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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2013

Open to Public Inspection

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

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
COLUMBUS ACQUISITION CORPORATION
Doing Business As
Number and street (or P O box if mail is not delivered to street address) Room/suite
111 CENTRAL AVENUE
Suite
City or town, state or province, country, and ZIP or foreign postal code
NEWARK, NJ 071021909

D Employer identification number
26-2616342
E Telephone number
(973) 690-3514
G Gross receipts \$ 0

F Name and address of principal officer
DAVID A RICCI FACHE
111 CENTRAL AVENUE
NEWARK, NJ 07102

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 0928

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW.SMMC.NJ.ORG

K Form of organization Corporation Trust Association Other

L Year of formation 2008 M State of legal domicile NJ

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, member counts, revenue breakdown, and fund balances.

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: RONALD NAPIORSKI VP FINANCE
Date: 2014-11-12

Paid Preparer Use Only
Prnt/Type preparer's name: Anthony J Panico
Preparer's signature, Date, Check if self-employed, PTIN: P00365556
Firm's name: WithumSmithBrown PC
Firm's EIN, Firm's address: 465 South St Ste 200, Mornstown, NJ 079606497, Phone no: (973) 690-3514

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission
COLUMBUS ACQUISITION CORPORATION IS A MEMBER OF CATHOLIC HEALTH EAST, WHICH INCLUDES SAINT MICHAEL'S MEDICAL CENTER THIS ORGANIZATION WAS FORMED IN 2008 IN ORDER TO PURCHASE THE ASSETS OF COLUMBUS HOSPITAL LOCATED IN NEWARK, NEW JERSEY COLUMBUS ACQUISITION CORPORATION SUBSEQUENTLY SOLD THE ASSETS ORIGINALLY PURCHASED FROM CATHEDRAL HEALTH SERVICES IN NOVEMBER 2008

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 \$ 0 including grants of \$ 0) (Revenue \$ 0)
COLUMBUS ACQUISITION CORPORATION HELD CERTAIN ASSETS OF COLUMBUS HOSPITAL PRIOR TO A SALE OF THOSE ASSETS IN NOVEMBER 2008

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 0

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>		No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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		
1b	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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 RONALD J NAPIORSKI 111 CENTRAL AVENUE
 NEWARK, NJ 07102 (973) 690-3514

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROOSEVELT N NESMITH ESQ CHAIRMAN - TRUSTEE	1 0	X		X				0	0	0
(2) REVEREND MSGR RONALD J ROZNIAK SECRETARY - TRUSTEE	1 0	X		X				0	0	0
(3) CECIL B CATES TRUSTEE	1 0	X		X				0	0	0
(4) MICHAEL CRITCHLEY SR ESQ TRUSTEE	1 0	X						0	0	0
(5) CATHERINE CUOMO CECERE TRUSTEE	1 0	X						0	0	0
(6) MICHELLE DECILLIS CPA TRUSTEE	1 0	X						0	0	0
(7) WILLIAM A DIGIACOMO MD TRUSTEE	1 0	X						0	0	0
(8) CLAUDIA A KOMER MD TRUSTEE	55 0	X						0	306,418	0
(9) RAYMOND OCASIO TRUSTEE	1 0	X						0	0	0
(10) DAVID A RICCI FACHE TRUSTEE - PRESIDENT/CEO	55 0	X		X				0	669,203	34,039
(11) BRIAN P SHULMAN PHD TRUSTEE	1 0	X						0	0	0
(12) DEREK S WARE TRUSTEE	1 0	X						0	0	0
(13) DENNIS A PETTIGREW VP - CFO/COO	55 0	X		X				0	337,136	9,324
(14) RONALD J NAPIORSKI VP FINANCE	55 0			X				0	261,668	26,498
(15) DENNIS SPARKS VP HUMAN RESOURCES	55 0			X				0	178,326	9,069

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	1,752,751	78,930	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▼	0				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▼	0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▼	0				
	4	Income from investment of tax-exempt bond proceeds ▼	0				
	5	Royalties ▼	0				
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)	0	0		
	d	Net rental income or (loss) ▼	0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss) ▼	0				
	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 ▼			0				
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 ▼	0				
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 ▼	0				
	Miscellaneous Revenue	Business Code					
11a	_____						
		b _____					
		c _____					
		d All other revenue					
e	Total. Add lines 11a-11d ▼	0					
12	Total revenue. See Instructions ▼	0	0	0			

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	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
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					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	0	0	0	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)	0	0		

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	90,534	1	65,129
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b Less accumulated depreciation		10c	
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	83,743	15	730,396
16 Total assets. Add lines 1 through 15 (must equal line 34)	174,277	16	795,525	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	174,277	25	795,525
	26 Total liabilities. Add lines 17 through 25	174,277	26	795,525
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	0	27	0
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	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	0	33	0	
34 Total liabilities and net assets/fund balances	174,277	34	795,525	

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	0
2	Total expenses (must equal Part IX, column (A), line 25)	2	0
3	Revenue less expenses Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0

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 type="checkbox"/> Separate basis <input checked="" 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		

SCHEDULE A
(Form 990 or 990EZ)

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.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS ACQUISITION CORPORATION

Employer identification number
26-2616342

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

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

(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?

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

h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 <input type="checkbox"/>						

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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	0	0	0	0	0	0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
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						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						0

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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b						0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0 %

- 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)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization COLUMBUS ACQUISITION CORPORATION

Employer identification number 26-2616342

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about conservation easement purposes, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures and amounts for revenues and assets.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	730,396
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	730,396

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
SETTLEMENTS, NET	795,525
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	795,525

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS ACQUISITION CORPORATION

Employer identification number

26-2616342

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b 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

2 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?

3 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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
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				
(1)CLAUDIA A KOMER MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	303,642	0	2,776	0	0	306,418	0
(2)DAVID A RICCI FACHE TRUSTEE - PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	415,335	135,921	117,947	11,475	22,564	703,242	0
(3)DENNIS A PETTIGREW VP - CFO/COO	(i)	0	0	0	0	0	0	0
	(ii)	331,459	0	5,677	2,375	6,949	346,460	0
(4)RONALD J NAPIORSKI VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	257,338	0	4,330	2,550	23,948	288,166	0
(5)DENNIS SPARKS VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	177,782	0	544	1,286	7,783	187,395	0

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
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES DAVID A RICCI, FACHE, \$84,829
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2013 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS ACQUISITION CORPORATION

Employer identification number

26-2616342

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	SAINT MICHAEL'S MEDICAL CENTER ("SMMC") IS THE SOLE MEMBER OF THIS ORGANIZATION AND HAS THE RIGHT TO APPROVE DECISIONS MADE BY THIS ORGANIZATION'S GOVERNING BODY, ITS BOARD OF TRUSTEES

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	<p>THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE ORGANIZATION'S BOARD OF TRUSTEES HAS BEEN DELEGATED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS WITHIN THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP, ITS FINANCE PERSONNEL AND THE OTHER INDIVIDUALS OUTLINED ABOVE, FOR THEIR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL FOLLOWING THIS REVIEW, THE FINAL FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO THE FILING WITH THE IRS</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN CATHOLIC HEALTH EAST ("CHE"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES SAINT MICHAEL'S MEDICAL CENTER ("SMMC"). THE ORGANIZATION AND THE SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO SMMC'S VICE PRESIDENT CORPORATE COMPLIANCE FOR REVIEW. THEREAFTER, A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS IS PREPARED IN CONJUNCTION WITH SMMC'S GENERAL COUNSEL AND PRESENTED TO SMMC'S AUDIT COMMITTEE FOR REVIEW AND DISCUSSION.

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN CATHOLIC HEALTH EAST, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES SAINT MICHAEL'S MEDICAL CENTER THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION RATHER THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THIS ORGANIZATION IS EMPLOYED BY CATHOLIC HEALTH EAST THE COMPENSATION AND BENEFITS OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER ARE SHOWN ON THIS TAX RETURN BECAUSE HE IS THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND ALSO A BOARD MEMBER OF THIS ORGANIZATION SYSTEM HAS A COMPENSATION COMMITTEE ("COMMITTEE") AND HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLY TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER For all other employees reported in part vii and schedule j of this form 990, SAINT MICHAEL'S MEDICAL CENTER has adopted SYSTEM'S policy process for determining compensation which includes the following The 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 organizations 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</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE WITHIN CATHOLIC HEALTH EAST, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY ONE HOUR THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM, NOT SOLELY THIS ORGANIZATION

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT MICHAEL'S MEDICAL CENTER ("SMMC") AND RELATED ENTITIES FOR THE YEARS ENDED DECEMBER 31, 2013 AND DECEMBER 31, 2012, RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS EACH YEAR. THE SMMC AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

- ▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS ACQUISITION CORPORATION

Employer identification number

26-2616342

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

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							

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

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

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

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

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		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V	SAINT MICHAEL'S MEDICAL CENTER ROUTINELY PAYS EXPENSES FOR VARIOUS RELATED AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

Software ID:
Software Version:
EIN: 26-2616342
Name: COLUMBUS ACQUISITION CORPORATION

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) CATHOLIC HEALTH EAST 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 23-2929748	MGMT SVCS	PA	501(c)(3)	11C, III-FI	CHE TRINITY	Yes	
(1) CONTINUING CARE MANAGEMENT SERVICES NTWK 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 35-2336834	MGMT/SUPP SVS	PA	501(c)(3)	11B, II	CATH HLTH E	Yes	
(2) VNA HOME HEALTH & HOSPICE 50 FODEN ROAD SOUTH PORTLAND, ME 04106 01-0246804	HOME HTH/HOSP	ME	501(c)(3)	11A, I	MHS - ME	Yes	
(3) MERCY HOSPITAL 114 STATE STREET PORTLAND, ME 04101 01-0211534	HOSPITAL	ME	501(c)(3)	3	MHS - ME	Yes	
(4) MERCY HEALTH SYSTEM OF MAINE 144 STATE STREET PORTLAND, ME 04101 01-0484074	MGMT/SUPP SVS	ME	501(c)(3)	11C, III-FI	CATH HLTH E	Yes	
(5) SUNNYVIEW HOSPITAL & REHABILITATION CTR 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	SUPPORT FDN	NY	501(c)(3)	11A, I	SUNNY H&R	Yes	
(6) MERCY CARE FOR KIDS INC 310 SOUTH MANNING BLVD ALBANY, NY 12208 14-1717564	DISCONT OPS	NY	501(c)(3)	9	SPHCS	Yes	
(7) OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	NURSING HOME	NY	501(c)(3)	3	SPHCS	Yes	
(8) ST PETER'S AUXILIARY 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2843206	AUXILIARY	NY	501(c)(3)	11A, I	SPHCS	Yes	
(9) ST PETER'S HEALTH CARE SERVICES 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2702507	MGMT/SUPP SVS	NY	501(c)(3)	9	SPHP	Yes	
(10) ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HOSPITAL	NY	501(c)(3)	3	SPHCS	Yes	
(11) ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BLVD SUITE 309 ALBANY, NY 12208 22-2262982	FUNDRAISING	NY	501(c)(3)	7	SPHCS	Yes	
(12) EDDY LICENSED HOME CARE AGENCY 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH	NY	501(c)(3)	3	LTC (EDDY)	Yes	
(13) THE COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940	FUNDRAISING	NY	501(c)(3)	7	COM HOSPICE	Yes	
(14) THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921	HOSPICE	NY	501(c)(3)	3	SPHCS	Yes	
(15) VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	NURSING HOME	NY	501(c)(3)	3	SPH	Yes	
(16) WARDE SERVICE CORPORATION INC 159 WOLF ROAD 3RD FLOOR ALBANY, NY 12205 14-1732097	DISCONT OPS	NY	501(c)(3)	9	SPHCS	Yes	
(17) NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756	SUPPORT ORG	NY	501(c)(3)	11B, II	SPHP	Yes	
(18) MEMORIAL HOSPITAL ALBANY NY 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HOSPITAL	NY	501(c)(3)	3	NE HEALTH	Yes	
(19) SAMARITAN HOSPITAL OF TROY NEW YORK 2215 BURDETT AVE TROY, NY 12180 14-1338544	HOSPITAL	NY	501(c)(3)	3	NE HEALTH	Yes	

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						Yes	No
(21) THE NORTHEAST HEALTH FOUNDATION INC 2224 BURDETT AVE TROY, NY 12180 22-2743478	SUPPORT FDN	NY	501(c)(3)	7	NE HEALTH	Yes	
(1) SAMARITAN CHILD CARE CENTER INC 2213 BURDETT AVE TROY, NY 12180 14-1710225	CHILD DAYCARE	NY	501(c)(3)	9	NE HEALTH	Yes	
(2) SHAKER PROPERTIES INC 2212 BURDETT AVE TROY, NY 12180 22-3119822	DISCONT OPS	NY	501(c)(2)	N/A	NE HEALTH	Yes	
(3) SUNNYVIEW HOSPITAL & REHABILITATION CTR 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	REHAB HOSP	NY	501(c)(3)	3	LTC (EDDY)	Yes	
(4) JAMES A EDDY MEMORIAL GERIATRIC CENTER 2256 BURDETT AVE TROY, NY 12180 22-2570478	NURSING HOME	NY	501(c)(3)	9	LTC (EDDY)	Yes	
(5) CAPITAL REGION GERIATRIC CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597	NURSING HOME	NY	501(c)(3)	9	LTC (EDDY)	Yes	
(6) HERITAGE HOUSE NURSING CENTER INC 2920 TIBBITS AVE TROY, NY 12180 14-1725101	NURSING HOME	NY	501(c)(3)	9	LTC (EDDY)	Yes	
(7) THE MARJORIE DOYLE ROCKWELL CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	ADULT HOME	NY	501(c)(3)	9	LTC (EDDY)	Yes	
(8) BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	ASSIST LIVING	NY	501(c)(3)	9	LTC (EDDY)	Yes	
(9) HAWTHORNE RIDGE INC 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	ASSIST LIVING	NY	501(c)(3)	9	LTC (EDDY)	Yes	
(10) GLEN EDDY INC ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	ASSIST LIVING	NY	501(c)(3)	9	LTC (EDDY)	Yes	
(11) BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563	REAL EST HLDG	NY	501(c)(2)	N/A	LTC (EDDY)	Yes	
(12) SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(c)(3)	9	LTC (EDDY)	Yes	
(13) HOME AID SERVICE OF EASTERN NEW YORK INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME CARE	NY	501(c)(3)	9	LTC (EDDY)	Yes	
(14) SETON HEALTH SYSTEM INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HOSPITAL	NY	501(c)(3)	3	SPHP	Yes	
(15) SETON HLTH SCHUYLER RIDGE RES HLTHCAR 1 ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	SKILLED NURS	NY	501(c)(3)	9	SETON HS	Yes	
(16) SETON HEALTH FOUNDATION 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416	SUPPORT ORG	NY	501(c)(3)	11A,I	SETON HS	Yes	
(17) SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	SUPPORT ORG	NY	501(c)(3)	9	SETON HS	Yes	
(18) SETON LICENSED HOME CARE INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1809134	DISCONT OPS	NY	501(c)(3)	3	SETON HS	Yes	
(19) EMPIRE HOME INFUSION SERVICE INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME CARE	NY	501(c)(3)	9	HAS OF E	Yes	

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						Yes	No
(41) LTC (EDDY) INC 2212 BURDETT AVE TROY, NY 12180 22-2564710	SUPPORT ORG	NY	501(c)(3)	11A, I	NE HEALTH	Yes	
(1) ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	MGMT/SUPP SVS	NY	501(c)(3)	11B, II	CATH HLTH E	Yes	
(2) ST PETER'S HEALTH PARTNERS MEDICAL ASSO 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	PHYS PRATICE	NY	501(c)(3)	3	SPHP	Yes	
(3) PROVIDENCE PLACE INC 5 GAMELIN STREET HOLYOKE, MA 01040 04-3404084	RETIRE COMM	MA	501(c)(3)	9	SIST PROVID	Yes	
(4) MARY'S MEADOW AT PROVIDENCE PLACE C/O SPHS 1221 MAIN STREET SUITE 2 HOLYOKE, MA 01040 26-2043754	LT CARE	MA	501(c)(3)	3	SIST PROVID	Yes	
(5) BRIGHTSIDE INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-2182395	BEHAV CARE	MA	501(c)(3)	9	SOP HS	Yes	
(6) FARREN CARE CENTER INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-2501711	LT CARE	MA	501(c)(3)	3	SOP HS	Yes	
(7) MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-3398280	ACUTE CARE	MA	501(c)(3)	3	SOP HS	Yes	
(8) MERCY SPECIALIST PHYSICIANS INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 26-4033168	NEURO MED SVS	MA	501(c)(3)	3	SOP HS	Yes	
(9) SISTERS OF PROVIDENCE CARE CENTERS INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 22-2541103	LT CARE	MA	501(c)(3)	3	SOP HS	Yes	
(10) SISTERS OF PROVIDENCE HEALTH SYSTEM INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-3398374	MGMT/SUPP SVS	MA	501(c)(3)	11A, I	CATH HLTH E	Yes	
(11) MERCY LIFE INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 45-3086711	ACUTE CARE	MA	501(c)(3)	3	SOP HS	Yes	
(12) PIONEER VALLEY CARDIOLOGY ASSOCIATES IN C/O SPHS 1221 MAIN STREET SUITE 2 HOLYOKE, MA 01040 45-4208896	CARDIO SVCS	MA	501(c)(3)	4	SOP HS	Yes	
(13) MERCY ONCOLOGY SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 2 HOLYOKE, MA 01040 45-4884805	ONCOL MED SVS	MA	501(c)(3)	N/A	SOP HS	Yes	
(14) MCAULEY CENTER INC 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	INDEP LIVING	CT	501(c)(3)	9	MERCY C H	Yes	
(15) MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	MGMT/SUPP SVS	CT	501(c)(3)	11A, I	CATH HLTH E	Yes	
(16) MERCY COMMUNITY HOMECARE SERVICES 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1488137	IN-HOME HC	CT	501(c)(3)	9	MERCY C H	Yes	
(17) MERCY SERVICES 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1453323	SUPPORT SVCS	CT	501(c)(3)	1	MERCY C H	Yes	
(18) MERCYKNOLL INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0757380	SKILLED NURS	CT	501(c)(3)	3	MERCY C H	Yes	
(19) SAINT MARY HOME II INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1164104	ELDERLY CARE	CT	501(c)(3)	3	MERCY C H	Yes	

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						Yes	No
(61) ST MARY HOME INCORPORATED 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	SKILLED NURS	CT	501(c)(3)	3	MERCY C H	Yes	
(1) MERCY HEALTHCARE CENTER 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	DISSOLUTION	NY	501(c)(3)	3	CATH HLTH E	Yes	
(2) MERCY UIHLEIN HEALTH CORPORATION 185 OLD MILITARY ROAD LAKE PLACID, NY 12946 16-1535133	DISSOLUTION	NY	501(c)(3)	11B, II	MERCY HCC	Yes	
(3) UIHLEIN MERCY CENTER 185 OLD MILITARY ROAD LAKE PLACID, NY 12946 15-0532190	DISSOLUTION	NY	501(c)(3)	3	MERCY HCC	Yes	
(4) ST JAMES MERCY FOUNDATION INC 411 CANISTEO STREET HORNELL, NY 14843 16-1486437	FOUNDATION	NY	501(c)(3)	7	SJMHS	Yes	
(5) ST JAMES MERCY HEALTH SYSTEM INC 411 CANISTEO STREET HORNELL, NY 14843 22-3127184	MGMT/SUPP SVS	NY	501(c)(3)	11B, II	CATH HLTH E	Yes	
(6) ST JAMES MERCY HOSPITAL 411 CANISTEO STREET HORNELL, NY 14843 16-0743310	HOSPITAL	NY	501(c)(3)	3	SJMHS	Yes	
(7) MAXIS MEDICAL SERVICES 100 LINCOLN AVE CARBONDALE, PA 18407 23-2577185	PHYS PRACT	PA	501(c)(3)	3	MAXIS HS	Yes	
(8) MARIAN COMMUNITY HOSPITAL 100 LINCOLN AVE CARBONDALE, PA 18407 24-0711230	DISSOLUTION	PA	501(c)(3)	3	MAXIS HS	Yes	
(9) MARIAN COMMUNITY HOSPITAL AUXILIARY 100 LINCOLN AVE CARBONDALE, PA 18407 25-1874733	DISSOLUTION	PA	501(c)(3)	11B, II	MAXIS HS	Yes	
(10) MAXIS FOUNDATION 100 LINCOLN AVE CARBONDALE, PA 18407 23-2330090	DISSOLUTION	PA	501(c)(3)	11B, II	MAXIS HS	Yes	
(11) MAXIS HEALTH SYSTEM 100 LINCOLN AVE CARBONDALE, PA 18407 91-1940902	DISSOLUTION	PA	501(c)(3)	11B, II	MAXIS HS	Yes	
(12) TRI-COUNTY HUMAN SERVICES CENTER INC PO BOX 517 CARBONDALE, PA 18407 23-1938528	DISSOLUTION	PA	501(c)(3)	7	MAXIS HS	Yes	
(13) SAINT MICHAELS MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HOSPITAL	NJ	501(c)(3)	3	CATH HLTH E	Yes	
(14) ST JAMES CARE INC 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE	NJ	501(c)(3)	9	SMMC	Yes	
(15) ST MICHAEL'S FOUNDATION INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976	FOUNDATION	NJ	501(c)(3)	11A, I	SMMC	Yes	
(16) UNIVERSITY HEIGHTS PROPERTY COMPANY INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	MED PROP HLDG	NJ	501(c)(2)	N/A	SMMC	Yes	
(17) LIFE ST FRANCIS CORPORATION 601 HAMILTON AVENUE TRENTON, NJ 08629 22-2797282	HEALTH SVCS	NJ	501(c)(3)	11A, I	SFMC TRENT	Yes	
(18) ST FRANCIS MEDICAL CENTER FOUNDATION NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(c)(3)	11A, I	SFMC TRENT	Yes	
(19) ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HOSPITAL	NJ	501(c)(3)	3	CATH HLTH E	Yes	

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						Yes	No
(81) LANGHORNE MRI INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	INACTIVE	PA	501(c)(3)	9	ST MARY MC	Yes	
(1) LANGHORNE PHYSICIAN SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	PHYSICIAN SVS	PA	501(c)(3)	9	ST MARY MC	Yes	
(2) LIFE ST MARY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	ELDERLY CARE	PA	501(c)(3)	9	ST MARY MC	Yes	
(3) ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HOSPITAL	PA	501(c)(3)	3	CATH HLTH E	Yes	
(4) ST MARY MEDICAL CENTER FOUNDATION INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(c)(3)	7	ST MARY MC	Yes	
(5) EAST NORRITON PHYSICIAN SERVICES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2515999	PHYSICIAN SVS	PA	501(c)(3)	3	MHS OF SE	Yes	
(6) MERCY CATHOLIC MED CTR OF SOUTHEASTERN P ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1352191	HOSPITAL	PA	501(c)(3)	3	MHS OF SE	Yes	
(7) MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH	PA	501(c)(3)	9	MHS OF SE	Yes	
(8) MERCY HEALTH FOUNDATION OF SOUTHEASTERN ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2829864	FUNDRAISING	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(9) MERCY HEALTH PLAN ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 22-2483605	HEALTH PLANS	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(10) MERCY HEALTH SYSTEM OF SOUTHEASTERN PA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2212638	MGMT/SUPP SVS	PA	501(c)(3)	11B, II	CATH HLTH E	Yes	
(11) MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH	PA	501(c)(3)	9	MHS OF SE	Yes	
(12) MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	HOME HEALTH	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(13) MERCY MANAGEMENT OF SOUTHEASTERN PA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2627944	PHYS PRACT	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(14) MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1396763	HOSPITAL	PA	501(c)(3)	3	MHS OF SE	Yes	
(15) NAZARETH HEALTH CARE FOUNDATION 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FUNDRAISING	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(16) NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HOSPITAL	PA	501(c)(3)	3	MHS OF SE	Yes	
(17) NAZARETH PHYSICIAN SERVICES INC 2601 HOLME AVENUE PHILADELPHIA, PA 19152 20-3261266	PHYS PRACT	PA	501(c)(3)	3	MHS OF SE	Yes	
(18) NE PHYSICIAN SERVICES 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2497355	PHYS PRACT	PA	501(c)(3)	3	MHS OF SE	Yes	
(19) ST AGNES CONTINUING CARE CENTER 1900 S BROAD STREET PHILADELPHIA, PA 19145 23-2840137	CONT CARE SVS	PA	501(c)(3)	3	MHS OF SE	Yes	

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						Yes	No
(101) ST AGNES CONTINUING CARE CENTER FOUNDAT 1900 S BROAD STREET PHILADELPHIA, PA 19145 23-2415137	FUNDRAISING	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(1) LIFE AT LOURDES INC 1600 HADDON AVENUE CAMDEN, NJ 08103 26-1854750	ELDERLY CARE	NJ	501(c)(3)	3	OLOLHCS	Yes	
(2) LOURDES ANCILLARY SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	SUPPORT ORG	NJ	501(c)(3)	11B, II	OLOLHCS	Yes	
(3) LOURDES DIALYSIS AT INNOVA INC 1600 HADDON AVENUE CAMDEN, NJ 08103 26-3237625	HOSPITAL	NJ	501(c)(3)	3	OLOLHCS	Yes	
(4) LOURDES MEDICAL CENTER BURLINGTON COUNTY 218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HOSPITAL	NJ	501(c)(3)	3	OLOLHCS	Yes	
(5) OUR LADY OF LOURDES HEALTH CARE SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	MGMT/SUPP SVS	NJ	501(c)(3)	11B, II	CATH HLTH E	Yes	
(6) OUR LADY OF LOURDES HEALTH FOUNDATION I 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(c)(3)	7	OLOLHCS	Yes	
(7) LOURDES CARDIOLOGY SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	CARDIO SVCS	NJ	501(c)(3)	3	OLOLHCS	Yes	
(8) OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 081033117 21-0635001	HOSPITAL	NJ	501(c)(3)	3	OLOLHCS	Yes	
(9) FRANCISCAN ELDERCARE CORPORATION PO BOX 2500 WILINGTON, DE 19805 22-3008680	SKILLED NURS	DE	501(c)(3)	9	SFH	Yes	
(10) ST FRANCIS FOUNDATION PO BOX 2500 WILINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(c)(3)	11B, II	SFH	Yes	
(11) ST FRANCIS HOSPITAL PO BOX 2500 WILINGTON, DE 19805 51-0064326	HOSPITAL	DE	501(c)(3)	3	CATH HLTH E	Yes	
(12) LIFE AT ST FRANCIS HEALTHCARE INC PO BOX 2500 WILINGTON, DE 19805 45-2569214	ELDERLY CARE	DE	501(c)(3)	3	SFH	Yes	
(13) MCAULEY MINISTRIES MCAULEY HALL 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	MGMT/SUPP SVS	PA	501(c)(3)	9	PMHS	Yes	
(14) MERCY JEANNETTE HOSPITAL 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 25-1310602	INACTIVE	PA	501(c)(3)	9	PMHS	Yes	
(15) MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMM TREATMT	PA	501(c)(3)	9	PMHS	Yes	
(16) PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	MGMT/SUPP SVS	PA	501(c)(3)	11B, II	CATH HLTH E	Yes	
(17) ST JOSEPH'S OF THE PINES INC 100 GROSSMAN DRIVE SUITE B SOUTHERN PINES, NC 28387 56-0694200	HOSPITAL	NC	501(c)(3)	3	CATH HLTH E	Yes	
(18) LIFE ST JOSEPH OF THE PINES INC 100 GROSSMAN DRIVE SUITE B SOUTHERN PINES, NC 28387 27-2159847	HLTHCARE SVS	NC	501(c)(3)	3	SJ PINES	Yes	
(19) MERCY SENIOR CARE INC 300 CHATILLON ROAD PO BOX 866 ROME, GA 30162 58-1366508	COM OUTREACH	GA	501(c)(3)	7	SJHS	Yes	

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						Yes	No
(121) SAINT JOSEPH'S HEALTH SYSTEM INC 424 DECATUR STREET ATLANTA, GA 30312 58-1744848	MGMT/SUPP SVS	GA	501(c)(3)	11B, II	CATH HLTH E	Yes	
(1) SAINT JOSEPH'S MERCY CARE SERVICES INC 424 DECATUR STREET ATLANTA, GA 30312 58-1752700	COM OUTREACH	GA	501(c)(3)	7	SJHS	Yes	
(2) SAINT JOSEPH'S MERCY FOUNDATION INC 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FUNDRAISING	GA	501(c)(3)	11B, II	SJHS	Yes	
(3) MERCY SERVICES DOWNTOWN INC 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	REAL EST HLDG	GA	501(c)(3)	11B, II	SJHS	Yes	
(4) ST MARY'S HEALTH CARE SYSTEM INC 1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HOSPITAL	GA	501(c)(3)	3	CATH HLTH E	Yes	
(5) ST MARY'S FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FUNDRAISING	GA	501(c)(3)	11B, II	ST MARY HCS	Yes	
(6) ST MARY'S HIGHLAND HILLS INC 1230 BAXTER STREET ATHENS, GA 30606 02-0576648	ASST LIVING	GA	501(c)(3)	3	ST MARY HCS	Yes	
(7) ST MARY'S MEDICAL GROUP INC 1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HOSPITAL	GA	501(c)(3)	3	ST MARY HCS	Yes	
(8) GOOD SAMARITAN HOSPITAL INC 1201 SILOAM ROAD GREENSBORO, GA 30462 26-1720984	HOSPITAL	GA	501(c)(3)	3	ST MARY HCS	Yes	
(9) MERCY MEDICAL CORPORATION PO BOX 1090 101 VILLA DRIVE DAPHNE, AL 36526 63-6002215	HOSPITAL	AL	501(c)(3)	3	CATH HLTH E	Yes	
(10) MERCY LIFE OF ALABAMA PO BOX 1090 101 VILLA DRIVE DAPHNE, AL 36526 27-3163002	HOSPITAL	AL	501(c)(3)	3	MMC	Yes	
(11) ALLEGANY FRANCISCAN MINISTRIES INC 33920 US HIGHWAY 19 NORTH SUITE 2 PALM HARBOR, FL 34684 58-1492325	GRANTMKG ORG	FL	501(c)(3)	11B, II	CATH HLTH E	Yes	
(12) ST FRANCIS HOSPITAL INC 33920 US HIGHWAY 19 NORTH SUITE 2 PALM HARBOR, FL 34684 59-0624442	GRANTMKG ORG	FL	501(c)(3)	11A, I	AF MINISTIR	Yes	
(13) HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HOSPITAL	FL	501(c)(3)	3	CATH HLTH E	Yes	
(14) HOLY CROSS LONG-TERM CARE INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0787320	MEDICAL SVCS	FL	501(c)(3)	3	HOLY CR H	Yes	
(15) HOLY CROSS MEDICAL PROPERTIES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283	REAL EST MGMT	FL	501(c)(2)	N/A	HOLY CR H	Yes	
(16) SSJ HEALTH FOUNDATION INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 59-1709438	FUNDRAISING	FL	501(c)(3)	7	MERCY HOSP	Yes	
(17) MERCY HOSPITAL INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 59-0791034	HOSPITAL	FL	501(c)(3)	3	CATH HLTH E	Yes	
(18) MERCY MEDICAL DEVELOPMENT INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 59-2789194	OUTPTNT SVCS	FL	501(c)(3)	9	MERCY HOSP	Yes	
(19) MERCY MISSION SERVICES INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 65-0435764	HEALTH CARE	FL	501(c)(3)	11A, I	MERCY HOSP	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
(141) MERCY OUTPATIENT SERVICES INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 51-0461511	HOSPITAL	FL	501(c)(3)	3	MERCY HOSP	Yes	
(1) GLOBAL HEALTH MINISTRY 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 23-3068656	HEALTH CARE	PA	501(c)(3)	7	CATH HLTH E	Yes	
(2) INTRACOASTAL HEALTH SYSTEMS 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 65-0556413	MGMT/SUPP SVS	PA	501(c)(3)	11A, I	CATH HLTH E	Yes	
(3) ADVANTAGE HEALTHSAINT MARY'S MEDICAL GR 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HLTHCARE SVS	MI	501(c)(3)	9	TRINITY H-MI	Yes	
(4) AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	HOSPICE SVCS	MI	501(c)(3)	9	TRINITY HHS	Yes	
(5) AUXILIARY OF HOLY ROSARY HOSPITAL 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	SUPPORTS SVS	OR	501(c)(3)	9	SAMC-ONTARIO	Yes	
(6) BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	ACUTE/AMB SVS	IA	501(c)(3)	3	MHS-IOWA	Yes	
(7) BAUM HARMON MERCY HOSPITAL & CLINICS FDN 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	SUPPORT SVCS	IA	501(c)(3)	11A, I	BM HARM MH	Yes	
(8) CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	SUPPORT SVCS	MI	501(c)(3)	11B, II	TRINITY H-MI	Yes	
(9) CHE TRINITY INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 90-0931907	MGMT/SUPP SVS	IN	501(c)(3)	11B, II	NA	Yes	
(10) COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440	HLTHCARE SVS	IN	501(c)(3)	3	SJRMC	Yes	
(11) CRANBROOK HOSPICE CARE 1111 WLONG LAKE RD STE 102 TROY, MI 48098 38-3320699	HOSPICE SVCS	MI	501(c)(3)	11A, I	TRINITY HHS	Yes	
(12) DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HOSPITAL	OH	501(c)(3)	3	MT CARMEL HS	Yes	
(13) DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	SUPPORT SVCS	IA	501(c)(3)	11A, I	MHS-IOWA	Yes	
(14) DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	SUPPORT SVCS	IA	501(c)(3)	11A, I	MHS-IOWA	Yes	
(15) GOTTLIEB COMMUNITY HEALTH SERVICES CORP 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	SUPPORT SVCS	IL	501(c)(3)	9	GOTTLIEB MH	Yes	
(16) GOTTLIEB MEMORIAL FOUNDATION 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011	SUPPORT SVCS	IL	501(c)(3)	11C, III-FI	NA	Yes	
(17) GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HLTHCARE SVCS	IL	501(c)(3)	3	LOYOLA UHS	Yes	
(18) HACKLEY HOSPITAL 1700 CLINTON ST PO BOX 3302 MUSKEGON, MI 494433302 38-1358196	HLTHCARE SVCS	MI	501(c)(3)	3	MERCY HP	Yes	
(19) HACKLEY HOSPITAL SELF INSURANCE PROF LI PO BOX 3302 MUSKEGON, MI 494433302 38-2299878	SELF INSUR	MI	501(c)(3)	11C, III-FI	MERCY HP	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
(161) HACLEY LIFE COUNSELING 1352 TERRACE ST MUSKEGON, MI 494423545 38-1386362	COUNS/ED/SUPP	MI	501(c)(3)	9	MERCY HP	Yes	
(1) HACLEY VISITING NURSE SVCS AND HOSPICE 888 TERRACE ST MUSKEGON, MI 49440 38-1359598	HOME HLTH SVS	MI	501(c)(3)	7	MERCY HP	Yes	
(2) HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48333 52-1945054	LT CARE/REHAB	MD	501(c)(3)	9	TRINITY CCS	Yes	
(3) HOLY CROSS HEALTH FOUNDATION INC 11801 TECH ROAD SILVER SPRING, MD 20904 20-8428450	FUNDRAISING	MD	501(c)(3)	11A, I	HOLY CROSS H	Yes	
(4) HOLY CROSS HEALTH INC 1500 FOREST GLEN RD SILVER SPRING, MD 209101484 52-0738041	HLTHCARE SVCS	MD	501(c)(3)	3	TRINITY HC	Yes	
(5) HOLY CROSS MEDICAL CENTER 20555 VICTOR PARKWAY LIVONIA, MI 48152 95-1985442	HLTHCARE SVCS	CA	501(c)(3)	3	TRINITY HC	Yes	
(6) HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 504016208 42-1173708	HOSPICE SVCS	IA	501(c)(3)	7	MHS-IOWA	Yes	
(7) HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SVCS	IA	501(c)(3)	11A, I	NA	Yes	
(8) HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE SVCS	MI	501(c)(3)	11A, I	TRINITY H-MI	Yes	
(9) IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HLTHCARE SVCS	MI	501(c)(3)	9	TRINITY H-MI	Yes	
(10) LAKESHORE COMMUNITY HOSPITAL INC 72 S STATE STREET SHELBY, MI 494551228 38-2549295	HLTHCARE SVCS	MI	501(c)(3)	3	MERCY HP	Yes	
(11) LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	MGMT/SUPP SVC	IL	501(c)(3)	11B, II	TRINITY HC	Yes	
(12) LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HLTHCARE SVCS	IL	501(c)(3)	3	LOYOLA UHS	Yes	
(13) MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HLTH SVS	IA	501(c)(3)	11A, I	MHS-IOWA	Yes	
(14) MARYCREST HEIGHTS PO BOX 9184 FARMINGTON HILLS, MI 48333 27-0291722	ELDRLY HOUS	MI	501(c)(3)	11A, I	TRINITY CCS	Yes	
(15) MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HLTHCARE SVCS	MI	501(c)(3)	3	C MCAULEY HS	Yes	
(16) MERCY AMICARE HOME HEALTHCARE OAKLAND 1111 WLONG LAKE RD STE 102 TROY, MI 48098 38-3320698	HOME HLTH SVS	MI	501(c)(3)	11A, I	TRINITY HHS	Yes	
(17) MERCY AMICARE HOME HEALTHCARE PORT HURO 505 HURON AVENUE PORT HURON, MI 48060 38-3320701	HOME HLTH SVS	MI	501(c)(3)	11A, I	TRINITY HHS	Yes	
(18) MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	SUPPORT SVCS	IL	501(c)(3)	11A, I	MERCY HS CHI	Yes	
(19) MERCY GENERAL HLTH PTNRS AMICARE HOMECA 684 HARVEY STREET MUSKEGON, MI 49442 38-3321856	HOME HLTH SVS	MI	501(c)(3)	11A, I	TRINITY HHS	Yes	

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						Yes	No
(181) MERCY HEALTH NETWORK 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HLTHCARE MGMT	DE	501(c)(3)	11A, I	NA	Yes	
(1) MERCY HEALTH PARTNERS 1415 LEAHY STREET MUSKEGON, MI 49442 38-2589966	SUPPORT SVCS	MI	501(c)(3)	3	TRINITY H-MI	Yes	
(2) MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HLTHCARE SVCS	DE	501(c)(3)	3	TRINITY H-MI	Yes	
(3) MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	MGMT/SUPP SVS	IL	501(c)(3)	11A, I	TRINITY HC	Yes	
(4) MERCY HLTH SYST OF CHICAGO LIAB SELF IN BK OF AMERICA 231 S LASALLE CHICAGO, IL 60697 91-2092113	SELF INSUR	IL	501(c)(3)	11C, III-FI	MERCY HS CHI	Yes	
(5) MERCY HEALTHCARE FOUNDATION 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FUNDRAISING	IA	501(c)(3)	11C, III-FI	NA	Yes	
(6) MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HLTHCARE SVCS	IL	501(c)(3)	3	MERCY HS CHI	Yes	
(7) MERCY HOSPITAL CADILLAC FOUNDATION 400 HOBART CADILLAC, MI 496012331 20-3357131	SUPPORT SVCS	MI	501(c)(3)	11A, I	TRINITY H-MI	Yes	
(8) MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	AUXILIARY	MI	501(c)(3)	11A, I	TRINITY H-MI	Yes	
(9) MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA 527322940 42-1336618	HLTHCARE SVCS	DE	501(c)(3)	3	MHS-IOWA	Yes	
(10) MERCY MEDICAL CENTER - SIOUX CITY FOUNDA 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	SUPPORT SVCS	IA	501(c)(3)	7	MHS-IOWA	Yes	
(11) MERCY MEDICAL CENTER FOUNDATION - NORTH 1000 4TH STREET SW MASON CITY, IA 504012800 42-1229151	SUPPORT SVCS	IA	501(c)(3)	11C, III-FI	NA	Yes	
(12) MERCY NORTH HOMECARE AND HOSPICE 7985 MACKINAW TRAIL CADILLAC, MI 49601 38-3313897	HOME HLTH SVS	MI	501(c)(3)	11A, I	TRINITY HHS	Yes	
(13) MERCY PHYSICIAN GROUP INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 20-8192593	HLTHCARE SVCS	ID	501(c)(3)	9	SAMC-NAMPA	Yes	
(14) MERCY SVCS FOR AGING NON-PROFIT HOUSING PO BOX 9184 FARMINGTON HILLS, MI 483339184 38-2719605	LT CARE	MI	501(c)(3)	11B, II	TRINITY CCS	Yes	
(15) MIDWEST MEDFLIGHT 1300 VICTORS WAY ANN ARBOR, MI 48108 38-2684671	AERO TRANSP	MI	501(c)(3)	9	TRINITY H-MI	Yes	
(16) MISSION HEALTH CORPORATION 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	AMBUL CARE	DE	501(c)(3)	11A, I	NA	Yes	
(17) MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE	OH	501(c)(3)	2	MT CARMEL HT	Yes	
(18) MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HLTH INSUR	OH	501(c)(4)	N/A	MT CARMEL HS	Yes	
(19) MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(c)(4)	N/A	MT CARMEL HS	Yes	

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						Yes	No
(201) MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	MGMT/SUPP SVS	OH	501(c)(3)	3	TRINITY HC	Yes	
(1) MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	SUPPORT SVCS	OH	501(c)(3)	11A, I	MT CARMEL HS	Yes	
(2) MOUNT CARMEL HOME CARE LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH 43213 26-2729300	HOME HLTH SVS	OH	501(c)(3)	9	TRINITY HHS	Yes	
(3) MRI MOBILE SERVICES OF WEST MICHIGAN 1820-44TH STREET KENTWOOD, MI 49508 38-3073745	MRI SERVICES	MI	501(c)(3)	9	TRINITY H-MI	Yes	
(4) MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	SUPPORT SVCS	MI	501(c)(3)	7	MERCY HP	Yes	
(5) OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HLTHCARE SVCS	NE	501(c)(3)	3	MHS-IOWA	Yes	
(6) OAKLAND MERCY HOSPITAL FOUNDATION 601 EAST 2ND STREET OAKLAND, NE 68045 31-1678345	SUPPORT SVCS	NE	501(c)(3)	11C, III-FI	NA	Yes	
(7) OSUMOUNT CARMEL HEALTH ALLIANCE 793 WEST STATE STREET COLUMBUS, OH 43222 31-1654603	HLTHCARE SVCS	OH	501(c)(3)	11A, I	NA	Yes	
(8) PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647	HLTHCARE SVCS	MI	501(c)(3)	11A, I	TRINITY H-MI	Yes	
(9) PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 494423257 38-2638284	HLTHCARE/EDUC	MI	501(c)(3)	9	TRINITY H-MI	Yes	
(10) PROFESSIONAL OFFICE CORPORATION 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HLTHCARE SVCS	CA	501(c)(3)	11A, I	SAMC	Yes	
(11) SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HLTHCARE SVCS	CA	501(c)(3)	3	TRINITY HC	Yes	
(12) SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	SUPPORT SVCS	ID	501(c)(3)	11A, I	SARMC	Yes	
(13) SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	SUPPORT SVCS	ID	501(c)(3)	11A, I	SARMC	Yes	
(14) SAINT ALPHONSUS FOUNDATION-BAKER CITY I 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	SUPPORT SVCS	OR	501(c)(3)	7	SAMC-BAKER C	Yes	
(15) SAINT ALPHONSUS FOUNDATION-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	SUPPORT SVCS	OR	501(c)(3)	11A, I	SAMC-ONTARIO	Yes	
(16) SAINT ALPHONSUS HEALTH SYSTEM INC 1055 NORTH CURTIS RD BOISE, ID 83706 27-1929502	MGMT/SUPP SVS	ID	501(c)(3)	11A, I	TRINITY HC	Yes	
(17) SAINT ALPHONSUS MEDICAL CENTER-BAKER CIT 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HLTHCARE SVCS	OR	501(c)(3)	3	SAHS	Yes	
(18) SAINT ALPHONSUS MEDICAL CENTER-NAMPA IN 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	HLTHCARE SVCS	ID	501(c)(3)	3	SAHS	Yes	
(19) SAINT ALPHONSUS MED CTR-NAMPA HEALTH FDN 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	SUPPORT SVCS	ID	501(c)(3)	7	SAMC-NAMPA	Yes	

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						Yes	No
(221) SAINT ALPHONSUS MEDICAL CENTER-ONTARIO 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HLTHCARE SVCS	OR	501(c)(3)	3	SAHS	Yes	
(1) SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HLTHCARE SVCS	ID	501(c)(3)	3	SAHS	Yes	
(2) SAINT JOSEPH REG MED CTR-PLYMOUTH CAMP 1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HLTHCARE SVCS	IN	501(c)(3)	3	SJPMC	Yes	
(3) SAINT JOSEPH REG MED CTR-SOUTH BEND CAMP PO BOX 1935 SOUTH BEND, IN 466341935 35-0868157	HLTHCARE SVCS	IN	501(c)(3)	3	SJPMC	Yes	
(4) SAINT JOSEPH REG MED CTR MISHAWAKA AUX 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285	AUXILIARY	IN	501(c)(4)	N/A	SJPMC-S BEN	Yes	
(5) SAINT JOSEPH REG MED CTR PLYMOUTH AUX I 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	AUXILIARY	IN	501(c)(3)	11B, II	SJPMC-PLYM	Yes	
(6) SAINT JOSEPH REGIONAL MEDICAL CENTER IN 801 EAST LASALLE AVE SOUTH BEND, IN 46617 35-1568821	MGMT/SUPP SVS	IN	501(c)(3)	11A, I	TRINITY HC	Yes	
(7) SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI 483339184 31-1040468	ELDRLY HOUS	IN	501(c)(3)	9	TRINITY CCS	Yes	
(8) SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW GRAND RAPIDS, MI 49505 38-3320700	HOME HLTH SVS	MI	501(c)(3)	11A, I	TRINITY HCS	Yes	
(9) SAINT MARY'S FOUNDATION 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	SUPPORT SVCS	MI	501(c)(3)	7	TRINITY H-MI	Yes	
(10) ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	SUPPORT SVCS	MI	501(c)(3)	11A, I	TRINITY H-MI	Yes	
(11) THE FOUNDATION OF SAINT JOSEPH'S REG MED 4215 EDISON LAKES PARKWAY MISHAWAKA, IN 46545 35-1654543	SUPPORT SVCS	IN	501(c)(3)	11A, I	SJPMC	Yes	
(12) TRI-HOSPITAL EMERGENCY MEDICAL SERVICES 309 GRAND RIVER PORT HURON, MI 48060 38-2485700	AMBUL SVCS	MI	501(c)(3)	11D, III	NA	Yes	
(13) TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	MRI SERVICES	MI	501(c)(3)	3	TRINITY H-MI	Yes	
(14) TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 483339184 38-2559656	MGMT SERVICES	MI	501(c)(3)	11A, I	TRINITY HC	Yes	
(15) TRINITY CONTINUING CARE SERVICES-INDIANA PO BOX 9184 FARMINGTON HILLS, MI 483339184 93-0907047	LT CARE/HOUS	IN	501(c)(3)	9	TRINITY CCS	Yes	
(16) TRINITY HEALTH-MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HLTHCARE SVCS	MI	501(c)(3)	3	TRINITY HC	Yes	
(17) TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	MGMT/SUPP SVS	IN	501(c)(3)	11B, II	CHE TRINITY	Yes	
(18) TRINITY HEALTH INTERNATIONAL 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	SUPPORT SVCS	MI	501(c)(3)	11A, I	TRINITY HC	Yes	
(19) TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	MED/LIFE INS	MI	501(c)(9)	N/A	TRINITY HC	Yes	

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						Yes	No
(241) TRINITY HOME HEALTH SERVICES INC 17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-2621935	MGMT SERVICES	MI	501(c)(3)	11A, I	TRINITY HC	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
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	NA	C CORP				Yes	
AFFILIATED MANAGEMENT SVCS CORP INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	NA	C CORP				Yes	
CATHERINE HORAN BUILDING INC C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-2938160	BUILDING MGMT	MA	NA	C CORP				Yes	
DIVERSIFIED COMMUNITY SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-3128890	HEALTHCARE SVCS	MA	NA	C CORP				Yes	
MERCY INPATIENT MEDICAL ASSOC INC C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-3029929	HEALTHCARE SVCS	MA	NA	C CORP				Yes	
PROVIDENCE HOME CARE INC C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-3317425	HEALTHCARE SVCS	MA	NA	C CORP				Yes	
SYSTEM COORDINATED SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-2938181	LAB SERVICES	MA	NA	C CORP				Yes	
PHYSICIANS MOB CONDOMINIUM TRUST C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-6608649	BUILDING MGMT	MA	NA	C CORP				Yes	
SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 148482101 16-1294991	BUILDING MGMT	NY	NA	C CORP				Yes	
CARBONDALE AREA PHYSICIANS ASSOC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801677	MEDICAL INS	PA	NA	C CORP				Yes	
CARBONDALE AREA PHYSICIANS' PHO INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801676	INACTIVE	PA	NA	C CORP				Yes	
CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	NA	C CORP				Yes	
CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON HM11 BD	FINANCIAL VEHICLE	BD	NA	C CORP				Yes	
LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 086291986 26-1649038	HEALTHCARE SVCS	NJ	NA	C CORP				Yes	
MULTICARE PLUS INC 601 HAMILTON AVENUE TRENTON, NJ 086291986 22-3435844	INACTIVE	NJ	NA	C CORP				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
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTON ROAD LANGHORNE, PA 19047 25-3795549	REAL ESTATE	PA	NA	C CORP				Yes	
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTON ROAD LANGHORNE, PA 19047 23-2625981	REAL ESTATE	PA	NA	C CORP				Yes	
ST MARY BUILDING & DEVELOPMENT CO 1201 LANGHORNE-NEWTON ROAD LANGHORNE, PA 19047 46-1827502	REAL ESTATE	PA	NA	C CORP				Yes	
GATEWAY HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1505506	HEALTHCARE SVCS	PA	NA	C CORP				Yes	
GATEWAY HEALTH PLAN INC OF OHIO 600 GRANT STREET PITTSBURGH, PA 15219 30-0282076	HEALTHCARE SVCS	PA	NA	C CORP				Yes	
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2184261	REAL ESTATE	PA	NA	C CORP				Yes	
HEALTH MANAGEMENT SVCS ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	HLTHCARE BILLING	NJ	NA	C CORP				Yes	
LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	HEALTHCARE SVCS	NJ	NA	C CORP				Yes	
GEORGIA HEALTH ENTERPRISES LLC 1230 BAXTER STREET ATHENS, GA 30606 54-1806329	HEALTHCARE SVCS	GA	NA	C CORP				Yes	
ST MARY'S HIGHLAND HILLS VILLAGE INC 1660 JENNINGS MILL PKWY BOGART, GA 30622 58-2276801	ASSISTED LIVING	GA	NA	C CORP				Yes	
GHE PHYSICIANS PC 3500 PIEDMONT ROAD ATLANTA, GA 30305 58-2277939	PRACTICE MGMT	GA	NA	C CORP				Yes	
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE HWY, FL 33308 59-1145192	HEALTHCARE SVCS	FL	NA	C CORP				Yes	
STELLA MARIS INSURANCE CO LTD PO BOX 69 GRAND CAYMAN KY1-1102 CJ 98-0078266	FINANCIAL VEHICLE	CJ	NA	C CORP				Yes	
CATHOLIC HEALTH EAST SENIOR SVCS 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 37-1572595	SENIOR SERVICES	PA	NA	C CORP				Yes	
COMMUNITY HEALTH VENTURES INC 565 W WESTERN AVE MUSKEGON, MI 49440 38-3522260	SOFTWARE MARKT	MI	NA	C CORP				Yes	

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								Yes	No
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MGMT SVCS	IL	NA	C CORP				Yes	
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-2961814	WEIGHT MGMT	MI	NA	C CORP				Yes	
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2589959	HEALTHCARE SVCS	MI	NA	C CORP				Yes	
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI 49442 38-2578569	HOME MED EQUIP	MI	NA	C CORP				Yes	
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-3024797	REAL ESTATE	MI	NA	C CORP				Yes	
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI 49442 38-2447870	PHARMACY	MI	NA	C CORP				Yes	
HEF INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3086401	OFFICE STAFFING	MI	NA	C CORP				Yes	
HOLY CROSS PRIVATE HOME SVCS CORP 11801 TECH ROAD SILVER SPRING, MD 20904 52-1986562	HOMECARE SVCS	MD	NA	C CORP				Yes	
HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDO ASSOC	MI	NA	C CORP				Yes	
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	REAL ESTATE	MI	NA	C CORP				Yes	
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MGMT	MI	NA	C CORP				Yes	
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE SVCS	MD	NA	C CORP				Yes	
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	O/P PHARMACY	ID	NA	C CORP				Yes	
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE	IA	NA	C CORP				Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	INACTIVE	IL	NA	C CORP				Yes	

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								Yes	No
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI 49546 38-2647304	ATHLETIC CLUB	MI	NA	C CORP				Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	HEALTHCARE SVCS	OH	NA	C CORP				Yes	
NORTH IOWA MERCY MEDICAL SVCS INC 1000 4TH ST SW MASON CITY, IA 50401 42-1382308	HEALTHCARE SVCS	IA	NA	C CORP				Yes	
PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	INACTIVE	CA	NA	C CORP				Yes	
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 837061370 33-1078261	HEALTHCARE SVCS	ID	NA	C CORP				Yes	
SAINT MARY'S HEALTH MANAGEMENT CO 1640 EAST PARIS SE GRAND RAPIDS, MI 49546 38-3450733	ATHLETIC CLUB	MI	NA	C CORP				Yes	
SURGERY CENTER FINANCING CORP 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1531102	FINANCE & INS	OH	NA	C CORP				Yes	
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE	MI	NA	C CORP				Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	NA	TRUST				Yes	
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0453602	FINANCIAL VEHICLE	CJ	NA	C CORP				Yes	
WEST SHORE PROF BLDG CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDO ASSOC	MI	NA	C CORP				Yes	
WESTSHORE HEALTH NETWORK 1820 44TH STREET SE KENTWOOD, MI 49508 38-3280200	PHO	MI	NA	C CORP				Yes	
WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI 49442 38-3112035	OCCUP HLTH	MI	NA	C CORP				Yes	