINITY HEALTH CORPORATION	X	

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MERCY HEALTH SYSTEM OF CHICAGO LIABILITY SELF INSURANCE TRUST - 91-2092113, BK OF AMERICA 231 S. LASALLE, CHICAGO, IL 60697	SELF INSURANCE FOR PROFESSIONAL AND COMPREHENSIVE LIABILITY	Illinois	501(c)(3)	Line 11c, III-FI	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY HEALTHCARE FOUNDATION - 42-1316126 1410 N. 4TH ST. CLINTON, IA 52732	FUNDRAISING AND FINANCIAL ASSISTANCE FOR HOSPITAL CHARITABLE SERVICES	Iowa	501(c)(3)	Line 11c, III-FI	N/A	X	
MERCY HOSPITAL AND MEDICAL CENTER - 36-2170152, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	HEALTHCARE SERVICES	Illinois	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY HOSPITAL CADILLAC FOUNDATION - 20-3357131, 400 HOBART, CADILLAC, MI 49601-2331	SUPPORT THE SERVICES OF RELATED HOSPITAL	Michigan	501(c)(3)	Line 11a, I	TRINITY HEALTH-MICHIGAN	X	
MERCY HOSPITAL GIFT SHOP - 38-1630480 2601 ELECTRIC AVE. PORT HURON, MI 48060	VOLUNTEER SERVICE AUXILIARY	Michigan	501(c)(3)	Line 11a, I	TRINITY HEALTH-MICHIGAN	X	
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732-2940	TO PROVIDE QUALITY HEALTH CARE	Delaware	501(c)(3)	Line 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	SUPPORT THE SERVICES OF RELATED HOSPITAL	Iowa	501(c)(3)	Line 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401-2800	SUPPORT THE SERVICES OF RELATED HOSPITAL	Iowa	501(c)(3)	Line 11c, III-FI	N/A	X	
MERCY NORTH HOMECARE AND HOSPICE - 38-3313897, 7985 MACKINAW TRAIL, CADILLAC, MI 49601	HOME HEALTH AND HOSPICE SERVICES	Michigan	501(c)(3)	Line 11a, I	TRINITY HOME HEALTH SERVICES, INC.	X	
MERCY PHYSICIAN GROUP, INC. - 20-8192593 1512 12TH AVENUE ROAD NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	Idaho	501(c)(3)	Line 9	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	X	
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	PROVIDES LONG-TERM CARE FOR THE ELDERLY	Michigan	501(c)(3)	Line 11b, II	TRINITY CONTINUING CARE SERVICES, INC.	X	
MIDWEST MEDFLIGHT - 38-2684671 1300 VICTORS WAY ANN ARBOR, MI 48108	AEROMEDICAL TRANSPORT	Michigan	501(c)(3)	Line 9	TRINITY HEALTH-MICHIGAN	X	

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MISSION HEALTH CORPORATION - 38-3181557 37595 SEVEN MILE ROAD LIVONIA, MI 48152	FACILITY USED FOR AMBULATORY CARE	Delaware	501(c)(3)	Line 11a, I	N/A	X	
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	Ohio	501(c)(3)	Line 2	MOUNT CARMEL HEALTH	X	
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTH INSURANCE	Ohio	501(c)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO FOR SENIORS	Ohio	501(c)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	Ohio	501(c)(3)	Line 3	TRINITY HEALTH CORPORATION	X	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	SUPPORT THE SERVICES OF RELATED HOSPITAL	Ohio	501(c)(3)	Line 11a, I	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HOME CARE, LLC - 26-2729300 1144 DUBLIN ROAD, SUITE B COLUMBUS, OH 43215	PROVIDE HOME HEALTH CARE SERVICES	Ohio	501(c)(3)	Line 9	TRINITY HOME HEALTH SERVICES, INC.	X	
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 - 44TH STREET, KENTWOOD, MI 49508	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	Michigan	501(c)(3)	Line 9	TRINITY HEALTH-MICHIGAN	X	
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	Michigan	501(c)(3)	Line 7	MERCY HEALTH PARTNERS	X	
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE SERVICES	Nebraska	501(c)(3)	Line 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, 601 E. 2ND STREET, OAKLAND, NE 68045	SUPPORTS SERVICES OF RELATED HOSPITAL	Nebraska	501(c)(3)	Line 11c, III-FI	N/A	X	
OSU/MOUNT CARMEL HEALTH ALLIANCE - 31-1654603, 793 WEST STATE STREET, COLUMBUS, OH 43222	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	Ohio	501(c)(3)	Line 11a, I	N/A	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
PORT HURON MERCY FAMILY CARE, INC. - 20-1855647, 2601 ELECTRIC AVE., PORT HURON, MI 48060	HEALTHCARE SERVICES	Michigan	501(c)(3)	Line 11a, I	TRINITY HEALTH-MICHIGAN	X	
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442-3257	MEDICAL CARE, TRANSPORTATION AND EDUCATION	Michigan	501(c)(3)	Line 9	TRINITY HEALTH-MICHIGAN	X	
PROFESSIONAL OFFICE CORPORATION - 94-2839324 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	California	501(c)(3)	Line 11a, I	SAINT AGNES MEDICAL CENTER	X	
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	California	501(c)(3)	Line 3	TRINITY HEALTH CORPORATION	X	
SAINT ALPHONSUS BUILDING COMPANY, INC. - 82-0401011, 1055 NORTH CURTIS RD., BOISE, ID 83706	SUPPORTS SERVICES OF RELATED HOSPITAL	Idaho	501(c)(3)	Line 11a, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	X	
SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	SUPPORTS SERVICES OF RELATED HOSPITAL	Idaho	501(c)(3)	Line 11a, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	X	
SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC. - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	SUPPORT THE SERVICES OF RELATED HOSPITAL	Oregon	501(c)(3)	Line 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	X	
SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORT THE SERVICES OF RELATED HOSPITAL	Oregon	501(c)(3)	Line 11a, I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	Idaho	501(c)(3)	Line 11a, I	TRINITY HEALTH CORPORATION	X	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY, INC. - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	TO PROVIDE QUALITY HEALTH CARE	Oregon	501(c)(3)	Line 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC. - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	Idaho	501(c)(3)	Line 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	SUPPORT THE SERVICES OF RELATED HOSPITAL	Idaho	501(c)(3)	Line 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC. - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	TO PROVIDE QUALITY HEALTH CARE	Oregon	501(c)(3)	Line 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE SERVICES	Idaho	501(c)(3)	Line 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, 1915 LAKE AVENUE, PO BOX 670, PLYMOUTH, IN 46563	HEALTHCARE SERVICES	Indiana	501(c)(3)	Line 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, PO BOX 1935, SOUTH BEND, IN 46634-1935	HEALTHCARE SERVICES	Indiana	501(c)(3)	Line 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY, INC. - 35-6033285, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HOSPITAL SERVICE AUXILIARY	Indiana	501(c)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER-S. BEND	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY, INC. - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	HOSPITAL SERVICE AUXILIARY	Indiana	501(c)(3)	Line 11b, II	SAINT JOSEPH REGIONAL MEDICAL CENTER-PLYMOUTH	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 801 EAST LASALLE AVE., SOUTH BEND, IN 46617	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	Indiana	501(c)(3)	Line 11a, I	TRINITY HEALTH CORPORATION	X	
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333-9184	PROVIDES HOUSING FOR LOW INCOME ELDERLY INDIVIDUALS	Indiana	501(c)(3)	Line 9	TRINITY CONTINUING CARE SERVICES-INDIANA	X	
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, GRAND RAPIDS, MI 49505	PROVIDE HOME HEALTH CARE SERVICES	Michigan	501(c)(3)	Line 11a, I	TRINITY HOME HEALTH SERVICES, INC.	X	
SAINT MARY'S FOUNDATION - 38-1779602 200 JEFFERSON ST., SE GRAND RAPIDS, MI 49503	SUPPORTS SERVICES OF RELATED HOSPITAL	Michigan	501(c)(3)	Line 7	TRINITY HEALTH-MICHIGAN	X	
ST JOSEPH MERCY OAKLAND FOUNDATION - 35-2356789, 44405 WOODWARD AVE., PONTIAC, MI 48341	SUPPORTS SERVICES OF RELATED HOSPITAL	Michigan	501(c)(3)	Line 11a, I	TRINITY HEALTH-MICHIGAN	X	
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 4215 EDISON LAKES PARKWAY, MISHAWAKA, IN 46545	SUPPORTS SERVICES OF RELATED HOSPITAL	Indiana	501(c)(3)	Line 11a, I	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES - 38-2485700, 309 GRAND RIVER, PORT HURON, MI 48060	PROVIDE EMERGENCY AMBULANCE SERVICES	Michigan	501(c)(3)	Line 11d, III-O	N/A	X	
TRI-HOSPITAL MRI CENTER - 38-2884297 4190 24TH AVENUE FORT GRATIOT, MI 48054	MRI SERVICES	Michigan	501(c)(3)	Line 3	TRINITY HEALTH-MICHIGAN	X	
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	MANAGEMENT SERVICES FOR LONG-TERM CARE AND SENIOR LIVING FACILITIES	Michigan	501(c)(3)	Line 11a, I	TRINITY HEALTH CORPORATION	X	
TRINITY CONTINUING CARE SERVICES - INDIANA, INC. - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	PROVIDES LONG-TERM CARE AND RESIDENTIAL HOUSING	Indiana	501(c)(3)	Line 9	TRINITY CONTINUING CARE SERVICES	X	
TRINITY HEALTH - MICHIGAN - 38-2113393 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SERVICES	Michigan	501(c)(3)	Line 3	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH CORPORATION - 35-1443425 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	Indiana	501(c)(3)	Line 11b, II	CHE TRINITY, INC.	X	
TRINITY HEALTH INTERNATIONAL - 42-1253527 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE TRAINING AND SUPPORT SERVICES	Michigan	501(c)(3)	Line 11a, I	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH WELFARE BENEFIT TRUST - 20-8151733, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	RETIREE MEDICAL AND RETIREE LIFE INSURANCE COVERAGE	Michigan	501(c)(9)	N/A	TRINITY HEALTH CORPORATION	X	
TRINITY HOME HEALTH SERVICES, INC. - 38-2621935, 17410 COLLEGE PARKWAY, LIVONIA, MI 48152	HOME HEALTH CARE SYSTEM MANAGEMENT SERVICES	Michigan	501(c)(3)	Line 11a, I	TRINITY HEALTH CORPORATION	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ST. PETER'S AMBULATORY SURGERY CENTER, LLC - 46-0463892, 1375 WASHINGTON AVENUE, STE. 201, ALBANY, NY	OUTPATIENT SURGERY	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CATHERINE HORAN BUILDING LIMITED PARTNERSHIP - 04-2723429, 1221 MAIN STREET, ROOM 108, HOLYOKE, MA	PROPERTY MANAGEMENT	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WESTERN MASSACHUSETTS PETCT IMAGING CENTER, LLC - 20-4744663, 100 BAYVIEW CIRCLE, STE 400, NEWPORT	OUTPATIENT MEDICAL SERVICES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTRAL NEW JERSEY HEART SERVICES LLC - 20-8525458, 29 E. 29TH STREET, 2ND FLOOR, BAYONNE, NJ 07002	CARDIAC PROGRAM	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
SAMARITAN MEDICAL OFFICE BUILDING, INC. - 14-1607244, 2212 BURDETT AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	
AFFILIATED MANAGEMENT SERVICES CORPORATION, INC. - 14-1668024, 1300 MASSACHUSETTS AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	
CATHERINE HORAN BUILDING, INC. - 04-2938160 C/O SPHS, 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040-0000	BUILDING MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	X	
DIVERSIFIED COMMUNITY SERVICES, INC. - 04-3128890, C/O SPHS, 1221 MAIN STREET SUITE 108, HOLYOKE, MA 01040-0000	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY INPATIENT MEDICAL ASSOCIATES, INC. - 04-3029929, C/O SPHS, 1221 MAIN STREET SUITE 108, HOLYOKE, MA 01040-0000	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	

See Part VII for Continuations

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
SMMC MOB II, LP - 36-4559869 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE AMBULATORY SURGERY CENTER AT ST MARY, LLC - 23-2871206, 1203 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	OUTPATIENT SURGERY	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
EAST NORRITON MEDICAL ASSOCIATES - 23-2319531, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	MEDICAL OFFICE BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GATEWAY HEALTH PLAN - 25-1691945, 300 GRANT STREET, PITTSBURGH, PA 15219	MEDICAID & MEDICARE/SPECIA NEEDS MANAGED CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY/MANOR PARTNERSHIP - 52-1931012, PO BOX 10086, TOLEDO, OH 43699-0086	NURSING HOME	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. AGNES LONG-TERM INTENSIVE CARE, LLP - 20-0984882, C/O MERCY HEALTH SYSTEM, ONE WEST ELM STREET, SUITE 100,	LONG-TERM INTENSIVE CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP - 23-2388040, C/O NAZARETH HOSPITAL, 2601 HOLME AVE,	MEDICAL OFFICE BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTENNIAL SURGICAL CENTER - 22-3580847, 502 CENTENNIAL BLVD, SUITE 1, VOORHEES, NJ 08043	HEALTHCARE SERVICES	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJV MANAGEMENT LLC - 20-2273476, 200 CENTURY PKWY, STE 200E, MOUNT LAUREL, NJ 08054	RADIOLOGY	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
PHYSICIANS OUTPATIENT SURGERY CENTER, LLC - 35-2325646, 1000 NE 56TH STREET, OAKLAND PARK, FL 33334	AMBULATORY SURGERY CENTER	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ADVENT REHABILITATION LLC - 38-3306673, 607 DEWEY AVENUE, SUITE 300, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINA SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTRAL OHIO SLEEP MEDICINE, LTD. - 31-1701029, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	SLEEP MEDICINE SERVICES	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CLINTON IMAGING SERVICES, LLC - 41-2044739, 615 VALLEY VIEW DR., STE 202, MOLINE, IL 61265	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FRESNO IMAGING CENTER - 77-0363563, 1303 E. HERNDON AVE., FRESNO, CA 93720	DIAGNOSTIC IMAGING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
HAWARDEN REGIONAL HEALTH CLINICS, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
IDAHO GYN/ONCOLOGY SERVICES, LLC - 20-2975807, 1055 N CURTIS RD, BOISE, ID 83706	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
INTERMOUNTAIN MEDICAL IMAGING, LLC - 82-0514422, 877 WEST MAIN ST., STE 603, BOISE, ID 83702	PROVIDE IMAGING SERVICES	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LOYOLA AMBULATORY SURGERY CENTER - 36-4119522, 3000 RIVERCHASE GALLERIA, STE 500, BIRMINGHAM, AL 35244	SURGICAL SERVICES	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	MRI SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY-SAME DAY	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MCMC POB III LIMITED PARTNERSHIP - 31-1392994, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDILUCENT MOB I - 20-4911370 793 W. STATE STREET COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
MERCY ADVANCED MRI, LLC - 26-2116721, 2525 SOUTH MICHIGAN AVE., CHICAGO, IL 60616	SUBLEASE MRI EQUIPMENT	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY HEART & VASCULAR LLC - 20-5272726, 2525 SOUTH MICHIGAN AVE., CHICAGO, IL 60616	SUBLEASE CT EQUIPMENT	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MICHIANA HEALTH INFORMATION NETWORK LLC - 35-2050128, 215 WEST MADISON STREET, SOUTH BEND, IN 46601	COMMUNITY BASED CLINICAL INFO SYS & DATA DEPOSITORY	IN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEWCO AMBULATORY SURGERY CTR, LLP - 30-0136708, 4190 24TH AVENUE, FORT GRATIOT, MI 48059	OUTPATIENT SURGERY CENTER	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706	PHARMACY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	RADIATION ONCOLOGY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 402 OLD STATE HWY., CASCADE, ID 83611	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1784409, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106	RADIOLOGY/IMAGI	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. MARY REHABILITATION HOSPITAL, LLP - 27-3938747, 113 SEABOARD LANE, SUITE B201, FRANKLIN, TN 37067	MEDICAL SERVICES	TN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV Continuation of 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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
PROVIDENCE HOME CARE, INC. - 04-3317426 C/O SPHS, 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040-0000	HEALTH CARE SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
SYSTEM COORDINATED SERVICES, INC. - 04-2938181, C/O SPHS, 1221 MAIN STREET SUITE 108, HOLYOKE, MA 01040-0000	LAB SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST - 04-6608649, 1221 MAIN STREET, ROOM 108, HOLYOKE, MA 01040-0000	PROPERTY MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	X	
SJM PROPERTIES, INC. - 16-1294991 411 CANISTEO STREET HORNELL, NY 14848-2101	PROPERTY HOLDINGS	NY	N/A	C CORP	N/A	N/A	N/A	X	
CARBONDALE AREA PHYSICIANS' ASSOCIATION, P.C. - 23-2801677, 100 LINCOLN AVE, CARBONDALE, PA 18407	MEDICAL INSURANCE CONTRACTING	PA	N/A	C CORP	N/A	N/A	N/A	X	
CARBONDALE AREA PHYSICIANS' PHO, INC. - 23-2801676, 100 LINCOLN AVE, CARBONDALE, PA 18407	INACTIVE	PA	N/A	C CORP	N/A	N/A	N/A	X	
CARBONDALE PHYSICIANS' SERVICES, INC. - 23-2365077, 100 LINCOLN AVE, CARBONDALE, PA 18407	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A	X	
CHESTNUT RISK SERVICES, LTD 11 VICTORIA STREET HAMILTON, BERMUDA	INSURANCE	Bermuda	N/A	C CORP	N/A	N/A	N/A	X	
LIFECARE PHYSICIANS PC - 26-1649038 601 HAMILTON AVENUE TRENTON, NJ 08629-1986	HEALTH CARE SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
MULTICARE PLUS, INC. - 22-3435844 601 HAMILTON AVENUE TRENTON, NJ 08629-1986	INACTIVE	NJ	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES II, INC. - 25-3795549 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES, INC. - 23-2625981 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS,	PA	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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ST. MARY BUILDING AND DEVELOPMENT COMPANY - 46-1827502, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	BUILDING DEVELOPMENT COMPANY	PA	N/A	C CORP	N/A	N/A	N/A	X	
GATEWAY HEALTH PLAN, INC. - 25-1505506 600 GRANT STREET PITTSBURGH, PA 15219	HEALTH CARE	PA	N/A	C CORP	N/A	N/A	N/A	X	
GATEWAY HEALTH PLAN, INC. OF OHIO - 30-0282076, 600 GRANT STREET, PITTSBURGH, PA 15219	HEALTH CARE	PA	N/A	C CORP	N/A	N/A	N/A	X	
MCMC EASTWICK, INC. - 23-2184261 C/O MHS ONE WEST ELM STREET CONSHOHOCKEN, PA 19428	MEDICAL OFFICE BUILDINGS	PA	N/A	C CORP	N/A	N/A	N/A	X	
HEALTH MANAGEMENT SERVICES ORG. INC. - 22-3366580, 500 GROVE STREET, SUITE 100, HADDON HEIGHTS, NJ 08035	HEALTH CARE BILLING	NJ	N/A	C CORP	N/A	N/A	N/A	X	
LOURDES MEDICAL ASSOCIATES, PA - 22-3361862 500 GROVE STREET, SUITE 100 HADDON HEIGHTS, NJ 08035	MEDICAL SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
GEORGIA HEALTH ENTERPRISES LLC - 54-1806329 1230 BAXTER STREET ATHENS, GA 30606	HEALTHCARE	GA	N/A	C CORP	N/A	N/A	N/A	X	
ST. MARY'S HIGHLAND HILLS VILLAGE, INC. - 58-2276801, 1660 JENNINGS MILL PKWY, BOGART, GA 30622	ASSISTED LIVING	GA	N/A	C CORP	N/A	N/A	N/A	X	
GHE PHYSICIANS, PC - 58-2277939 3500 PIEDMONT ROAD ATLANTA, GA 30305	PRACTICE MANAGEMENT	GA	N/A	C CORP	N/A	N/A	N/A	X	
NURSING NETWORK, INC. - 59-1145192 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE HIGHWAY, FL 33308-0000	MEDICAL SERVICES	FL	N/A	C CORP	N/A	N/A	N/A	X	
STELLA MARIS INSURANCE COMPANY, LIMITED - 98-0078266, P.O. BOX 69, GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	Cayman Islands	N/A	C CORP	N/A	N/A	N/A	X	
CATHOLIC HEALTH EAST SENIOR SERVICES - 37-1572595, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	SENIOR SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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COMMUNITY HEALTH VENTURES, INC. - 38-3522260 565 W. WESTERN AVE. MUSKEGON, MI 49440	SOFTWARE MARKETING	MI	N/A	C CORP	N/A	N/A	N/A	X	
GOTTLIEB MANAGEMENT SERVICES, INC. - 36-3330529, 701 W. NORTH AVE., MELROSE PARK, IL 60160	MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH MANAGEMENT CENTER - 38-2961814, 1415 LEAHY ST., MUSKEGON, MI 49442	WEIGHT MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1415 LEAHY ST. MUSKEGON, MI 49442	OTHER MEDICAL SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTHCARE EQUIPMENT - 38-2578569 1415 LEAHY ST. MUSKEGON, MI 49442	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY PROFESSIONAL CENTER - 38-3024797 1415 LEAHY ST. MUSKEGON, MI 49442	REAL ESTATE RENTAL	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY PROFESSIONAL PHARMACY - 38-2447870 1415 LEAHY ST. MUSKEGON, MI 49442	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A	X	
HEF, INC. - 38-3086401 1415 LEAHY ST. MUSKEGON, MI 49442	OFFICE STAFFING	MI	N/A	C CORP	N/A	N/A	N/A	X	
HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562, 11801 TECH ROAD, SILVER SPRING, MD 20904	HOME CARE SERVICES	MD	N/A	C CORP	N/A	N/A	N/A	X	
HPC CO-OWNERS ASSOCIATION - 27-0734448 1700 CLINTON MUSKEGON, MI 49442	CONDOMINIUM ASSOCIATION	MI	N/A	C CORP	N/A	N/A	N/A	X	
HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR., PO BOX 992 ANN ARBOR, MI 48106	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	N/A	N/A	N/A	X	
IHA AFFILIATION CORPORATION - 38-3188895 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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MARYLAND CARE GROUP, INC. - 52-1815313 11801 TECH ROAD SILVER SPRING, MD 20904	HEALTHCARE HOLDING	MD	N/A	C CORP	N/A	N/A	N/A	X	
MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	OUTPATIENT PHARMACY	ID	N/A	C CORP	N/A	N/A	N/A	X	
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101	PRIMARY CARE PHYSICIANS	IA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY SERVICES CORPORATION - 36-3227348 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	Dormant	IL	N/A	C CORP	N/A	N/A	N/A	X	
MICHIGAN ATHLETIC CLUB - 38-2647304 2500 BURTON GRAND RAPIDS, MI 49546	ATHLETIC CLUB	MI	N/A	C CORP	N/A	N/A	N/A	X	
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	N/A	N/A	N/A	X	
NORTH IOWA MERCY MEDICAL SERVICES, INC. - 42-1382308, 1000 4TH ST. SW, MASON CITY, IA 50401	MEDICAL SERVICES	IA	N/A	C CORP	N/A	N/A	N/A	X	
PRIORITY PLUS OF CALIFORNIA - 77-0395267 PO BOX 27230 FRESNO, CA 93729	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261, 1055 NORTH CURTIS ROAD, BOISE, ID 83706-1370	PHYSICIANS	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT MARY'S HEALTH MANAGEMENT COMPANY - 38-3450733, 1640 EAST PARIS, SE., GRAND RAPIDS, MI 49546	ATHLETIC CLUB	MI	N/A	C CORP	N/A	N/A	N/A	X	
SURGERY CENTER FINANCING CORPORATION - 31-1531102, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C CORP	N/A	N/A	N/A	X	
THRE SERVICES, LLC - 45-2603654 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	GRANTOR TRUST	MI	N/A	TRUST	N/A	N/A	N/A	X	
VENZKE INSURANCE COMPANY, LTD. - 98-0453602 PO BOX 1051 GRAND CAYMAN GRAND CAYMAN, CAYMAN ISLANDS	PROVISION OF INSURANCE COVERAGE	Cayman Islands	N/A	C CORP	N/A	N/A	N/A	X	
WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM - 38-2700166, 1820 44TH STREET SE, KENTWOOD, MI 49508	CONDOMINIUM ASSOCIATION	MI	N/A	C CORP	N/A	N/A	N/A	X	
WESTSHORE HEALTH NETWORK - 38-3280200 1820 44TH STREET KENTWOOD, MI 49508	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	C CORP	N/A	N/A	N/A	X	
WORKPLACE HEALTH OF GRAND HAVEN - 38-3112035 1415 LEAHY ST. MUSKEGON, MI 49442	OCCUPATIONAL HEALTH	MI	N/A	C CORP	N/A	N/A	N/A	X	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
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 or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	The community Hospice, Inc.	B	1,147,644.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION

Direct Controlling Entity: SUNNYVIEW HOSPITAL & REHABILITATION CTR

Name of Related Organization:

EAST NORRITON PHYSICIAN SERVICES

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

MERCY FAMILY SUPPORT

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

MERCY HEALTH PLAN

Part VII Supplemental Information

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

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

MERCY HOME HEALTH

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

MERCY HOME HEALTH SERVICES

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

MERCY SUBURBAN HOSPITAL

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

NAZARETH HEALTH CARE FOUNDATION

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Part VII Supplemental Information

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

Name of Related Organization:

NAZARETH HOSPITAL

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

NAZARETH PHYSICIAN SERVICES, INC.

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

NE PHYSICIAN SERVICES

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

ST. AGNES CONTINUING CARE CENTER

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Name of Related Organization:

ST. AGNES CONTINUING CARE CENTER FOUNDATION

Direct Controlling Entity: MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

Part III, Identification of Related Organizations Taxable as Partnership:

Name, Address, and EIN of Related Organization:

Part VII Supplemental Information

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

ST. PETER'S AMBULATORY SURGERY CENTER, LLC

EIN: 46-0463892

1375 WASHINGTON AVENUE, STE. 201

ALBANY, NY 12206

Name, Address, and EIN of Related Organization:

CATHERINE HORAN BUILDING LIMITED PARTNERSHIP

EIN: 04-2723429

1221 MAIN STREET, ROOM 108

HOLYOKE, MA 01040-0000

Name, Address, and EIN of Related Organization:

WESTERN MASSACHUSETTS PETCT IMAGING CENTER, LLC

EIN: 20-4744663

100 BAYVIEW CIRCLE, STE 400

NEWPORT BEACH, CA 92660

Name of Related Organization:

GATEWAY HEALTH PLAN

Primary Activity: MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE ORGANIZATION

Name of Related Organization:

MERCY/MANOR PARTNERSHIP

Direct Controlling Entity: MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA

Name, Address, and EIN of Related Organization:

ST. AGNES LONG-TERM INTENSIVE CARE, LLP

Part VII Supplemental Information

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

EIN: 20-0984882

C/O MERCY HEALTH SYSTEM, ONE WEST ELM STREET, SUITE 100

CONSHOHOCKEN, PA 19428

Direct Controlling Entity: MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA

Name, Address, and EIN of Related Organization:

NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP

EIN: 23-2388040

C/O NAZARETH HOSPITAL, 2601 HOLME AVE

PHILADELPHIA, PA 19152

Name of Related Organization:

SJV MANAGEMENT LLC

Direct Controlling Entity: HEALTH MANAGEMENT SERVICES ORGANIZATION

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST

Direct Controlling Entity: SISTERS OF PROVIDENCE HEALTH SYSTEM INC.

Name of Related Organization:

CHESTNUT RISK SERVICES, LTD

Direct Controlling Entity: SAINT MICHAEL'S MEDICAL CENTER, INC.

Name of Related Organization:

CATHOLIC HEALTH EAST SENIOR SERVICES

Direct Controlling Entity: CONTINUING CARE MANAGEMENT SERVICES NETWORK