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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

James A Eddy Memorial Geriatric Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

2256 Burdett Avenue

City or town, state or province, country, and ZIP or foreign postal code

Troy, NY 121802400

D Employer identification number

22-2570478

E Telephone number

(518) 274-9890

G Gross receipts \$ 11,911,896

F Name and address of principal officer

Jo-Ann Costantino

2256 Burdett Avenue

Troy, NY 121802400

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates 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.sphp.com

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation 1984

M State of legal domicile NY

| Part I Summary | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|----------------------|---|--------------|----|---|---|----|---|----------------------|--|---|----------------------|----|--|----------------|----|--|--|----|--|----------------------|--|---|------------------|
| Activities & Governance | <div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>To provide a high-quality, accessible continuum of healthcare, supportive housing and community services</div></div> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div> | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>24</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>18</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>292</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>77</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table> | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 24 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 292 | 6 | Total number of volunteers (estimate if necessary) | 6 | 77 | 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 |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 24 | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 292 | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 77 | | | | | | | | | | | | | | | | | | | | | | |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | | | | | | | | | | | | | | | | | | | | | | |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Revenue | <table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>14,8149,128</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>11,110,01811,169,507</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>518,487280,912</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>405,044452,349</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>12,048,36311,911,896</td></tr></table> | | Prior Year | Current Year | 8 | Contributions and grants (Part VIII, line 1h) | 14,8149,128 | 9 | Program service revenue (Part VIII, line 2g) | 11,110,01811,169,507 | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 518,487280,912 | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 405,044452,349 | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,048,36311,911,896 | | | | | | |
| | Prior Year | Current Year | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Contributions and grants (Part VIII, line 1h) | 14,8149,128 | | | | | | | | | | | | | | | | | | | | | | | |
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| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,048,36311,911,896 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | <table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>00</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>00</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>6,831,5247,413,714</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>00</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0</td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>3,805,9543,825,957</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>10,637,47811,239,671</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>1,410,885672,225</td></tr></table> | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 00 | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 00 | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 6,831,5247,413,714 | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 00 | b | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0 | | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 3,805,9543,825,957 | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 10,637,47811,239,671 | 19 | Revenue less expenses Subtract line 18 from line 12 | 1,410,885672,225 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 6,831,5247,413,714 | | | | | | | | | | | | | | | | | | | | | | | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 3,805,9543,825,957 | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | <table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>54,942,00960,603,221</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>2,013,0411,687,586</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>52,928,96858,915,635</td></tr></table> | | Beginning of Current Year | End of Year | 20 | Total assets (Part X, line 16) | 54,942,00960,603,221 | 21 | Total liabilities (Part X, line 26) | 2,013,0411,687,586 | 22 | Net assets or fund balances Subtract line 21 from line 20 | 52,928,96858,915,635 | | | | | | | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Total assets (Part X, line 16) | 54,942,00960,603,221 | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Total liabilities (Part X, line 26) | 2,013,0411,687,586 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 52,928,96858,915,635 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
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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

Richard Petterson CFO

Type or print name and title

2014-11-13

Date

Paid Preparer Use Only

Print/Type preparer's name

William J Homer

Firm's name

DELOITTE TAX LLP

Firm's address

1700 MARKET STREET 25TH FLOOR

PHILADELPHIA, PA 191033984

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P00994519

Firm's EIN

86-1065772

Phone no

(215) 246-2300

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

To provide a high-quality, accessible continuum of healthcare, supportive housing and community services

2

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

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 6,418,715 including grants of \$) (Revenue \$ 7,912,088)

The Skilled Nursing Facility provides therapy, dental, optometry, podiatry, and hospice services, social work counseling, housekeeping and personal laundry, beautician and barber services, religious services, family support groups, various activities (on and off site), cable TV, telephone and internet. There is also a specialized unit for individuals with Alzheimer's disease or other dementia.

4b

(Code) (Expenses \$ 2,803,028 including grants of \$) (Revenue \$ 3,202,210)

The Assisted Living Facility provides a safe and secure environment for individuals that require help with everyday activities. The services provided include daily restaurant-style meals, private studio apartments with a kitchenette, assistance with bathing, dressing and medication management, housekeeping and laundry services, social activities, cultural, recreational and educational programs, transportation, security and an emergency call system.

4c

(Code) (Expenses \$ 616,872 including grants of \$) (Revenue \$ 507,558)

The Eddy Daybreak adult services provide a full range of health and social services to help individuals with physical, emotional, or mental impairments, or who require supervision and/or medical care. These services allow the individual to remain independent as long as possible while allowing caregivers relief from at-home caregiving. Services provided include skilled nursing/preventative medical care, assistance with bathing/showering, social work services and care coordination, rehabilitation services, podiatry, nutritional counseling and help with special dietary needs, and a variety of engaging and stimulating activities.

4d

Other program services (Describe in Schedule O)

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
















4e

Total program service expenses

9,838,615

Part IV

Checklist of Required Schedules

| | Yes | No |
|---|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 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 Yes | |
| 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 Yes | |
| 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 Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a Yes | |
| 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 | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | No |
| 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)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

| | | | |
|---|--|-----|----|
| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 39 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 0 | |
| 1c | | | |
| 2a | | 292 | |
| 2b | | Yes | |
| 3a | | | No |
| 3b | | | |
| 4a | | | No |
| b | | | |
| 5a | | | No |
| 5b | | | No |
| 5c | | | |
| 6a | | | No |
| 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| 7a | | | No |
| 7b | | | |
| 7c | | | No |
| 7d | | 0 | |
| 7e | | | No |
| 7f | | | No |
| 7g | | | |
| 7h | | | |
| 8 | | | |
| 9 | | | |
| 9a | | | |
| 9b | | | |
| 10 | | | |
| 10a | | | |
| 10b | | | |
| 11 | | | |
| 11a | | | |
| 11b | | | |
| 12a | | | |
| 12b | | | |
| 13 | | | |
| 13a | | | |
| 13b | | | |
| 13c | | | |
| 14a | | | No |
| 14b | | | |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

| | |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ▶Kathleen M Buckley RSD Finance 159 Wolf Road 2nd Floor Albany, NY 12205 (518) 275-4259 |

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

| | | | | |
|-----------|--|---------|-----------|---------|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 165,493 | 4,581,140 | 243,717 |

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization▶1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 |
|---|--------------------------------|---------------------|
| Morrison Senior Dining PO Box 102289 Atlanta GA 303682289 | Dining services | 554,350 |
| | | |
| | | |
| | | |

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 ▶1

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|---|---|--|---|---|---------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | 6,552 | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,576 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | | 9,128 | | | |
| Program Service Revenue | 2a | Nursing Facility | Business Code 623000 | 7,459,739 | 7,459,739 | | |
| | b | Terrace - Assisted Liv | 623000 | 3,202,210 | 3,202,210 | | |
| | c | Daybreak Programs | 623000 | 507,558 | 507,558 | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 11,169,507 | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | 48,604 | | | 48,604 |
| 4 | | Income from investment of tax-exempt bond proceeds | | | | | |
| 5 | | Royalties | | | | | |
| 6a | | Gross rents | (i) Real | (ii) Personal | | | |
| | | b | Less rental expenses | | | | |
| | | c | Rental income or (loss) | | | | |
| | | d | Net rental income or (loss) | | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | b | Less cost or other basis and sales expenses | 232,308 | | | |
| | | c | Gain or (loss) | 0 | | | |
| | | d | Net gain or (loss) | 232,308 | | | 232,308 |
| 8a | | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | b | Less direct expenses | b | | | |
| | | c | Net income or (loss) from fundraising events | | | | |
| 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 | Shared Service | 541200 | 357,486 | 357,486 | | | |
| b | Other Operating Revenu | 900099 | 55,487 | 55,487 | | | |
| c | Cafeteria | 900099 | 39,376 | 39,376 | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 452,349 | | | | |
| 12 | Total revenue. See Instructions | | 11,911,896 | 11,621,856 | 0 | 280,912 | |

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 or note to any line 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. | 179,815 | | 179,815 | |
| 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. | 5,994,664 | 5,628,138 | 366,526 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 134,106 | 117,383 | 16,723 | |
| 9 | Other employee benefits. | 654,590 | 633,554 | 21,036 | |
| 10 | Payroll taxes. | 450,539 | 394,357 | 56,182 | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | | | | |
| b | Legal. | 945 | | 945 | |
| c | Accounting. | 120 | | 120 | |
| 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 Schedule O). | 29,751 | 29,751 | | |
| 12 | Advertising and promotion. | 9,809 | 7,682 | 2,127 | |
| 13 | Office expenses. | 1,715,924 | 1,564,754 | 151,170 | |
| 14 | Information technology. | | | | |
| 15 | Royalties. | | | | |
| 16 | Occupancy. | | | | |
| 17 | Travel. | 3,377 | 1,759 | 1,618 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings. | 9,350 | 5,945 | 3,405 | |
| 20 | Interest. | | | | |
| 21 | Payments to affiliates. | | | | |
| 22 | Depreciation, depletion, and amortization. | 719,577 | 629,880 | 89,697 | |
| 23 | Insurance. | 40,587 | 40,587 | | |
| 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 | Morrison Dining Service | 554,040 | 554,040 | 0 | 0 |
| b | NEH Home Office Allocat | 475,666 | 0 | 475,666 | 0 |
| c | Contracted Services | 200,709 | 194,814 | 5,895 | 0 |
| d | NYS Assessment | 15,892 | 15,892 | 0 | 0 |
| e | All other expenses | 50,210 | 20,079 | 30,131 | |
| 25 | Total functional expenses. Add lines 1 through 24e. | 11,239,671 | 9,838,615 | 1,401,056 | 0 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | | | (A) | | (B) |
|-----------------------------|---|--|-----|-------------------|-----------|---------------|
| | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 1,237,714 | 2 | 2,211,664 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 569,979 | 4 | 558,576 |
| | 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 instructions) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 246,189 | 9 | 156,059 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 19,565,537 | | |
| | b | Less accumulated depreciation | 10b | 12,421,992 | 7,529,859 | 10c 7,143,545 |
| | 11 | Investments—publicly traded securities | | 38,012,556 | 11 | 43,439,104 |
| | 12 | Investments—other securities See Part IV, line 11 | | 7,128,566 | 12 | 6,986,956 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 217,146 | 15 | 107,317 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 54,942,009 | 16 | 60,603,221 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 658,348 | 17 | 897,138 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 24,823 | 21 | 23,899 |
| | 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 | | 1,329,870 | 25 | 766,549 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 2,013,041 | 26 | 1,687,586 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 15,513,059 | 27 | 17,120,369 |
| | 28 | Temporarily restricted net assets | | 26,259,945 | 28 | 30,639,302 |
| | 29 | Permanently restricted net assets | | 11,155,964 | 29 | 11,155,964 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 52,928,968 | 33 | 58,915,635 |
| | 34 | Total liabilities and net assets/fund balances | | 54,942,009 | 34 | 60,603,221 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|---|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,911,896 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,239,671 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 672,225 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 52,928,968 |
| 5 | Net unrealized gains (losses) on investments | 5 | 546,975 |
| 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 | 4,767,467 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 58,915,635 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b | 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2c | 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 | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| 3b | 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 | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

[illegible]

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

| | |
|--|---|
| Name of the organization James A Eddy Memorial Genatric Center Inc | Employer identification number 22-2570478 |
|--|---|

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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - 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?

(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)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|----|--|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | | |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 | | |
| 16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | | ▶ |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | ▶ |

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

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

| Section A. Public Support | | | | | | |
|--|------------|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 104,829 | 213,298 | 11,205 | 14,814 | 9,128 | 353,274 |
| 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 | 10,455,748 | 10,516,477 | 10,727,804 | 11,110,018 | 11,169,507 | 53,979,554 |
| 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 | 10,560,577 | 10,729,775 | 10,739,009 | 11,124,832 | 11,178,635 | 54,332,828 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 | 62,015 | 114,992 | 284,817 | 98,374 | 181,467 | 741,665 |
| c Add lines 7a and 7b | 62,015 | 114,992 | 284,817 | 98,374 | 181,467 | 741,665 |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 53,591,163 |

| Section B. Total Support | | | | | | |
|--|------------|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6 | 10,560,577 | 10,729,775 | 10,739,009 | 11,124,832 | 11,178,635 | 54,332,828 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 824,955 | 432,989 | 127,060 | 518,716 | 827,887 | 2,731,607 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 824,955 | 432,989 | 127,060 | 518,716 | 827,887 | 2,731,607 |
| 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.) | 369,055 | 350,868 | 351,150 | 405,044 | 452,349 | 1,928,466 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 11,754,587 | 11,513,632 | 11,217,219 | 12,048,592 | 12,458,871 | 58,992,901 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|----|---------|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 90.840% | |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 94.070% | |

| Section D. Computation of Investment Income Percentage | | | |
|--|----|--------|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | 4.630% | |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | 1.160% | |
| 19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| Return Reference | Explanation | |
|------------------|-------------|--|
|------------------|-------------|--|

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.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

| | |
|--|---|
| Name of the organization James A Eddy Memorial Genatric Center Inc | Employer identification number 22-2570478 |
|--|---|

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

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

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

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

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

☒ Yes

☐ No
- b

If "Yes," explain the arrangement in Part 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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 37,309,051 | 34,373,871 | 37,121,651 | 34,471,572 | 28,989,858 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 5,747,413 | 4,435,180 | -1,747,780 | 4,150,079 | 6,981,714 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,500,000 | 1,500,000 | 1,000,000 | 1,500,000 | 1,500,000 |
| f Administrative expenses | | | | | |
| g End of year balance | 41,556,464 | 37,309,051 | 34,373,871 | 37,121,651 | 34,471,572 |

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

73 310 %
- b

Permanent endowment

26 690 %
- 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
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes
- b

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

3b

Yes
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | | 97,500 | | 97,500 |
| b Buildings | | 12,741,435 | 6,695,876 | 6,045,559 |
| c Leasehold improvements | | 383,682 | 343,435 | 40,247 |
| d Equipment | | 2,824,686 | 2,183,752 | 640,934 |
| e Other | | 3,518,234 | 3,198,929 | 319,305 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 7,143,545 |

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 12,458,871 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 546,975 |
| 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 | 546,975 |
| 3 | Subtract line 2e from line 1 | 3 | 11,911,896 |
| 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 | 0 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 11,911,896 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 11,239,671 |
| 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 | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 11,239,671 |
| 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 | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 11,239,671 |

Part XIII

Supplemental Information

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.

| Return Reference | Explanation |
|------------------|--|
| Part IV, Line 2b | As part of NYS DOH guidelines, our facilities offer to each resident an opportunity to place their personal allowance in an individual resident allowance account. The facility must maintain the account for inspection, and each resident account must be segregated and not co-mingled with the facility's own operating funds. |
| Part V, Line 4 | The James A. Eddy Memorial Foundation's funds are used to support, expand and improve the facilities and services affiliated with LTC (Eddy), Inc., as well as other long-term care facilities and agencies in the St. Peter's Health Partners' system, in order to serve the health care needs of the elderly and persons with serious chronic conditions. |
| Part X, Line 2 | The Company has adopted the guidance related to accounting for uncertainty in income taxes. This guidance addresses the accounting for uncertainties in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. This guidance also provides related guidance on measurement, classification, interest and penalties, and disclosure. Management has evaluated this guidance and there was no impact to the Company's financial statements for the year ended December 31, 2013. |
| | |
| | |
| | |
| | |

[illegible]

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
James A Eddy Memorial Genatric Center Inc

Employer identification number
22-2570478

Part I

Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|--------------------|--|
| Part I, Line 3 | The organization's Top Management Official - James K Reed, President/CEO is compensated by a related organization, CHE, which uses one or more of the following methods to establish its compensation - Compensation committee - Independent compensation consultant - Written employment contract - Compensation survey - Approval by the board or compensation committee On an annual basis, the organization uses an independent compensation consultant to review the salaries for its executive staff and ensure they are paid within market. In addition, a compensation committee reviews this information annually and it is then approved by the board or compensation committee. Finally, executives receive a written letter outlining the specifics of their compensation. |
| Part I, Lines 4a-b | Line 4a James Gavin received a severance payment in the amount of \$307,496. Line 4b Supplemental Executive Retirement Plan is provided to certain key executive employees. Contributions made to the plan on their behalf are vested and reflected in their compensation at the time of the contribution. |

Additional Data

Software ID:

Software Version:

EIN: 22-2570478

Name: James A Eddy Memorial Geriatric Center Inc

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--|------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| Filippone John MD Trustee | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 401,920 | 22,977 | 775 | 10,200 | 18,362 | 454,234 | 0 |
| Reed James K MD Trustee, President, CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 572,376 | 287,794 | 144,560 | 16,475 | 27,776 | 1,048,981 | 0 |
| Schuhle Thomas VP & CEO -CFO & Treasurer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 392,195 | 121,757 | 27,803 | 12,750 | 20,694 | 575,199 | 0 |
| Collins John MD VP & CMO /Continuing Care | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 272,159 | 72,349 | 21,168 | 10,200 | 15,315 | 391,191 | 0 |
| Costantino Jo-Ann VP Continuing Care | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 342,770 | 86,770 | 28,592 | 12,750 | 6,558 | 477,440 | 0 |
| Petterson Richard CFO - Continuing Care | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 225,968 | 5,000 | 23,931 | 12,750 | 20,621 | 288,270 | 0 |
| Young Peter Executive Director | (i) | 157,116 | 7,326 | 1,051 | 8,279 | 6,043 | 179,815 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Drislane Mark Dir - Residential Svcs | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 135,240 | 0 | 5,917 | 7,136 | 2,652 | 150,945 | 0 |
| Sullivan Smith Sandra B Exec Dir - Res Svcs | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 141,513 | 0 | 4,245 | 7,809 | 20,600 | 174,167 | 0 |
| Gavin James Former CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 44,875 | 1,050,379 | 0 | 5,658 | 1,100,912 | 0 |

2013

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization

James A Eddy Memorial Genatric Center Inc

Employer identification number

22-2570478

| Return Reference | Explanation |
|--------------------------------------|------------------------------------|
| Form 990, Part VI, Section A, line 6 | LTC (Eddy), Inc is the sole member |

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section A, line 7a | St Peter's Health Partners ("SPHP") approves the appointment of the members of the governing body |

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section A, line 7b | St Peter's Health Partners, LTC (Eddy), Inc , and Catholic Health East("CHE"), have limited reserved powers to approve decisions of the governing body |

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section B, line 11 | A copy of the final version of Form 990 is posted to the board portal for their review prior to filing. The members of the board are notified via email of the posting. A full review of the form 990 by the executive committee, acting on behalf of the board, is scheduled to take place on December 11, 2014. |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section B, line 12c | <p>The organization has adopted SPHP's Conflict-of-Interest Policy, which sets forth the organization's conflict-of-interest policy and processes. Annually, all those serving the organization in a fiduciary capacity, including directors, officers and key employees receive a copy of the policy and annual disclosure statement to be completed. Disclosures of financial 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.</p> |

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

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

| Return Reference | Explanation |
|------------------------------|---|
| Form 990, Part XI, line 9 | Contributions 76,503 Transfer of Assets -3,488 Pension Adjustment 453,198 Net Assets Released from Restriction - 1,506,159 Investment Income 5,747,413 |

| Return Reference | Explanation |
|---|--|
| Disclosure Statement Related to Form 5471 | <p>Filed by Catholic Health East, Saint Michael's Medical Center, and Trinity Health - Michigan 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 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</p> |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
James A Eddy Memorial Geriatric Center Inc

Employer identification number
22-2570478

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on 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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| See Additional Data Table | | | | | | | | | |
| | | | | | | | | | |
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Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1) Samantan Hospital of Troy New York | P | 55,600 | FMV |
| (2) Catholic Health East | P | 475,700 | FMV |
| | | | |
| | | | |
| | | | |
| | | | |

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:

Software Version:

EIN: 22-2570478

Name: James A Eddy Memorial Geriatric Center Inc

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|--|----------------------------|---|--|--|----|
| | | | | | | Yes | No |
| (1) Advantage HealthSaint Mary's Medical Group 245 State St SE Grand Rapids, MI 49503 27-2491974 | Healthcare Services | MI | 501(C)(3) | Line 9 | Trinity Health-Michigan | Yes | |
| (1) Allegany Franciscan Ministries Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 58-1492325 | Management & Support Services | FL | 501(C)(3) | Line 11b, II | Catholic Health East | Yes | |
| (2) Amicare Hospice Services Inc 20555 Victor Parkway Livonia, MI 48152 38-2949053 | Provide Hospice Services | MI | 501(C)(3) | Line 9 | Trinity Home Health Services Inc | Yes | |
| (3) Auxiliary Of Holy Rosary Hospital 351 SW 9th Street Ontario, OR 97914 94-3059469 | Support Services of Related Hospital | OR | 501(C)(3) | Line 9 | Saint Alphonsus Medical Center-Ontario | Yes | |
| (4) Baum Harmon Mercy Hospital 255 North Welch Avenue Primghar, IA 51245 42-1500277 | Acute/Ambulatory healthcare services | IA | 501(C)(3) | Line 3 | Mercy Health Services-Iowa Corp | Yes | |
| (5) Baum Harmon Mercy Hospital & Clinics Foundation 255 North Welch Avenue Primghar, IA 51245 26-2973307 | Support the services of related hospital | IA | 501(C)(3) | Line 11a, I | Baum Harmon Mercy Hospital | Yes | |
| (6) Beechwood Inc 2212 Burdett Ave Troy, NY 12180 14-1651563 | Real estate holding | NY | 501(C)(2) | N/A | LTC (Eddy) Inc | Yes | |
| (7) Beverwyck Inc 40 Autumn Drive Slingerlands, NY 12159 14-1717028 | Independent/Assisted Living Retirement Community | NY | 501(C)(3) | Line 9 | LTC (Eddy) Inc | Yes | |
| (8) Brightside Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 04-2182395 | Behavioral Care | MA | 501(C)(3) | Line 9 | Sisters of Providence Health System Inc | Yes | |
| (9) Capital Region Geriatric Center Inc 421 West Columbia St Cohoes, NY 12047 14-1701597 | Nursing Home | NY | 501(C)(3) | Line 9 | LTC (Eddy) Inc | Yes | |
| (10) Catherine McAuley Health Services Corp PO Box 995 Ann Arbor, MI 48106 38-2507173 | Further Trinity Health activities, organize and develop medical services | MI | 501(C)(3) | Line 11b, II | Trinity Health-Michigan | Yes | |
| (11) Catholic Health East 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-2929748 | Management Services | PA | 501(C)(3) | Line 11c, III-FI | CHE Trinity Inc | Yes | |
| (12) CHE Trinity Inc 20555 Victor Parkway Livonia, MI 48152 90-0931907 | Healthcare system management and support | IN | 501(C)(3) | Line 11b, II | N/A | | No |
| (13) CHE Trinity Inc (fka Trinity Health Corporation) 20555 Victor Parkway Livonia, MI 48152 35-1443425 | Healthcare system management and support | IN | 501(C)(3) | Line 11b, II | CHE Trinity Inc | Yes | |
| (14) Columbus Acquisition Corp 111 Central Avenue Newark, NJ 07102 26-2616342 | Inactive Entity | NJ | 501(C)(3) | Line 9 | Saint Michaels Medical Center | Yes | |
| (15) Community Health Partners of South Bend PO Box 3998 South Bend, IN 46619 26-3051440 | Healthcare Services | IN | 501(C)(3) | Line 3 | Saint Joseph Regional Medical Center Inc | Yes | |
| (16) Continuing Care Management Services Network 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 35-2336834 | Management & Support Services | PA | 501(C)(3) | Line 11b, II | Catholic Health East | Yes | |
| (17) Cranbrook Hospice Care 1111 W Long Lake Rd Ste 102 Troy, MI 48098 38-3320699 | Provide hospice health services | MI | 501(C)(3) | Line 11a, I | Trinity Home Health Services Inc | Yes | |
| (18) Diley Ridge Medical Center 6150 East Broad Street Columbus, OH 43213 34-2032340 | Hospital campus in Fairfield County Ohio | OH | 501(C)(3) | Line 3 | Mount Carmel Health System | Yes | |
| (19) Dubuque Mercy Health Foundation Inc 250 Mercy Drive Dubuque, IA 52001 26-2227941 | Support Services of Related Hospital | IA | 501(C)(3) | Line 11a, I | Mercy Health Services-Iowa Corp | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|----------------------------|--|--|--|----|
| | | | | | | Yes | No |
| (21) Dyersville Health Foundation Inc 1111 3rd Street SW Dyersville, IA 52040 20-5383271 | Support Services of Related Hospital | IA | 501(C)(3) | Line 11a, I | Mercy Health Services-Iowa Corp | Yes | |
| (1) East Norriton Physician Services c/o One West Elm Street Conshohocken, PA 19428 23-2515999 | Physician Services | PA | 501(C)(3) | Line 3 | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (2) Eddy Licensed Home Care Agency 433 River St Suite 3000 Troy, NY 12180 14-1818568 | Home Health | NY | 501(C)(3) | Line 3 | LTC(Eddy) Inc | Yes | |
| (3) Empire Home Infusion Services Inc 10 Blacksmith Drive Malta, NY 12020 14-1795732 | Home care | NY | 501(C)(3) | Line 9 | Home Aide Service of Eastern New York Inc | Yes | |
| (4) Farren Care Center Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 04-2501711 | Long Term Care | MA | 501(C)(3) | Line 3 | Sisters of Providence Health System Inc | Yes | |
| (5) Franciscan Eldercare Corporation PO Box 2500 Wilmington, DE 19805 22-3008680 | Eldercare | DE | 501(C)(3) | Line 9 | St Francis Hospital | Yes | |
| (6) Glen Eddy Inc One Glen Eddy Drive Niskayuna, NY 12309 14-1794150 | Independent/Assisted Living Community | NY | 501(C)(3) | Line 9 | LTC (Eddy) Inc | Yes | |
| (7) Global Health Ministry 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-3068656 | Health Care | PA | 501(C)(3) | Line 7 | Catholic Health East | Yes | |
| (8) Good Samaritan Hospital Inc 5401 Lake O cone e Parkway Greensboro, GA 30642 26-1720984 | Hospital | GA | 501(C)(3) | Line 3 | Saint Joseph's Health System Inc | Yes | |
| (9) Gottlieb Community Health Services Corporation 701 W North Ave Melrose Park, IL 60160 36-3332852 | Support Services of Related Hospital | IL | 501(C)(3) | Line 9 | Gottlieb Memorial Hospital | Yes | |
| (10) Gottlieb Memorial Foundation 701 W North Ave Melrose Park, IL 60160 74-3260011 | Support Services of Related Hospital | IL | 501(C)(3) | Line 11c, III-FI | N/A | | No |
| (11) Gottlieb Memorial Hospital 701 W North Ave Melrose Park, IL 60160 36-2379649 | Healthcare Services | IL | 501(C)(3) | Line 3 | Loyola University Health System | Yes | |
| (12) Hackley Hospital 1700 Clinton St PO Box 3302 Muskegon, MI 49443 38-1358196 | Healthcare Services | MI | 501(C)(3) | Line 3 | Mercy Health Partners | Yes | |
| (13) Hackley Hospital Self Insurance Professional Liability Trust PO Box 3302 Muskegon, MI 49443 38-2299878 | Self insurance for general and malpractice liability | MI | 501(C)(3) | Line 11c, III-FI | Mercy Health Partners | Yes | |
| (14) Hackley Life Counseling 1352 Terrace St Muskegon, MI 49442 38-1386362 | Counseling, education, and support | MI | 501(C)(3) | Line 9 | Mercy Health Partners | Yes | |
| (15) Hawthorne Ridge Inc 30 Community Way East Greenbush, NY 12061 80-0102840 | Independent/Assisted Living Retirement Community | NY | 501(C)(3) | Line 9 | LTC (Eddy) Inc | Yes | |
| (16) Heritage House Nursing Center Inc 2920 Tibbits Ave Troy, NY 12180 14-1725101 | Nursing home | NY | 501(C)(3) | Line 9 | LTC (Eddy) Inc | Yes | |
| (17) Holy Cross Carenet Inc PO Box 9184 Farmington Hills, MI 48333 52-1945054 | Long-term care and rehabilitation for the elderly | MD | 501(C)(3) | Line 9 | Trinity Continuing Care Services | Yes | |
| (18) Holy Cross Health Foundation Inc 11801 Tech Road Silver Spring, MD 20904 20-8428450 | Charitable fundraising | MD | 501(C)(3) | Line 11a, I | Holy Cross Health Inc | Yes | |
| (19) Holy Cross Health Inc 1500 Forest Glen Rd Silver Spring, MD 20910 52-0738041 | Healthcare Services | MD | 501(C)(3) | Line 3 | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|--|--|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| (41) Holy Cross Hospital Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791028 | Hospital-Healthcare Provider | FL | 501(C)(3) | Line 3 | Catholic Health East | Yes | |
| (1) Holy Cross Long Term Care Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0787320 | Medical Services | FL | 501(C)(3) | Line 3 | Holy Cross Hospital Inc | Yes | |
| (2) Holy Cross Medical Center 20555 Victor Parkway Livonia, MI 48152 95-1985442 | Healthcare Services (Formerly) | CA | 501(C)(3) | Line 3 | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (3) Holy Cross Medical Properties Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0666283 | Medical Building Real Estate Management | FL | 501(C)(2) | N/A | Holy Cross Hospital Inc | Yes | |
| (4) Home Aide Service of Eastern New York 433 River St Suite 3000 Troy, NY 12180 14-1514867 | Home care | NY | 501(C)(3) | Line 9 | LTC (Eddy) Inc | Yes | |
| (5) Hospice of North Iowa 232 Second Street SE Mason City, IA 50401 42-1173708 | Hospice health care services | IA | 501(C)(3) | Line 7 | Mercy Health Services-Iowa Corp | Yes | |
| (6) Hospice of Siouxland 4300 Hamilton Blvd Sioux City, IA 51104 38-3320710 | Hospice services | IA | 501(C)(3) | Line 11a, I | N/A | | No |
| (7) Hospice of Washtenaw II 806 Airport Blvd Ann Arbor, MI 48108 38-3320707 | Hospice health care services | MI | 501(C)(3) | Line 11a, I | Trinity Health- Michigan | Yes | |
| (8) IHA Health Services Corporation 24 Frank Lloyd Wright Dr Lobby J Ann Arbor, MI 48106 38-3316559 | Provides office-based medical care | MI | 501(C)(3) | Line 9 | Trinity Health- Michigan | Yes | |
| (9) Intracoastal Health Systems Inc 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 65-0556413 | Management & Support Services | PA | 501(C)(3) | Line 11a, I | Catholic Health East | Yes | |
| (10) Lakeshore Community Hospital Inc 72 S State Street Shelby, MI 49455 38-2549295 | Acute healthcare services | MI | 501(C)(3) | Line 3 | Mercy Health Partners | Yes | |
| (11) Langhorne MRI Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2519529 | Inactive Entity | PA | 501(C)(3) | Line 9 | St Mary Medical Center | Yes | |
| (12) Langhorne Physician Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2571699 | Physician Services | PA | 501(C)(3) | Line 9 | St Mary Medical Center | Yes | |
| (13) Life at Lourdes Inc 1600 Haddon Avenue Camden, NJ 08108 26-1854750 | Elderly Care | NJ | 501(C)(3) | Line 3 | Our Lady of Lourdes Health Care Services | Yes | |
| (14) LIFE at St Francis Healthcare Inc 7th Clayton Streets Wilmington, DE 19805 45-2569214 | Elderly Care | DE | 501(C)(3) | Line 9 | St Francis Hospital | Yes | |
| (15) Life St Francis Corporation 601 Hamilton Avenue Trenton, NJ 08629 22-2797282 | Health Services | NJ | 501(C)(3) | Line 11a, I | St Francis Medical Center Trenton NJ | Yes | |
| (16) Life St Joseph of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC 28387 27-2159847 | Healthcare Services | NC | 501(C)(3) | Line 3 | St Joseph's of the Pines Inc | Yes | |
| (17) LIFE St Mary 1201 Langhorne-Newtown Road Langhorne, PA 19047 26-2976184 | Elderly Care | PA | 501(C)(3) | Line 9 | St Mary Medical Center | Yes | |
| (18) Lourdes Ancillary Services 1600 Haddon Avenue Camden, NJ 08103 22-2568525 | Supporting Organization | NJ | 501(C)(3) | Line 11b, II | Our Lady of Lourdes Health Care Services | Yes | |
| (19) Lourdes Cardiology Services PC 1600 Haddon Avenue Camden, NJ 08103 27-4357794 | Cardiology Services | NJ | 501(C)(3) | Line 3 | Our Lady of Lourdes Health Care Services | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|--|--|----------------------------|---|---|---|----|
| | | | | | | Yes | No |
| (61) Lourdes Dialysis at Innova Inc 1600 Haddon Avenue Camden, NJ 08108 26-3237625 | Hospital | NJ | 501(C)(3) | Line 3 | Our Lady of Lourdes Health Care Services | Yes | |
| (1) Lourdes Medical Center of Burlington County 218 Sunset Road Willingboro, NJ 08046 22-3612265 | Hospital | NJ | 501(C)(3) | Line 3 | Our Lady of Lourdes Health Care Services | Yes | |
| (2) Loyola University Health System 2160 South First Avenue Maywood, IL 60153 36-3342448 | Healthcare system management and support | IL | 501(C)(3) | Line 11b, II | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (3) Loyola University Medical Center 2160 South First Avenue Maywood, IL 60153 36-4015560 | Healthcare Services | IL | 501(C)(3) | Line 3 | Loyola University Health System | Yes | |
| (4) LTC (Eddy) Inc 2212 Burdett Ave Troy, NY 12180 22-2564710 | Elderly health/housing supporting org | NY | 501(C)(3) | Line 11a, I | Northeast Health Inc | Yes | |
| (5) Marian Community Hospital 3805 West Chester Pike No 100 Newtown Square, PA 19073 24-0711230 | Hospital | PA | 501(C)(3) | Line 3 | Maxis Health System | Yes | |
| (6) Marian Community Hospital Auxiliary 3805 West Chester Pike No 100 Newtown Square, PA 19073 25-1874733 | Fundraising | PA | 501(C)(3) | Line 11b, II | Maxis Health System | Yes | |
| (7) Marian Home Healthcare 801 5th Street Sioux City, IA 51101 38-3320705 | Provide home health care services | IA | 501(C)(3) | Line 11a, I | Mercy Health Services-Iowa Corp | Yes | |
| (8) Marycrest Heights PO Box 9184 Farmington Hills, MI 48333 27-0291722 | Provides housing for elderly individuals | MI | 501(C)(3) | Line 11a, I | Trinity Continuing Care Services | Yes | |
| (9) Mary's Meadow at Providence Place Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 26-2043754 | Long-term care | MA | 501(C)(3) | Line 3 | Sisters of Providence Health System Inc | Yes | |
| (10) Maxis Foundation 3805 West Chester Pike No 100 Newtown Square, PA 19073 23-2330090 | Fundraising | PA | 501(C)(3) | Line 11b, II | Maxis Health System | Yes | |
| (11) Maxis Health System 3805 West Chester Pike No 100 Newtown Square, PA 19073 91-1940902 | Health Care System | PA | 501(C)(3) | Line 11b, II | Catholic Health East | Yes | |
| (12) Maxis Medical Services 3805 West Chester Pike No 100 Newtown Square, PA 19073 23-2577185 | Physician Practices | PA | 501(C)(3) | Line 3 | Maxis Health System | Yes | |
| (13) McAuley Center Inc 275 Steele Road West Hartford, CT 06117 06-1058086 | Independent Living | CT | 501(C)(3) | Line 9 | Mercy Community Health Inc | Yes | |
| (14) McAuley Clinic Corporation PO Box 992 Ann Arbor, MI 48106 38-2561013 | Healthcare Services (Formerly) | MI | 501(C)(3) | Line 3 | Catherine McAuley Health Services Corp | Yes | |
| (15) McAuley Ministries 3333 Fifth Avenue Pittsburgh, PA 15213 94-3436142 | Management & Support Services | PA | 501(C)(3) | Line 11a, I | Pittsburgh Mercy Health System | Yes | |
| (16) Memorial Hospital Albany NY 600 Northern Blvd Albany, NY 12204 14-1338457 | General Hospital | NY | 501(C)(3) | Line 3 | Northeast Health Inc | Yes | |
| (17) Mercy Amicare Home Healthcare Oakland 1111 W Long Lake Rd Ste 102 Troy, MI 48098 38-3320698 | Provide home health care services | MI | 501(C)(3) | Line 11a, I | Trinity Home Health Services Inc | Yes | |
| (18) Mercy Amicare Home Healthcare Port Huron 505 Huron Avenue Port Huron, MI 48060 38-3320701 | Provide home health care services | MI | 501(C)(3) | Line 11a, I | Trinity Home Health Services Inc | Yes | |
| (19) Mercy Cares for Kids Inc 310 South Manning Blvd Albany, NY 12208 14-1717564 | Day care center | NY | 501(C)(3) | Line 9 | St Peter's Health Care Services | Yes | |

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|--|---|---|----------------------------|--|--|--|----|
| | | | | | | Yes | No |
| (81) Mercy Catholic Medical Center of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-1352191 | Acute Care Hospital | PA | 501(C)(3) | Line 3 | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (1) Mercy Community Health Inc 2021 Albany Avenue West Hartford, CT 06117 06-1492707 | Management & Support Services | CT | 501(C)(3) | Line 11a, I | Catholic Health East | Yes | |
| (2) Mercy Community HomeCare Services 2021 Albany Avenue West Hartford, CT 06117 06-1488137 | In Home Health Care | CT | 501(C)(3) | Line 9 | Mercy Community Health Inc | Yes | |
| (3) Mercy Family Support 1001 Baltimore Pike Suite 310 Springfield, PA 19064 23-2325059 | Home Health | PA | 501(C)(3) | Line 9 | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (4) Mercy Foundation Inc 2525 South Michigan Avenue Chicago, IL 60616 36-3227350 | Supports the services of related health care system | IL | 501(C)(3) | Line 11a, I | Mercy Health System of Chicago | Yes | |
| (5) Mercy General Health Partners Amicare Homecare 684 Harvey Street Muskegon, MI 49442 38-3321856 | Provide home health care services | MI | 501(C)(3) | Line 11a, I | Trinity Home Health Services Inc | Yes | |
| (6) Mercy Health Foundation of Southeastern Pennsylvania c/o One West Elm Street Conshohocken, PA 19428 23-2829864 | Fundraising | PA | 501(C)(3) | Line 11b, II | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (7) Mercy Health Network 1111 6th Avenue Des Moines, IA 50314 42-1478417 | Healthcare Management | DE | 501(C)(3) | Line 11a, I | N/A | | No |
| (8) Mercy Health Partners 1415 Leahy Street Muskegon, MI 49442 38-2589966 | Healthcare system support | MI | 501(C)(3) | Line 3 | Trinity Health-Michigan | Yes | |
| (9) Mercy Health Plan c/o One West Elm Street Conshohocken, PA 19428 22-2483605 | Health Plans | PA | 501(C)(3) | Line 11b, II | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (10) Mercy Health Services - Iowa Corp 1000 4th Street SW Mason City, IA 50401 31-1373080 | Healthcare Services | DE | 501(C)(3) | Line 3 | Trinity Health-Michigan | Yes | |
| (11) Mercy Health System of Chicago 2525 South Michigan Avenue Chicago, IL 60616 36-3163327 | Healthcare system management and support | IL | 501(C)(3) | Line 11a, I | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (12) Mercy Health System of Chicago Liability Self Insurance Trust Bk of America 231 S Lasalle Chicago, IL 60697 91-2092113 | Self insurance for professional and comprehensive liability | IL | 501(C)(3) | Line 11c, III-FI | Mercy Health System of Chicago | Yes | |
| (13) Mercy Health System of Maine 144 State Street Portland, ME 04101 01-0484074 | Management & Support Services | ME | 501(C)(3) | Line 11c, III-FI | Catholic Health East | Yes | |
| (14) Mercy Health System of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-2212638 | Management & Support Services | PA | 501(C)(3) | Line 11b, II | Catholic Health East | Yes | |
| (15) Mercy Healthcare Center 114 Wawbeek Avenue Tupper Lake, NY 12986 15-0532211 | In Dissolution | NY | 501(C)(3) | Line 3 | Catholic Health East | Yes | |
| (16) Mercy Healthcare Foundation-Clinton 1410 North 4th St Clinton, IA 52732 42-1316126 | Fundraising and financial assistance for hospital charitable services | IA | 501(C)(3) | Line 11c, III-FI | N/A | | No |
| (17) Mercy Home Health 1001 Baltimore Pike Suite 310 Springfield, PA 19064 23-1352099 | Home Health | PA | 501(C)(3) | Line 9 | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (18) Mercy Home Health Services 1001 Baltimore Pike Suite 310 Springfield, PA 19064 23-2325058 | Home Health | PA | 501(C)(3) | Line 11b, II | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (19) Mercy Hospital 144 State Street Portland, ME 04101 01-0211534 | Hospital | ME | 501(C)(3) | Line 3 | Mercy Health System of Maine | Yes | |

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|--|--|--|----------------------------|---|--|---|----|
| | | | | | | Yes | No |
| (101) Mercy Hospital and Medical Center 2525 South Michigan Avenue Chicago, IL 60616 36-2170152 | Healthcare services | IL | 501(C)(3) | Line 3 | Mercy Health System of Chicago | Yes | |
| (1) Mercy Hospital Cadillac Foundation 400 Hobart Cadillac, MI 49601 20-3357131 | Support the services of related hospital | MI | 501(C)(3) | Line 11a, I | Trinity Health-Michigan | Yes | |
| (2) Mercy Hospital Gift Shop 2601 Electric Ave Port Huron, MI 48060 38-1630480 | Volunteer Service Auxiliary | MI | 501(C)(3) | Line 11a, I | Trinity Health-Michigan | Yes | |
| (3) Mercy Hospital Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 04-3398280 | Acute Care | MA | 501(C)(3) | Line 3 | Sisters of Providence Health System Inc | Yes | |
| (4) Mercy Hospital Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791034 | Hospital | FL | 501(C)(3) | Line 3 | Catholic Health East | Yes | |
| (5) Mercy Jeannette Hospital 3805 West Chester Pike Newtown Square, PA 19073 25-1310602 | Inactive Entity | PA | 501(C)(3) | Line 9 | Pittsburgh Mercy Health System | Yes | |
| (6) Mercy Life Center Corporation 1200 Reedsdale Street Pittsburgh, PA 15233 25-1604115 | Community Treatment | PA | 501(C)(3) | Line 9 | Pittsburgh Mercy Health System | Yes | |
| (7) Mercy LIFE of Alabama PO Box 1090 101 Villa Drive Daphne, AL 36526 27-3163002 | Hospital | AL | 501(C)(3) | Line 3 | Mercy Medical Corporation | Yes | |
| (8) Mercy LIFE Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 45-3086711 | Acute Care | MA | 501(C)(3) | Line 3 | Sisters of Providence Health System Inc | Yes | |
| (9) Mercy Management of Southeastern Pennsylvania One West Elm Street Conshohocken, PA 19428 23-2627944 | Physician Practices | PA | 501(C)(3) | Line 11b, II | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (10) Mercy Medical Center - Clinton Inc 1410 North 4th St Clinton, IA 52732 42-1336618 | Provide quality health care | DE | 501(C)(3) | Line 3 | Mercy Health Services- Iowa Corp | Yes | |
| (11) Mercy Medical Center - Sioux City Foundation 801 5th Street Sioux City, IA 51102 14-1880022 | Support the services of related hospital | IA | 501(C)(3) | Line 7 | Mercy Health Services- Iowa Corp | Yes | |
| (12) Mercy Medical Center Foundation - North Iowa 1000 4th Street SW Mason City, IA 50401 42-1229151 | Support the services of related hospital | IA | 501(C)(3) | Line 11c, III-FI | N/A | | No |
| (13) Mercy Medical Corporation PO Box 1090 101 Villa Drive Daphne, AL 36526 63-6002215 | Hospital | AL | 501(C)(3) | Line 3 | Catholic Health East | Yes | |
| (14) Mercy Medical Development Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-2789194 | Outpatient Services | FL | 501(C)(3) | Line 9 | Mercy Hospital Inc | Yes | |
| (15) Mercy Mission Services Inc 3661 South Miami Avenue Miami, FL 33133 65-0435764 | Health Care | FL | 501(C)(3) | Line 11a, I | Mercy Hospital Inc | Yes | |
| (16) Mercy North Homecare and Hospice 7985 Mackinaw Trail Cadillac, MI 49601 38-3313897 | Home health and hospice services | MI | 501(C)(3) | Line 11a, I | Trinity Home Health Services Inc | Yes | |
| (17) Mercy Oncology Services Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 45-4884805 | Oncology Medical Services | MA | 501(C)(3) | Line 3 | Sisters of Providence Health System Inc | Yes | |
| (18) Mercy Outpatient Services Inc DBA Sister Emmanuel Hospital 4725 North Federal Highway Ft Lauderdale, FL 33308 51-0461511 | Hospital | FL | 501(C)(3) | Line 3 | Mercy Hospital Inc | Yes | |
| (19) Mercy Physician Group Inc 1512 12th Avenue Road Nampa, ID 83686 20-8192593 | Provide quality health care | ID | 501(C)(3) | Line 9 | Saint Alphonsus Medical Center-Nampa | Yes | |

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|--|---|--|----------------------------|---|--|---|----|
| | | | | | | Yes | No |
| (121) Mercy Senior Care Inc 300 Chatillon Road PO Box 866 Rome, GA 30162 58-1366508 | Community Outreach | GA | 501(C)(3) | Line 7 | Saint Joseph's Health System Inc | Yes | |
| (1) Mercy Services Corporation 2021 Albany Avenue West Hartford, CT 06117 06-1453323 | Support Services | CT | 501(C)(3) | Line 1 | Mercy Community Health Inc | Yes | |
| (2) Mercy Services Downtown Inc 424 Decatur Street Atlanta, GA 30312 27-2046353 | Real Estate Holding Company | GA | 501(C)(3) | Line 11b, II | Saint Joseph's Health System Inc | Yes | |
| (3) Mercy Services for Aging Non-profit Housing Corporation PO Box 9184 Farmington Hills, MI 48333 38-2719605 | Provides long-term care for the elderly | MI | 501(C)(3) | Line 11b, II | Trinity Continuing Care Services | Yes | |
| (4) Mercy Specialist Physicians Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 26-4033168 | Neurosurgery Medical Services | MA | 501(C)(3) | Line 3 | Sisters of Providence Health System Inc | Yes | |
| (5) Mercy Suburban Hospital One West Elm Street Conshohocken, PA 19428 23-1396763 | Acute Care Hospital | PA | 501(C)(3) | Line 3 | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (6) Mercy Uihlein Health Corporation 185 Old Military Road Lake Placid, NY 12946 16-1535133 | Mgt & Support Services | NY | 501(C)(3) | Line 11b, II | Mercy Healthcare Center | Yes | |
| (7) Mercyknoll Inc 2021 Albany Avenue West Hartford, CT 06117 06-0757380 | Skilled Nursing | CT | 501(C)(3) | Line 3 | Mercy Community Health Inc | Yes | |
| (8) Midwest Medflight 1300 Victors Way Ann Arbor, MI 48108 38-2684671 | Aeromedical transport | MI | 501(C)(3) | Line 9 | Trinity Health-Michigan | Yes | |
| (9) Mission Health Corporation 37595 Seven Mile Road Livonia, MI 48152 38-3181557 | Facility used for ambulatory care | DE | 501(C)(3) | Line 11a, I | N/A | | No |
| (10) Mount Carmel College of Nursing 6150 East Broad Street Columbus, OH 43213 31-1308555 | College of nursing | OH | 501(C)(3) | Line 2 | Mount Carmel Health System | Yes | |
| (11) Mount Carmel Health Insurance Company 6150 East Broad Street Columbus, OH 43213 25-1912781 | Health Insurance | OH | 501(C)(4) | N/A | Mount Carmel Health System | Yes | |
| (12) Mount Carmel Health Plan Inc 6150 East Broad Street Columbus, OH 43213 31-1471229 | Medicare HMO for seniors | OH | 501(C)(4) | N/A | Mount Carmel Health System | Yes | |
| (13) Mount Carmel Health System 6150 East Broad Street Columbus, OH 43213 31-1439334 | Healthcare system management and support | OH | 501(C)(3) | Line 3 | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (14) Mount Carmel Health System Foundation 6150 East Broad Street Columbus, OH 43213 31-1113966 | Support Services of Related Hospital | OH | 501(C)(3) | Line 11a, I | Mount Carmel Health System | Yes | |
| (15) Mount Carmel Home Care LLC 1144 Dublin Road Suite B Columbus, OH 43215 26-2729300 | Provide home health care services | OH | 501(C)(3) | Line 9 | Trinity Home Health Services Inc | Yes | |
| (16) MRI Mobile Services of West Michigan 1820 - 44th Street Kentwood, MI 49508 38-3073745 | Operate Magnetic Imaging Resonance (Formerly) | MI | 501(C)(3) | Line 9 | Trinity Health-Michigan | Yes | |
| (17) Muskegon Community Health Project 565 W Western Ave Muskegon, MI 49440 91-1932918 | Facilitate and Coordinate Healthcare and Related Services | MI | 501(C)(3) | Line 7 | Mercy Health Partners | Yes | |
| (18) Nazareth Health Care Foundation 2701 Holme Avenue Philadelphia, PA 19152 23-2300951 | Fundraising | PA | 501(C)(3) | Line 11b, II | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (19) Nazareth Hospital 2601 Holme Avenue Philadelphia, PA 19152 23-2794121 | Acute Care Hospital | PA | 501(C)(3) | Line 3 | Mercy Health System of Southeastern Pennsylvania | Yes | |

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|---|--|--|----------------------------|---|--|---|----|
| | | | | | | Yes | No |
| (141) Nazareth Physician Services Inc One West Elm Street Conshohocken, PA 19428 20-3261266 | Physician Practices | PA | 501(C)(3) | Line 3 | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (1) NE Physician Services One West Elm Street Conshohocken, PA 19428 23-2497355 | Physician Practices | PA | 501(C)(3) | Line 3 | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (2) Northeast Health Inc 2212 Burdett Ave Troy, NY 12180 04-2450756 | Supporting Organization | NY | 501(C)(3) | Line 11b, II | St Peter's Health Partners | Yes | |
| (3) Oakland Mercy Hospital 601 East 2nd Street Oakland, NE 68045 20-8072234 | Healthcare services | NE | 501(C)(3) | Line 3 | Mercy Health Services- Iowa Corp | Yes | |
| (4) Oakland Mercy Hospital Foundation 601 East 2nd Street Oakland, NE 68045 31-1678345 | Support Services of Related Hospital | NE | 501(C)(3) | Line 11c, III-FI | N/A | | No |
| (5) OSUMount Carmel Health Alliance 793 West State Street Columbus, OH 43222 31-1654603 | Cooperative health care delivery system | OH | 501(C)(3) | Line 11a, I | N/A | | No |
| (6) Our Lady of Lourdes Health Care Services 1600 Haddon Avenue Camden, NJ 08103 22-2568528 | Management & Support Services | NJ | 501(C)(3) | Line 11b, II | Catholic Health East | Yes | |
| (7) Our Lady of Lourdes Health Foundation Inc 1600 Haddon Avenue Camden, NJ 08103 22-2351960 | Foundation | NJ | 501(C)(3) | Line 7 | Our Lady of Lourdes Health Care Services | Yes | |
| (8) Our Lady of Lourdes Medical Center 1600 Haddon Avenue Camden, NJ 08103 21-0635001 | Hospital | NJ | 501(C)(3) | Line 3 | Our Lady of Lourdes Health Care Services | Yes | |
| (9) Our Lady of Mercy Life Center 2 Mercycare Lane Guiderland, NY 12084 14-1743506 | Nursing Home Facility | NY | 501(C)(3) | Line 3 | St Peter's Health Care Services | Yes | |
| (10) Pioneer Valley Cardiology Associates Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 45-4208896 | Cardiology Services | MA | 501(C)(3) | Line 3 | Sisters of Providence Health System Inc | Yes | |
| (11) Pittsburgh Mercy Health System 3333 5th Avenue Pittsburgh, PA 15213 25-1464211 | Management & Support Services | PA | 501(C)(3) | Line 11b, II | Catholic Health East | Yes | |
| (12) Port Huron Mercy Family Care Inc 2601 Electric Ave Port Huron, MI 48060 20-1855647 | Healthcare services | MI | 501(C)(3) | Line 11a, I | Trinity Health-Michigan | Yes | |
| (13) Professional Med Team 965 Fork Street Muskegon, MI 49442 38-2638284 | Medical care, transportation and education | MI | 501(C)(3) | Line 9 | Trinity Health-Michigan | Yes | |
| (14) Professional Office Corporation 1303 East Herndon Ave Fresno, CA 93720 94-2839324 | Healthcare services | CA | 501(C)(3) | Line 11a, I | Saint Agnes Medical Center | Yes | |
| (15) Providence Place Inc 5 Gamelin Street Holyoke, MA 01040 04-3404084 | Retirement Community | MA | 501(C)(3) | Line 9 | Sisters of Providence Health System Inc | Yes | |
| (16) Saint Agnes Medical Center 1303 East Herndon Ave Fresno, CA 93720 94-1437713 | Healthcare services | CA | 501(C)(3) | Line 3 | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (17) Saint Alphonsus Building Company Inc 1055 North Curtis Rd Boise, ID 83706 82-0401011 | Support Services of Related Hospital | ID | 501(C)(3) | Line 11a, I | Saint Alphonsus Regional Medical Center Inc | Yes | |
| (18) Saint Alphonsus Diversified Care Inc 1055 North Curtis Rd Boise, ID 83706 94-3028978 | Support Services of Related Hospital | ID | 501(C)(3) | Line 11a, I | Saint Alphonsus Regional Medical Center Inc | Yes | |
| (19) Saint Alphonsus Foundation-Baker City Inc 3325 Pocatontas Road Baker City, OR 97814 94-3164869 | Support Services of Related Hospital | OR | 501(C)(3) | Line 7 | Saint Alphonsus Medical Center - Baker City | Yes | |

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|--|---|--|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| (161) Saint Alphonsus Foundation-Ontario Inc 351 SW 9th Street Ontario, OR 97914 20-2683560 | Support Services of Related Hospital | OR | 501(C)(3) | Line 11a, I | Saint Alphonsus Medical Center- Ontario | Yes | |
| (1) Saint Alphonsus Health System Inc 1055 N Curtis Road Boise, ID 83706 27-1929502 | Healthcare system management and support | ID | 501(C)(3) | Line 11a, I | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (2) Saint Alphonsus Medical Center-Baker City Inc 3325 Pocahontas Road Baker City, OR 97814 27-1790052 | Provide quality health care | OR | 501(C)(3) | Line 3 | Saint Alphonsus Health System Inc | Yes | |
| (3) Saint Alphonsus Medical Center-Nampa Health Foundation Inc 1512 12th Avenue Road Nampa, ID 83686 26-1737256 | Support Services of Related Hospital | ID | 501(C)(3) | Line 7 | Saint Alphonsus Medical Center- Nampa | Yes | |
| (4) Saint Alphonsus Medical Center-Nampa Inc 1512 12th Avenue Road Nampa, ID 83686 82-0200896 | Provide quality health care | ID | 501(C)(3) | Line 3 | Saint Alphonsus Health System Inc | Yes | |
| (5) Saint Alphonsus Medical Center-Ontario Inc 351 SW 9th Street Ontario, OR 97914 27-1789847 | Provide quality health care | OR | 501(C)(3) | Line 3 | Saint Alphonsus Health System Inc | Yes | |
| (6) Saint Alphonsus Regional Medical Center 1055 North Curtis Rd Boise, ID 83706 82-0200895 | Healthcare services | ID | 501(C)(3) | Line 3 | Saint Alphonsus Health System Inc | Yes | |
| (7) Saint James Care Inc 111 Central Avenue Newark, NJ 07102 26-2616230 | Inactive Entity | NJ | 501(C)(3) | Line 9 | Saint Michaels Medical Center | Yes | |
| (8) Saint Joseph Regional Medical Center - Plymouth Campus Inc 1915 Lake Avenue PO Box 670 Plymouth, IN 46563 35-1142669 | Healthcare services | IN | 501(C)(3) | Line 3 | Saint Joseph Regional Medical Center Inc | Yes | |
| (9) Saint Joseph Regional Medical Center - South Bend Campus Inc PO Box 1935 South Bend, IN 46634 35-0868157 | Healthcare services | IN | 501(C)(3) | Line 3 | Saint Joseph Regional Medical Center Inc | Yes | |
| (10) Saint Joseph Regional Medical Center Mishawaka Auxiliary Inc 5215 Holy Cross Parkway Mishawaka, IN 46545 35-6033285 | Hospital Service Auxiliary | IN | 501(C)(4) | N/A | Saint Joseph Regional Medical Center-S Bend | Yes | |
| (11) Saint Joseph Regional Medical Center Plymouth Auxiliary Inc 1915 Lake Avenue Plymouth, IN 46563 35-6043563 | Hospital Service Auxiliary | IN | 501(C)(3) | Line 11b, II | Saint Joseph Regional Medical Center- Plymouth | Yes | |
| (12) Saint Joseph Regional Medical Center Inc 801 East Lasalle Ave South Bend, IN 46617 35-1568821 | Healthcare system management and support | IN | 501(C)(3) | Line 11a, I | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (13) Saint Joseph's Health System Inc 424 Decatur Street Atlanta, GA 30312 58-1744848 | Management & Support Services | GA | 501(C)(3) | Line 11b, II | Catholic Health East | Yes | |
| (14) Saint Joseph's Mercy Care Services Inc 424 Decatur Street Atlanta, GA 30312 58-1752700 | Community Outreach | GA | 501(C)(3) | Line 7 | Saint Joseph's Health System Inc | Yes | |
| (15) Saint Joseph's Mercy Foundation Inc 424 Decatur Street Atlanta, GA 30312 58-1448522 | Fundraising | GA | 501(C)(3) | Line 11b, II | Saint Joseph's Health System Inc | Yes | |
| (16) Saint Joseph's Tower Inc PO Box 9184 Farmington Hills, MI 48333 31-1040468 | Provides housing for low income elderly individuals | IN | 501(C)(3) | Line 9 | Trinity Continuing Care Services- Indiana | Yes | |
| (17) Saint Mary Home II Inc 2021 Albany Avenue West Hartford, CT 06117 06-1164104 | Elderly Care | CT | 501(C)(3) | Line 3 | Mercy Community Health Inc | Yes | |
| (18) Saint Mary's Amicare Home Healthcare 1430 Monroe NW Grand Rapids, MI 49505 38-3320700 | Provide home health care services | MI | 501(C)(3) | Line 11a, I | Trinity Home Health Services Inc | Yes | |
| (19) Saint Mary's Foundation 200 Jefferson St SE Grand Rapids, MI 49503 38-1779602 | Support Services of Related Hospital | MI | 501(C)(3) | Line 7 | Trinity Health- Michigan | Yes | |

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|--|--------------------------------------|---|----------------------------|--|--|--|----|
| | | | | | | Yes | No |
| (181) Saint Michaels Medical Center 111 Central Avenue Newark, NJ 07102 26-2616046 | Hospital | NJ | 501(C)(3) | Line 3 | Catholic Health East | Yes | |
| (1) Samaritan Child Care Center Inc 2213 Burdett Ave Troy, NY 12180 14-1710225 | Child day care | NY | 501(C)(3) | Line 9 | Northeast Health Inc | Yes | |
| (2) Samaritan Hospital of Troy New York 2215 Burdett Ave Troy, NY 12180 14-1338544 | General hospital | NY | 501(C)(3) | Line 3 | Northeast Health Inc | Yes | |
| (3) Senior Care Connection Inc 504 State St Schenectady, NY 12305 14-1708754 | PACE Program | NY | 501(C)(3) | Line 9 | LTC (Eddy) Inc | Yes | |
| (4) Seton Auxiliary Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1505031 | Supporting Organization | NY | 501(C)(3) | Line 9 | Seton Health System Inc | Yes | |
| (5) Seton Health at Schuyler Ridge Residential Healthcare 1 Abele Blvd Clifton Park, NY 12065 14-1756230 | Skilled Nursing | NY | 501(C)(3) | Line 9 | Seton Health System Inc | Yes | |
| (6) Seton Health Foundation Inc 1300 Massachusetts Avenue Troy, NY 12180 22-2345416 | Supporting Organization | NY | 501(C)(3) | Line 11a, I | Seton Health System Inc | Yes | |
| (7) Seton Health System Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1776186 | Hospital | NY | 501(C)(3) | Line 3 | St Peter's Health Partners | Yes | |
| (8) Seton Licensed Home Care Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1809134 | Licensed Home Health Agency | NY | 501(C)(3) | Line 3 | Seton Health System Inc | Yes | |
| (9) Shaker Properties Inc 2212 Burdett Ave Troy, NY 12180 22-3119822 | Real Estate holding | NY | 501(C)(2) | N/A | Northeast Health Inc | Yes | |
| (10) Sisters of Providence Care Centers Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 22-2541103 | Long Term Care | MA | 501(C)(3) | Line 3 | Sisters of Providence Health System Inc | Yes | |
| (11) Sisters of Providence Health System Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 04-3398374 | Management & Support Services | MA | 501(C)(3) | Line 11a, I | Catholic Health East | Yes | |
| (12) SSJ Health Foundation Inc 3661 South Miami Avenue Miami, FL 33133 59-1709438 | Fundraising | FL | 501(C)(3) | Line 7 | Mercy Hospital Inc | Yes | |
| (13) St Joseph Mercy Oakland Foundation 44405 Woodward Ave Pontiac, MI 48341 35-2356789 | Support Services of Related Hospital | MI | 501(C)(3) | Line 11a, I | Trinity Health-Michigan | Yes | |
| (14) St Agnes Continuing Care Center One West Elm Street Conshohocken, PA 19428 23-2840137 | Continuing Care Services | PA | 501(C)(3) | Line 3 | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (15) St Agnes Continuing Care Center Foundation One West Elm Street Conshohocken, PA 19428 23-2415137 | Fundraising | PA | 501(C)(3) | Line 11b, II | Mercy Health System of Southeastern Pennsylvania | Yes | |
| (16) St Francis Foundation PO Box 2500 Wilmington, DE 19805 51-0374158 | Foundation | DE | 501(C)(3) | Line 11b, II | St Francis Hospital | Yes | |
| (17) St Francis Hospital PO Box 2500 Wilmington, DE 19805 51-0064326 | Hospital | DE | 501(C)(3) | Line 3 | Catholic Health East | Yes | |
| (18) St Francis Hospital Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 59-0624442 | Grant-making Organization | FL | 501(C)(3) | Line 11a, I | Allegany Franciscan Ministries Inc | Yes | |
| (19) St Francis Medical Center Foundation Inc 601 Hamilton Avenue Trenton, NJ 08629 52-1025476 | Foundation | NJ | 501(C)(3) | Line 11a, I | St Francis Medical Center Trenton NJ | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|--|---|----------------------------|--|----------------------------------|--|----|
| | | | | | | Yes | No |
| (201) St Francis Medical Center Trenton NJ 601 Hamilton Avenue Trenton, NJ 08629 22-3431049 | Hospital | NJ | 501(C)(3) | Line 3 | Catholic Health East | Yes | |
| (1) St James Mercy Foundation Inc 411 Canisteo Street Hornell, NY 14843 16-1486437 | Foundation | NY | 501(C)(3) | Line 7 | St James Mercy Health System Inc | Yes | |
| (2) St James Mercy Health System Inc 411 Canisteo Street Hornell, NY 14843 22-3127184 | Management & Support Services | NY | 501(C)(3) | Line 11b, II | Catholic Health East | Yes | |
| (3) St James Mercy Hospital 411 Canisteo Street Hornell, NY 14843 16-0743310 | Hospital | NY | 501(C)(3) | Line 3 | St James Mercy Health System Inc | Yes | |
| (4) St Joseph of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC 28387 56-0694200 | Hospital | NC | 501(C)(3) | Line 3 | Catholic Health East | Yes | |
| (5) St Mary Building and Development Company 1201 Langhorne-Newtown Road Langhorne, PA 19047 46-1827502 | Building Development Company | PA | 501(C)(2) | N/A | St Mary Medical Center | Yes | |
| (6) St Mary Home Incorporated 2021 Albany Avenue West Hartford, CT 06117 06-0646843 | Skilled Nursing | CT | 501(C)(3) | Line 3 | Mercy Community Health Inc | Yes | |
| (7) St Mary Medical Center 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-1913910 | Hospital | PA | 501(C)(3) | Line 3 | Catholic Health East | Yes | |
| (8) St Mary Medical Center Foundation Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2567468 | Foundation | PA | 501(C)(3) | Line 7 | St Mary Medical Center | Yes | |
| (9) St Mary's Foundation Inc 1230 Baxter Street Athens, GA 30606 58-2544232 | Fundraising | GA | 501(C)(3) | Line 11b, II | St Mary's Health Care System Inc | Yes | |
| (10) St Mary's Health Care System Inc 1230 Baxter Street Athens, GA 30606 58-0566223 | Hospital | GA | 501(C)(3) | Line 3 | Catholic Health East | Yes | |
| (11) St Mary's Highland Hills Inc 1230 Baxter Street Athens, GA 30606 02-0576648 | Assisted Living & Retirement Community | GA | 501(C)(3) | Line 3 | St Mary's Health Care System Inc | Yes | |
| (12) St Mary's Medical Group Inc 1230 Baxter Street Athens, GA 30606 26-1858563 | Hospital / Physician Services | GA | 501(C)(3) | Line 3 | St Mary's Health Care System Inc | Yes | |
| (13) St Michael's Foundation Inc 111 Central Avenue Newark, NJ 07102 22-3311976 | Foundation | NJ | 501(C)(3) | Line 11a, I | Saint Michaels Medical Center | Yes | |
| (14) St Peter's Auxiliary 315 South Manning Blvd Albany, NY 12208 22-2843206 | Auxiliary | NY | 501(C)(3) | Line 11a, I | St Peter's Health Care Services | Yes | |
| (15) St Peter's Health Care Services 315 South Manning Blvd Albany, NY 12208 22-2702507 | Management & Support Services | NY | 501(C)(3) | Line 9 | St Peter's Health Partners | Yes | |
| (16) St Peter's Health Partners 315 South Manning Blvd Albany, NY 12208 45-3570715 | Management & Support Services | NY | 501(C)(3) | Line 11b, II | Catholic Health East | Yes | |
| (17) St Peter's Health Partners Medical Associates PC 315 South Manning Blvd Albany, NY 12208 46-1177336 | Physicians Practice | NY | 501(C)(3) | Line 3 | St Peter's Health Partners | Yes | |
| (18) St Peter's Hospital 315 South Manning Blvd Albany, NY 12208 14-1348692 | Hospital | NY | 501(C)(3) | Line 3 | St Peter's Health Care Services | Yes | |
| (19) St Peter's Hospital Foundation Inc 319 South Manning Blvd Suite 114 Albany, NY 12208 22-2262982 | Fundraising & Public Relations | NY | 501(C)(3) | Line 7 | St Peter's Health Care Services | Yes | |

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|--|---|---|----------------------------|--|---|--|----|
| | | | | | | Yes | No |
| (221) Sunnyview Hospital & Rehabilitation Center Foundation 1270 Belmont Ave Schenectady, NY 12308 22-2505127 | Supporting foundation | NY | 501(C)(3) | Line 11 a, I | Sunnyview Hospital & Rehabilitation Ctr | Yes | |
| (1) Sunnyview Hospital & Rehabilitation Ctr 1270 Belmont Ave Schenectady, NY 12308 14-1338386 | Rehabilitation hospital | NY | 501(C)(3) | Line 3 | Northeast Health Inc | Yes | |
| (2) The Community Hospice Foundation Inc 295 Valley View Blvd Rensselaer, NY 12144 22-2692940 | Fundraising & Public Relations | NY | 501(C)(3) | Line 7 | The Community Hospice Inc | Yes | |
| (3) The Community Hospice Inc 295 Valley View Blvd Rensselaer, NY 12144 14-1608921 | Serving seriously ill people & their families | NY | 501(C)(3) | Line 3 | St Peter's Health Care Services | Yes | |
| (4) The Foundation of Saint Joseph Regional Medical Center 4215 Edison Lakes Parkway Mishawaka, IN 46545 35-1654543 | Support Services of Related Hospital | IN | 501(C)(3) | Line 11 a, I | Saint Joseph Regional Medical Center Inc | Yes | |
| (5) The Marjorie Doyle Rockwell Center Inc 421 West Columbia St Cohoes, NY 12047 14-1793885 | Adult Home/Alzheimer's | NY | 501(C)(3) | Line 9 | LTC (Eddy) Inc | Yes | |
| (6) The Northeast Health Foundation Inc 2224 Burdett Ave Troy, NY 12180 22-2743478 | Supporting foundation | NY | 501(C)(3) | Line 7 | Northeast Health Inc | Yes | |
| (7) Tri-County Human Services Center Inc 3805 West Chester Pike No 100 Newtown Square, PA 19073 23-1938528 | Behavioral Health Organization | PA | 501(C)(3) | Line 7 | Maxis Health System | Yes | |
| (8) Tri-Hospital Emergency Medical Services 309 Grand River Port Huron, MI 48060 38-2485700 | Provide emergency ambulance services | MI | 501(C)(3) | Line 11 d, III-O | N/A | | No |
| (9) Tri-Hospital MRI Center 4190 24th Avenue Fort Gratiot, MI 48054 38-2884297 | MRI Services | MI | 501(C)(3) | Line 3 | Trinity Health-Michigan | Yes | |
| (10) Trinity Continuing Care Services PO Box 9184 Farmington Hills, MI 48333 38-2559656 | Management services for Long term care and senior living facilities | MI | 501(C)(3) | Line 11 a, I | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (11) Trinity Continuing Care Services - Indiana Inc PO Box 9184 Farmington Hills, MI 48333 93-0907047 | Provides long-term care and residential housing | IN | 501(C)(3) | Line 9 | Trinity Continuing Care Services | Yes | |
| (12) Trinity Health - Michigan 20555 Victor Parkway Livonia, MI 48152 38-2113393 | Healthcare services | MI | 501(C)(3) | Line 3 | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (13) Trinity Health International 20555 Victor Parkway Livonia, MI 48152 42-1253527 | Healthcare training and support services | MI | 501(C)(3) | Line 11 a, I | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (14) Trinity Health Welfare Benefit Trust 20555 Victor Parkway Livonia, MI 48152 20-8151733 | Retiree medical and retiree life insurance coverage | MI | 501(C)(9) | N/A | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (15) Trinity Home Health Services Inc 17410 College Parkway Livonia, MI 48152 38-2621935 | Home health care system management services | MI | 501(C)(3) | Line 11 a, I | CHE Trinity Inc (fka Trinity Health Corp) | Yes | |
| (16) Uihlein Mercy Center 185 Old Military Road Tupper Lake, NY 12986 15-0532190 | In Dissolution | NY | 501(C)(3) | Line 3 | Mercy Healthcare Center | Yes | |
| (17) University Heights Property Company Inc 111 Central Avenue Newark, NJ 07102 22-3100162 | Medical Property Holding Company | NJ | 501(C)(2) | N/A | Saint Michaels Medical Center | Yes | |
| (18) Villa Mary Immaculate 301 Hackett Blvd Albany, NY 12208 14-1438749 | Nursing Home & Physical Rehab | NY | 501(C)(3) | Line 3 | St Peter's Hospital | Yes | |
| (19) VNA Home Health & Hospice 50 Foden Road South Portland, ME 04106 01-0246804 | Home Health & Hospice | ME | 501(C)(3) | Line 11 a, I | Mercy Health System of Maine | Yes | |

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

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|--|--|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| (241) Warde Service Corporation Inc 159 Wolf Road 3rd Floor Albany, NY 12205 14-1732097 | Supporting & strengthening the ministries of rel sr mercy | NY | 501(C)(3) | Line 9 | St Peter's Health Care Services | Yes | |
| (1) Westshore Health Network 1820 44th Street Kentwood, MI 49508 38-3280200 | Support Services | MI | 501(C)(4) | N/A | Mercy Health Partners | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|---|----|
| | | | | | | | | Yes | No |
| Affiliated Management Services Corporation Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1668024 | Real Estate | NY | N/A | C | | | | Yes | |
| Carbondale Area Physicians' Association PC 100 Lincoln Ave Carbondale, PA 18407 23-2801677 | Medical Insurance Contracting | PA | N/A | C | | | | Yes | |
| Carbondale Area Physicians' PHO Inc 100 Lincoln Ave Carbondale, PA 18407 23-2801676 | Inactive | PA | N/A | C | | | | Yes | |
| Carbondale Physicians' Services Inc 100 Lincoln Ave Carbondale, PA 18407 23-2365077 | Pharmacy | PA | N/A | C | | | | Yes | |
| Catherine Horan Building Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-2938160 | Building Management | MA | N/A | C | | | | Yes | |
| Catholic Health East Senior Services 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 37-1572595 | Senior Services | PA | N/A | C | | | | Yes | |
| Chestnut Risk Services Ltd 11 Victoria Street Hamilton BD | Insurance | BD | N/A | C | | | | Yes | |
| Community Health Ventures Inc 565 W Western Ave Muskegon, MI 49440 38-3522260 | Software Marketing | MI | N/A | C | | | | Yes | |
| Diversified Community Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3128890 | Medical Services | MA | N/A | C | | | | Yes | |
| Gateway Health Plan Inc 600 Grant Street Pittsburgh, PA 15219 25-1505506 | Health Care | PA | N/A | C | | | | Yes | |
| Gateway Health Plan Inc of Ohio 600 Grant Street Pittsburgh, PA 15219 30-0282076 | Health Care | PA | N/A | C | | | | Yes | |
| Georgia Health Enterprises LLC 1230 Baxter Street Athens, GA 30606 54-1806329 | Healthcare | GA | N/A | C | | | | Yes | |
| GHE Physicians PC 3500 Piedmont Road Atlanta, GA 30305 58-2277939 | Practice Management | GA | N/A | C | | | | Yes | |
| Gottlieb Management Services Inc 701 W North Ave Melrose Park, IL 60160 36-3330529 | Management Services | IL | N/A | C | | | | Yes | |
| Hackley Health Management Center 1415 Leahy St Muskegon, MI 49442 38-2961814 | Weight Management | MI | N/A | C | | | | Yes | |

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

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|--|--------------------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|---|----|
| | | | | | | | | Yes | No |
| Hackley Health Ventures Inc 1415 Leahy St Muskegon, MI 49442 38-2589959 | Other Medical Services | MI | N/A | C | | | | Yes | |
| Hackley Healthcare Equipment 1415 Leahy St Muskegon, MI 49442 38-2578569 | Home Medical Equipment | MI | N/A | C | | | | Yes | |
| Hackley Professional Center 1415 Leahy St Muskegon, MI 49442 38-3024797 | Real Estate Rental | MI | N/A | C | | | | Yes | |
| Hackley Professional Pharmacy 1415 Leahy St Muskegon, MI 49442 38-2447870 | Pharmacy | MI | N/A | C | | | | Yes | |
| Health Management Services Org Inc 500 Grove Street Suite 100 Haddon Heights, NJ 08035 22-3366580 | Health Care Billing | NJ | N/A | C | | | | Yes | |
| HEF Inc 1415 Leahy St Muskegon, MI 49442 38-3086401 | Office Staffing | MI | N/A | C | | | | Yes | |
| Holy Cross Private Home Services Corp 11801 Tech Road Silver Spring, MD 20904 52-1986562 | Home Care Services | MD | N/A | C | | | | Yes | |
| HPC Co-Owners Association 1700 Clinton Muskegon, MI 49442 27-0734448 | Condominium Association | MI | N/A | C | | | | Yes | |
| Huron Arbor Corporation 5301 East Huron River Dr PO Box 992 Ann Arbor, MI 48106 38-2475644 | Provides Office Rental Space | MI | N/A | C | | | | Yes | |
| IHA Affiliation Corporation 24 Frank Lloyd Wright Dr Lobby J Ann Arbor, MI 48106 38-3188895 | Medical Management | MI | N/A | C | | | | Yes | |
| Jeannette Medical Providers 3805 West Chester Pike Newtown Square, PA 19073 25-1787334 | Holding Company | PA | N/A | C | | | | Yes | |
| Jeannette OBGYN Group 1 Inc 3805 West Chester Pike Newtown Square, PA 19073 23-2890748 | Holding Company | PA | N/A | C | | | | Yes | |
| Jeannette Primary Care Group 1 Inc 3805 West Chester Pike Newtown Square, PA 19073 23-2890743 | Holding Company | PA | N/A | C | | | | Yes | |
| Langhorne Services II Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 25-3795549 | General Partner of LMOB Partners, II | PA | N/A | C | | | | Yes | |
| Langhorne Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2625981 | General Partner of LMOB Partners, | PA | N/A | C | | | | Yes | |

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

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|---|--|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| LifeCare Physicians PC 601 Hamilton Avenue Trenton, NJ 08629 26-1649038 | Health Care Services | NJ | N/A | C | | | | Yes | |
| Lourdes Medical Associates PA 500 Grove Street Suite 100 Haddon Heights, NJ 08035 22-3361862 | Medical Services | NJ | N/A | C | | | | Yes | |
| Maryland Care Group Inc 11801 Tech Road Silver Spring, MD 20904 52-1815313 | Healthcare Holding | MD | N/A | C | | | | Yes | |
| MCMC Eastwick Inc c/o MHS One West Elm Street Ste 100 Conshohocken, PA 19428 23-2184261 | Medical Office Buildings | PA | N/A | C | | | | Yes | |
| MedNow Inc 1512 12th Avenue Road Nampa, ID 83686 82-0389927 | Outpatient Pharmacy | ID | N/A | C | | | | Yes | |
| Mercy Inpatient Medical Associates Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3029929 | Medical Services | MA | N/A | C | | | | Yes | |
| Mercy Medical Services 801 5th Street Sioux City, IA 51101 42-1283849 | Primary Care Physicians | IA | N/A | C | | | | Yes | |
| Mercy Services Corporation 2525 South Michigan Avenue Chicago, IL 60616 36-3227348 | Dormant | IL | N/A | C | | | | Yes | |
| Michigan Athletic Club 2500 Burton Grand Rapids, MI 49546 38-2647304 | Athletic Club | MI | N/A | C | | | | Yes | |
| Mount Carmel Health Providers Inc 6150 East Broad Street Columbus, OH 43213 31-1382442 | Medical Services | OH | N/A | C | | | | Yes | |
| North Iowa Mercy Medical Services Inc 1000 4th St SW Mason City, IA 50401 42-1382308 | Medical Services | IA | N/A | C | | | | Yes | |
| Nursing Network Inc 4725 North Federal Highway Fort Lauderdale, FL 33308 59-1145192 | Medical Services | FL | N/A | C | | | | Yes | |
| Physicians Medical Office Building Condominium Trust 1221 Main Street Room 108 Holyoke, MA 01040 04-6608649 | Property Management | MA | N/A | C | | | | Yes | |
| Priority Plus of California PO Box 27230 Fresno, CA 93729 77-0395267 | Formerly Hlth Mgmt Now Discontinued Operations | CA | N/A | C | | | | Yes | |
| Providence Home Care Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3317426 | Health Care Services | MA | N/A | C | | | | Yes | |

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|--|------------------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| Saint Alphonsus Physicians PA 1055 North Curtis Road Boise, ID 83706 33-1078261 | Physicians | ID | N/A | C | | | | Yes | |
| Saint Mary's Health Management Company 1640 East Paris SE Grand Rapids, MI 49546 38-3450733 | Athletic Club | MI | N/A | C | | | | Yes | |
| Samaritan Medical Office Building Inc 2212 Burdett Avenue Troy, NY 12180 14-1607244 | Real Estate | NY | N/A | C | | | | Yes | |
| SJM Properties Inc 411 Canisteo Street Hornell, NY 14843 16-1294991 | Property Holdings | NY | N/A | C | | | | Yes | |
| St Mary's Highland Hills Village Inc 1230 Baxter Street Athens, GA 30606 58-2276801 | Assisted Living | GA | N/A | C | | | | Yes | |
| Stella Maris Insurance Company Limited PO Box 69 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0632008 | Insurance | CJ | N/A | C | | | | Yes | |
| Surgery Center Financing Corporation 6150 East Broad Street Columbus, OH 43213 31-1531102 | Finance, Insurance and Real Estate | OH | N/A | C | | | | Yes | |
| System Coordinated Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-2938181 | Lab Services | MA | N/A | C | | | | Yes | |
| THRE Services LLC 20555 Victor Parkway Livonia, MI 48152 45-2603654 | Real Estate Brokerage Services | MI | N/A | C | | | | Yes | |
| Trinity Health Employee Benefit Trust 20555 Victor Parkway Livonia, MI 48152 38-3410377 | Grantor Trust | MI | N/A | T | | | | Yes | |
| Venzke Insurance Company Ltd PO Box 1051 Grand Cayman Grand Cayman CJ 98-0453602 | Provision of Insurance Coverage | CJ | N/A | C | | | | Yes | |
| West Shore Professional Building Condominium 1820 44th Street SE Kentwood, MI 49508 38-2700166 | Condominium Association | MI | N/A | C | | | | Yes | |
| Workplace Health of Grand Haven 1415 Leahy St Muskegon, MI 49442 38-3112035 | Occupational Health | MI | N/A | C | | | | Yes | |