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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
Samaritan Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2215 Burdett Avenue

City or town, state or province, country, and ZIP or foreign postal code
Troy, NY 12180

D Employer identification number
14-1338544

E Telephone number
(518) 271-5073

G Gross receipts $ 142,672,261

F Name and address of principal officer
Norman E Dascher Jr
2215 Burdett Avenue
Troy, NY 12180

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ www SPHP COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1898

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Samaritan Hospital's mission is to improve the health of the community by providing high quality, cost effective inpatient, outpatient, primary care and community outreach services with an emphasis on patient safety and satisfaction

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,965
6	Total number of volunteers (estimate if necessary)	**6**	221
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	820,320
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-244,669

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	711,741	2,081,744
9	Program service revenue (Part VIII, line 2g)	64,699,813	130,186,804
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,055,247	6,572,568
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,993,828	3,831,145
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,460,629	142,672,261
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36,529,453	84,064,265
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	28,622,174	51,746,627
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	65,151,627	135,810,892
19	Revenue less expenses Subtract line 18 from line 12	5,309,002	6,861,369

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	151,340,509	157,416,858
21	Total liabilities (Part X, line 26)	31,680,529	25,507,254
22	Net assets or fund balances Subtract line 21 from line 20	119,659,980	131,909,604

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

****** | 2015-05-14
Signature of officer | Date

Daniel Kochie CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
William J Homer				P00994519

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 1700 MARKET STREET 25TH FLOOR, PHILADELPHIA, PA 191033984 — Phone no (215) 246-2300

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 39,498,374 including grants of $) (Revenue $ 49,330,901)

238 (certified) bed acute facility providing inpatient services including medical, surgical, progressive care, intensive care and coronary care

4b (Code) (Expenses $ 32,418,605 including grants of $) (Revenue $ 18,197,045)

Diagnostic treatment and ancillary services including laboratory, blood bank,diagnostic imaging, nuclear medicine, pharmacy, respiratory, physical medicine, audiology and speech

4c (Code) (Expenses $ 36,233,033 including grants of $) (Revenue $ 23,381,894)

Outpatient and community outreach services including emergency room, cancer treatment, primary care preventive health care and injury management services

(Code) (Expenses $ 19,513,924 including grants of $) (Revenue $ 40,572,816)

Surgical servcies including operating room, anesthesiology and post anesthesia care provided to patients on both an inpatient and outpatient basis

4d Other program services (Describe in Schedule O)

(Expenses $ 19,513,924 including grants of $) (Revenue $ 40,572,816)

4e **Total program service expenses** ▶ 127,663,936

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If so, complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**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 . .	1a	246		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,965		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response 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	**1a**	22		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

▶ Daniel Kochie 2215 Burdett Ave
Troy, NY 12180 (518) 268-5520

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			

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)** . . . . . ▶								2,983,802	4,311,018	322,664

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 ▶ 56

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
All About Staffing Inc 1000 Sawgrass Corporate Parkway 6t Sunrise FL 33323	Medical Services	2,216,372
Medicus Hospitalists LLC 22 Roulston Rd Windom NH 03087	Medical Services	1,913,630
Lab Corp of America PO Box 12140 Burlington NC 272162140	Medical Services	1,744,583
HMP of Albany County PO Box 645037 Cincinnati OH 45264	Medical Services	1,133,181
Freeman White 8845 Red Oak Blvd Charlotte NC 28217	Construction Services	1,073,256

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 ▶ 77

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	1,779,913			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	301,831			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		2,081,744			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	621110	129,116,691	128,296,371	820,320	
	b	School of Nursing	623000	1,070,113	1,070,113		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		130,186,804			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		6,556,468			6,556,468
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		16,100			
	b	Less cost or other basis and sales expenses		0			
	c	Gain or (loss)		16,100			
	d	Net gain or (loss) . . . . . ▶			16,100		16,100
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	Meaningful Use	900099	2,116,172	2,116,172		
	b	Cafeteria Revenue	900099	701,733			701,733
	c	Laundry	900009	639,372			639,372
	d	All other revenue		373,868			373,868
	e	**Total.** Add lines 11a–11d . . . . . ▶		3,831,145			
	12	**Total revenue.** See Instructions . . . . . ▶		142,672,261	131,482,656	820,320	8,287,541

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,461,631		2,461,631	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	69,864,516	66,272,561	3,591,955	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,379,446	1,296,639	82,807	
9 Other employee benefits	5,828,483	5,480,289	348,194	
10 Payroll taxes	4,530,189	4,246,992	283,197	
11 Fees for services (non-employees)				
a Management				
b Legal	130,234	29,177	101,057	
c Accounting	19,929	18,779	1,150	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	813,148	175,024	638,124	
12 Advertising and promotion	144,281	139,651	4,630	
13 Office expenses	4,704,303	4,493,899	210,404	
14 Information technology	602,789	600,438	2,351	
15 Royalties . .				
16 Occupancy	3,446,945	3,445,715	1,230	
17 Travel	307,638	301,968	5,670	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,464	9,414	50	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,944,227	6,781,213	163,014	
23 Insurance	955,896	898,554	57,342	
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 Medical Supplies	19,015,401	19,015,401	0	0
b RHM System Allocation	7,477,638	7,477,638	0	0
c Lab Services & Other Va	3,021,287	2,936,685	84,602	0
d Contract/Non-Contract R	2,901,395	2,808,440	92,955	0
e All other expenses	1,252,052	1,235,459	16,593	
25 **Total functional expenses.** Add lines 1 through 24e	135,810,892	127,663,936	8,146,956	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	3,160
	2	Savings and temporary cash investments		16,936,731	2	11,132,607
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		15,453,026	4	14,011,738
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,991,838	8	2,109,239
	9	Prepaid expenses and deferred charges		668,754	9	2,008,971
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 160,016,011			
	b	Less accumulated depreciation	10b 120,290,159	38,065,691	10c	39,725,852
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		55,991,105	12	61,090,692
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		22,233,364	15	27,334,599
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		151,340,509	16	157,416,858
Liabilities	17	Accounts payable and accrued expenses		11,388,541	17	12,228,329
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		178,852	23	26,657
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		20,113,136	25	13,252,268
	26	**Total liabilities.** Add lines 17 through 25		31,680,529	26	25,507,254
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		104,699,536	27	116,695,504
	28	Temporarily restricted net assets		12,975,977	28	13,207,600
	29	Permanently restricted net assets		1,984,467	29	2,006,500
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		119,659,980	33	131,909,604
	34	Total liabilities and net assets/fund balances		151,340,509	34	157,416,858

Part XI Reconcilliation 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	142,672,261
2	Total expenses (must equal Part IX, column (A), line 25)	2	135,810,892
3	Revenue less expenses Subtract line 2 from line 1	3	6,861,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119,659,980
5	Net unrealized gains (losses) on investments	5	5,388,253
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	2
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	131,909,604

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

Additional Data

Software ID:
Software Version:
EIN: 14-1338544
Name: Samaritan Hospital

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

(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			
Bylancik Robert Trustee	50 14 50	X						0	50,002	1,000
Filippone John MD Trustee	50 14 50	X						0	425,672	28,562
Sanders Alan MD Chief-Dept of Medicine	50 14 50	X						0	43,821	89
Reed James K MD President-CEO SPH	1 50 36 00	X		X				0	1,004,730	44,251
Cottrell Barbara Trustee	50 14 50	X						0	0	0
Dake Susan Trustee	50 14 50	X						0	0	0
DiSarro Ann Trustee	50 14 50	X						0	0	0
Doyle Rev Kenneth Trustee	50 14 50	X						0	0	0
Gordon Harold Esq 2nd Vice Chair	50 14 50	X						0	0	0
Guzior Ronald L Trustee	50 14 50	X						0	0	0
Hearst George III Trustee	50 14 50	X						0	0	0
Herbert Sr Phyllis Trustee	50 14 50	X						0	0	0
Johnson Robert W III Esq Chair	50 14 50	X						0	0	0
Jones Sydney Tucker III Trustee	50 14 50	X						0	0	0
Karpiak Beverly Trustee	50 14 50	X						0	0	0
Keegan Michael Treasurer	50 14 50	X						0	0	0
Lang John M Trustee	50 14 50	X						0	0	0
Massry Norman Trustee	50 14 50	X						0	0	0
Natwin Sr Kathleen Trustee	50 14 50	X						0	0	0
Philip George 1st Vice Chair	50 14 50	X						0	0	0
Powell Curtis Trustee	50 14 50	X						0	0	0
Slavin James MD Trustee	50 14 50	X						0	0	0
Tartaglia Anthony P MD Secretary	50 14 50	X						0	0	0
Thorn Lisa MD Trustee	50 14 50	X						0	54,284	0
Turley Sr Kathleen Trustee	50 14 50	X						0	0	0

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

(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			
Schuhle Thomas VP & CEO-CFO & Treasurer	1 00 39 00			X				0	541,755	33,444
Dascher Norman VP & CEO-ACUTE CARE TROY	20 00 20 00				X			471,964	0	20,270
Silverman Daniel VP & CMO-TROY	20 00 20 00				X			358,970	0	23,032
Kochie Daniel CFO-TROY	17 50 20 00				X			0	249,066	14,817
Piore Jacquiline CNO	40 00				X			180,653	0	18,514
Gist Christopher Physician	40 00					X		476,418	0	27,787
Silk Yusuf Physician	40 00					X		401,820	0	28,589
Gunther Andrew Physician	40 00					X		378,497	0	10,949
Biguzzi Sergio Physician	40 00					X		363,573	0	14,497
Field Gregory Physician	40 00					X		351,907	0	26,444
Boyle Steven Former Trustee, CEO	0 00						X	0	473,955	7,500
Gavin James Former CFO	0 00						X	0	1,095,254	5,658
Brodbeck Kathy Former Executive, VP, CNO	0 00						X	0	372,479	17,261

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **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** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Part 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 ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Samaritan Hospital	14-1338544

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		24,309
j	Total Add lines 1c through 1i			24,309
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	Lobbying expenses represent the portion of dues paid to national and state hospital associations that are specifically allocable to lobbying Samaritan Hospital does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	1,984,467	1,984,467	1,993,581	1,968,447	1,715,442
b	Contributions				25,134	450,849
c	Net investment earnings, gains, and losses	-430,002		-9,114		-197,844
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,554,465	1,984,467	1,984,467	1,993,581	1,968,447

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 ▶ 100 000 %
- 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)		No
(ii) related organizations	3a(ii)		No
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		281,869		281,869
b Buildings		65,359,015	44,129,334	21,229,681
c Leasehold improvements		2,130,230	1,459,536	670,694
d Equipment		89,255,481	74,701,289	14,554,192
e Other		2,989,416		2,989,416
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				39,725,852

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		
(3) Other		
(A) Investments (EQUITIES)	20,644,683	F
(B) Board Designated (EQUITIES)	38,890,544	F
(C) Donor Restricted (EQUITIES)	1,555,465	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	61,090,692	

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) Interest in Northeast Health Foundation	12,497,105
(2) Goodwill	125,000
(3) Other Current Assets	7,461,231
(4) Deferred Compensation Agreements	224,197
(5) Dialysis Receivable	31,015
(6) Tuition Receivable	220,689
(7) Due to / from Affiliates	6,382,839
(8) Prepaid Pension	392,523
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	27,334,599

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	
Accrued Pension Liability	280,096
Retirement Obligation	1,601,699
Deferred Compensation Payable	224,197
Due to Affiliates	1,321,389
Estimated Third-Party Settlements	8,057,895
A/R Credit	950,675
Workers' Comp Insurance	76,966
Other	739,351
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	13,252,268

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
Part V, line 4	The endowment funds are invested and the investment realized gains are used for the ongoing operations of the hospital or the specific purpose identified by the donor

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 14-1338544
Name: Samaritan Hospital

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
(1) Interest in Northeast Health Foundation	12,497,105
(2) Goodwill	125,000
(3) Other Current Assets	7,461,231
(4) Deferred Compensation Agreements	224,197
(5) Dialysis Receivable	31,015
(6) Tuition Receivable	220,689
(7) Due to / from Affiliates	6,382,839
(8) Prepaid Pension	392,523

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
Accrued Pension Liability	280,096
Retirement Obligation	1,601,699
Deferred Compensation Payable	224,197
Due to Affiliates	1,321,389
Estimated Third-Party Settlements	8,057,895
A/R Credit	950,675
Workers' Comp Insurance	76,966
Other	739,351

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			847,504		847,504	0 620 %
b Medicaid (from Worksheet 3, column a)			23,811,793	16,608,502	7,203,291	5 300 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			24,659,297	16,608,502	8,050,795	5 920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			12,636	0	12,636	0 010 %
f Health professions education (from Worksheet 5)			2,517,971	1,887,668	630,303	0 460 %
g Subsidized health services (from Worksheet 6)			0	0		
h Research (from Worksheet 7)			0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,189	0	1,189	0 %
j **Total.** Other Benefits			2,531,796	1,887,668	644,128	0 470 %
k **Total.** Add lines 7d and 7j			27,191,093	18,496,170	8,694,923	6 390 %

Part II Community Building Activities Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			40,275		40,275	0 030 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**			40,275		40,275	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 2,402,985		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 1,385,298		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	55,761,642
6	Enter Medicare allowable costs of care relating to payments on line 5	6	57,156,999
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,395,357
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group Samaritan Hospital

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☑ State regulation			
h ☑ Residency			
i ☑ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **6**

	Name and address	Type of Facility (describe)
1	1 Cohoes Family Care 95 Remsen Street Cohoes, NY 12047	Primary Care Center
2	Family Medical Group 279 Troy Road Route 4 Rensselaer, NY 12144	Primary Care Center
3	Riverside Family Medical Group 35 Lower Hudson Avenue Green Island, NY 12183	Primary Care Center
4	South Troy Health Center 300 Fourth Street Troy, NY 12180	Primary Care Center
5	Waterford Health Center 158 Saratoga Avenue Waterford, NY 12188	Primary Care Center
6	Continuing Treatment Services 1801 Sixth Avenue Troy, NY 12180	Outpatient Continuing Treatment Svc/MICA
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 6a	Samaritan Hospital reports its community benefit information as part of the consolidated community benefit information reported by Trinity Health (EIN 35-1443425) in its audited financial statements, available at www trinity-health org In addition, Samaritan Hospital includes a copy of its most recently filed Schedule H Trinity Health's website

Form and Line Reference	Explanation
Part I, Line 7	The best available data was used to calculate the cost amounts reported in item 7 For certain categories, primarily total charity care and means-tested government programs, specific cost-to-charge ratios were calculated and applied to those categories The cost-to-charge ratio was derived from worksheet 2, ratio of patient care cost-to-charges

Form and Line Reference	Explanation
Part II, Community Building Activities	St Peter's staff is very active on the Healthy Capital District Initiative (HCDI) board and help push the community health agenda as well as advancing a unified reporting system for CHIP

Form and Line Reference	Explanation
Part III, Line 2	Any discounts provided or payments made to a particular patient account are applied to that patient account prior to any bad debt write-off and are thus not included in bad debt expense As a result of the payment and adjustment activity being posted to bad debt accounts, we are able to report bad debt expense net of these transactions

Form and Line Reference	Explanation
Part III, Line 3	A percentage of the Part III, Line 2, bad debt expense is reported on Line 3 This percentage is based on the selfpay accounts with no payments that were transferred to bad debt as compared to the all other payors The rational is that these self pay patients would have qualified for the charity care program had they applied

Form and Line Reference	Explanation
Part III, Line 4	Samaritan Hospital is included in the consolidated financial statements of Trinity Health The following is the text of the allowance for doubtful accounts footnote from page 14 of those statements "The Corporation recognizes a significant amount of patient service revenue at the time the services are rendered even though the Corporation does not assess the patient's ability to pay at that time As a result, the provision for bad debts is presented as a deduction from patient service revenue (net of contractual provisions and discounts) For uninsured and underinsured patients that do not qualify for charity care, the Corporation establishes an allowance to reduce the carrying value of such receivables to their estimated net realizable value This allowance is established based on the aging of accounts receivable and the historical collection experience by Samaritan Hospital and for each type of payor A significant portion of the Corporation's provision for doubtful accounts relates to self-pay patients, as well as co-payments and deductibles owed to the Corporation by patients with insurance "

Form and Line Reference	Explanation
Part III, Line 8	Line 6, Costing methodology - The costs were calculated based on an overall cost-to-charge ratio Line 7, Shortfall - Samaritan Hospital does not believe any Medicare shortfall should be treated as community benefit This is similar to CHA recommendations, which state that serving Medicare patients is not a differentiating feature of tax-exempt healthcare organizations and that the existing community benefit framework allows community benefit programs that serve the Medicare population to be counted in other community benefit categories

Form and Line Reference	Explanation
Part III, Line 9b	The Hospital's collection policy contains provisions on the collection practices to be followed for patients who are known to qualify for financial assistance Charity discounts are applied to the amounts that qualify for financial assistance Collection practices for the remaining balances are clearly outlined in the organization's collection policy The Hospital has implemented billing and collection practices for patient payment obligations that are fair, consistent and compliant with state and federal regulations

Form and Line Reference	Explanation
Part VI, Line 2	Samaritan Hospital assesses the health status of its community in the normal course of operations and in the continuous efforts to improve patient care and the health of the overall community The hospital may use patient data, public health data, annual County Health Rankings, market studies, and geographical maps showing areas of high utilization for emergency services and inpatient care, which may indicate populations of individuals who do not have access to preventative services or are uninsured, in the assessment of the community

Form and Line Reference	Explanation
Part VI, Line 3	Samaritan Hospital is committed to - Providing access to quality healthcare services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities- Caring for all persons, regardless of their ability to pay for services- Assisting patients who cannot pay for part or all of the care they receive - Balancing needed financial assistance for some patients with broader fiscal responsibilities in order to sustain viability and provide the quality and quantity of services for all who may need care in a community In accordance with American Hospital Association recommendations, Samaritan Hospital has adopted the following guiding principles when handling the billing, collection and financial support functions for our patients - Provide effective communications with patients regarding hospital bills- Make affirmative efforts to help patients apply for public and private financial support programs- Offer financial support to patients with limited means- Implement policies for assisting low-income patients in a consistent manner- Implement fair and consistent billing and collection practices for all patients with patient payment obligationsSamaritan Hospital communicates effectively with patients regarding patient payment obligations Financial counseling is provided to patients with respect to their payment obligations and hospital bills Information on hospital-based financial support policies and external programs that provide coverage for services are made available to patients during the pre-registration and registration processes and/or through communications with patients seeking financial assistance Financial counselors make affirmative efforts to help patients apply for public and private programs for which they may qualify and that may assist them in obtaining and paying for healthcare services Every effort is made to determine a patient's eligibility prior to, or at the time of, admission or service However, determination for financial support can be made during any stage of the patient's stay after stabilization or collection cycle Samaritan Hospital offers financial support to patients with limited means This support is available to uninsured and underinsured patients who do not qualify for public programs or other assistance Notification about financial assistance, including contact information, is available through patient brochures, messages on patient bills, posted notices in public registration areas including emergency rooms, admitting and registration departments, and other patient financial services offices Summaries of hospital programs are made available to appropriate community health and human services agencies and other organizations that assist people in need Information regarding financial assistance programs is also available on hospital websites In addition to English, this information is also available in Spanish or other languages, reflecting other primary languages spoken by the population serviced by our hospital Samaritan Hospital has established a written policy for the billing, collection and support for patients with payment obligations Samaritan Hospital makes every effort to adhere to the policy and is committed to implementing and applying the policy for assisting patients with limited means in a professional, consistent manner

Form and Line Reference	Explanation
Part VI, Line 4	Samaritan sits in Troy, NY and in Rensselaer County Troy is located on the western edge of Rensselaer County and on the eastern bank of the Hudson River Troy has close ties to the nearby cities of Albany and Schenectady, forming a region popularly called the Capital District The city is one of the three major centers for the Albany-Schenectady-Troy Metropolitan Statistical Area (MSA), which has a population of 850,957 At the 2010 census, the population of Troy was 50,129 The communities served by Samaritan include the counties of Albany, Rensselaer and Schenectady The three counties provide a range of geography that includes urban, suburban and rural settings in addition to representing the home zip codes of 65 5% of its patients The combined population in Albany, Rensselaer, and Schenectady counties was 78 8% White, 9 6% Black, 4 8% Hispanic, 3 7% Asian/Pacific Islander, and 3 0% other races/ethnicities in 2010 Over time, the Capital District population has grown more ethnically diverse, with fewer individuals identified as White Non-Hispanic In general, persons in the community served by Samaritan tend to be better educated and have a higher income than those in the U S as a whole and the state of NY There is a lower rate of unemployment and fewer persons without health insurance than the state or national comparisons The population for the three county service areas is 620,414 There are 276,563 housing units in the service area with an average of 64% owner occupied On average 12 3% of persons live below the poverty level The median household income is $58,254 Health care access indicators show the Capital District having fewer barriers to care than the Rest of State Capital District residents, both children and adults, had higher health insurance coverage rates compared to the rest of the State While the Capital District had good health insurance coverage, still slightly less than 10% of residents were not covered by any form of health insurance A higher percent of residents also had a regular health care provider

Form and Line Reference	Explanation
Part VI, Line 5	Samaritan provides a full range of inpatient and outpatient services to the people of the community it serves to include a 24-hour emergency room that is open to serve all in need regardless of ability to pay, a cancer center, cardiac care, behavioral health services, and health centers for uninsured members of our community, an array of specialty services and orthopedic services Samaritan conducts its activities and its health care purpose without regard to race, color, creed, religion, gender, sexual orientation, disability, age or national origin One of the top health care organizations in upstate NY, Samaritan, is committed to improving the health and wellbeing of our community, not only as a caring community member, but also as a catalyst for change As such, we participate in many community partnerships aimed at assessing the current health status of our community and identifying opportunities to make a difference in the health of our citizens with particular attention to those who are poor and vulnerable As we have done for many years, we continue to play a major role in the Healthy Capital District Initiative, an organization dedicated to improving the health of the residents of Albany, Rensselaer and Schenectady Counties Our partners in this endeavor are the local county health departments, other health care providers, insurers and community members Samaritan supports many local community health services, churches, and other health care organizations to provide comprehensive and accessible health care services and proactive health care programs, this includes sitting on community boards, committees, and advisory groups Samaritan also provides services for the broader community as a part of its overall community benefit The greatest share of these expenses is for educating health professionals, helping to prepare future health care professionals is a distinguishing characteristic of nonprofit health care This education includes student internships, clinic experience and other education for nurses, physical therapists and other health care students As a nonprofit organization and as part of St Peter's Health Partners, a regional governing board comprised largely of independent community members representing the makeup of the area we serve guides Samaritan Hospital Samaritan has an open medical staff composed of qualified physicians who work to provide care to our communities All medical staff must undergo a thorough and comprehensive credentialing and orientation process No part of the income of Samaritan benefits any private individual nor is any private interest being served All surplus funds are reinvested into the facility, equipment, or programs of the hospital to improve the quality of patient care, expand our facilities, and advance our medical training, education and research programs

Form and Line Reference	Explanation
Part VI, Line 6	Samaritan Hospital is a member of Trinity Health, one of the largest Catholic health care delivery systems in the country Trinity Health annually requires that all member organizations define - and achieve - community benefit goals that include implementing needed services or expanding access to services for low-income individuals As a not-for-profit health system, Trinity Health reinvests its profits back into the community through programs serving those who are poor and uninsured, helping manage chronic conditions like diabetes, providing health education, promoting wellness and reaching out to underserved populations Overall, the organization invests more than $800 million in such community benefits and works to ensure that its member hospitals and other entities/affiliates enhance the overall health of the communities they serve by addressing each community's specific needs For more information about Trinity Health, visit www trinity-health org

Additional Data

Software ID:
Software Version:
EIN: 14-1338544
Name: Samaritan Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Samaritan Hospital	Part V, Section B, Line 3 Samaritan Hospital's community benefits program is based on the community health needs assessment ("CHNA") conducted by the Healthy Capital District Initiative ("HCDI") HCDI is a consortium of organizations joined together to prioritize and address significant community health issues Samaritan Hospital has been a member organization of HCDI since 1999 The CHNA benefited from the review and input of the members of the Community Health Needs Assessment Workgroup of the Healthy Capital District Initiative These individuals are subject matter experts from the area county public health departments of Albany, Rensselaer, and Schenectady, and of each of the Capital Region hospitals, Albany Medical Center, St Peter's Hospital, Sunnyview Hospital and Rehabilitation Center, St Mary's Hospital, Samaritan Hospital, Albany Memorial and Ellis Hospital They were joined by representatives from community based organizations, businesses, consumers, schools, academics, and disease groups for a total of 34 different organizations in our Capital Region such as Catholic Charities, Whitney M Young, Jr Federally Qualified Health Center ("FQHC"), Capital District Physicians Health Plan, Fidelis Care Health Plan, University of Albany School of Public Health, YMCA, Community Gardens, and senior housing organizations Representatives of the HCDI determined the process for completing the needs assessment and reviewed the collected data The CHNA is the result of over a year of meetings with member organizations and community input through our survey of over 3,000 residents of the Capital District Drafts of the sections were sent to local subject matter experts for review in the health departments of Albany, Rensselaer, and Schenectady counties and in St Peter's Health Partners, Albany Medical Center, Ellis Hospital, and Interfaith Partnership for the Homeless Comments were addressed and changes were incorporated into the final document The Community Health Needs Assessment was completed and approved in June 2013

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Samaritan Hospital	Part V, Section B, Line 4 Samaritan Hospital conducted its CHNA in collaboration with the following hospital facilities- Albany Medical Center, Albany Memorial Hospital, Ellis Hospital, St Mary's Hospital, and Sunnyview Hospital and Rehabilitation Center, St Peter's Hospital and Burdett Care Center

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Samaritan Hospital	Part V, Section B, Line 5d The CHNA is available athttp //www nehealth com/About_Us/Community_Health_Needs

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Samaritan Hospital	Part V, Section B, Line 7 Of the ten areas identified as problems through the community health needs assessment for the Capital District, the organization along with community partners prioritized (i) the prevention of chronic disease with an emphasis on asthma and diabetes/obesity and (ii) the promotion of mental health and prevention of substance abuse While the organization will continue to offer services addressing other pressing health needs, it felt that the increased focus on the selected areas represents the best use of resources and expertise Other health care facilities serving our community will continue to address the other areas as well Thus, cancer, sudden infant death, HIV, sexually transmitted diseases, unintended death, automobile deaths, suicide, childhood vaccines, and pneumonia vaccine among seniors are being worked on at both the county level and at the state level The two focus areas were chosen according to the results of the Community Health Needs Assessment- we looked at disease prevalence rates, which conditions affected disparate populations most, and the availability of evidence based interventions to address the problem, as directed by the NY State Prevention Agenda

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Samaritan Hospital	Part V, Section B, Line 12i The Hospital recognizes that not all patients are able to provide complete financial and/or social information Therefore, approval for financial support may be determined based on available information The following patients are deemed to have applied for Financial Assistance homeless patients, Medicaid recipients who receive medically necessary services covered under the FAP when Medicaid deems the service non-covered, Medicaid recipients with unsatisfied spend downs, patients with a diagnosis of mental illness who receive services in a mental health or addictions unit, and children who receive services from the Ronald McDonald Care Mobile van

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Samaritan Hospital	Part V, Section B, Line 14g Notification about financial assistance, including contact information, is available through patient brochures, messages on patient bills, posted notices in public registration areas including emergency rooms, admitting and registration departments, and other patient financial services offices Summaries of hospital programs are made available to appropriate community health and human services agencies and other organizations that assist people in need Information regarding financial assistance programs is also available on hospital websites In addition to English, this information is also available in Spanish or other languages, reflecting other primary languages spoken by the population serviced by our hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Samaritan Hospital	Part V, Section B, Line 20d No person who is found eligible for Financial Assistance will be charged more for emergency or other medically necessary care than the amounts generally paid for the same services by St Peter's Health Partners highest volume commercial payer

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**	Yes	
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?	**2**	Yes	
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			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	Samaritan Hospital pays for the dues associated with Norman Dascher's membership to a country club All invoices are received by Samaritan Hospital Mr Dascher reimburses the organization for the personal use charges that are unrelated to dues, so that only the dues payments represent additional compensation to Mr Dascher The organization pays for business-related charges Reimbursement for this benefit is covered by Samaritan Hospital's general expense reimbursement policy
Part I, Line 3	The organization's top management official is compensated by a related organization, Catholic Health East, which uses one or more of the following methods to establish its compensation - Compensation committee - Independent compensation consultant - Written employment contract - Compensation survey - Approval by the board or compensation committee On an annual basis, the organization uses an independent compensation consultant to review the salaries for its executive staff and ensure they are paid within market In addition, a compensation committee reviews this information annually and it is then approved by the board or compensation committee Finally, executives receive a written letter outlining the specifics of their compensation
Part I, Lines 4a-b	Line 4a James Gavin received a severance payment in the amount of $307,496 Kathy Brodbeck received a severance payment in the amount of $128,271 Line 4b Supplemental Executive Retirement Plan is provided to certain key executive employees Contributions made to the plan on their behalf are vested and reflected in their compensation at the time of the contribution

Additional Data

Software ID:
Software Version:
EIN: 14-1338544
Name: Samaritan Hospital

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Filippone John MD Trustee	(I) (II)	0 401,920	0 22,977	0 775	0 10,200	0 18,362	0 454,234	0 0
Reed James K MD President-CEO SPH	(I) (II)	0 572,376	0 287,794	0 144,560	0 16,475	0 27,776	0 1,048,981	0 0
Schuhle Thomas VP & CEO-CFO & Treasurer	(I) (II)	0 392,195	0 121,757	0 27,803	0 12,750	0 20,694	0 575,199	0 0
Dascher Norman VP & CEO-ACUTE CARE TROY	(I) (II)	350,275 0	94,979 0	26,710 0	12,750 0	7,520 0	492,234 0	0 0
Silverman Daniel VP & CMO-TROY	(I) (II)	283,596 0	70,093 0	5,281 0	10,200 0	12,832 0	382,002 0	0 0
Kochie Daniel CFO- TROY	(I) (II)	0 220,036	0 0	0 29,030	0 7,106	0 7,711	0 263,883	0 0
Piore Jacquiline CNO	(I) (II)	173,033 0	0 0	7,620 0	9,196 0	9,318 0	199,167 0	0 0
Gist Christopher Physician	(I) (II)	444,189 0	0 0	32,229 0	10,200 0	17,587 0	504,205 0	0 0
Silk Yusuf Physician	(I) (II)	372,384 0	10,000 0	19,436 0	10,200 0	18,389 0	430,409 0	0 0
Gunther Andrew Physician	(I) (II)	314,439 0	43,657 0	20,401 0	10,200 0	749 0	389,446 0	0 0
Biguzzi Sergio Physician	(I) (II)	359,879 0	0 0	3,694 0	10,200 0	4,297 0	378,070 0	0 0
Field Gregory Physician	(I) (II)	300,179 0	39,500 0	12,228 0	10,200 0	16,244 0	378,351 0	0 0
Boyle Steven Former Trustee, CEO	(I) (II)	0 0	0 0	0 473,955	0 7,500	0 0	0 481,455	0 0
Gavin James Former CFO	(I) (II)	0 0	0 44,875	0 1,050,379	0 0	0 5,658	0 1,100,912	0 0
Brodbeck Kathy Former Executive, VP, CNO	(I) (II)	0 149,365	0 70,093	0 153,021	0 11,398	0 5,863	0 389,740	0 0

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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
Samaritan Hospital

Employer identification number
14-1338544

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Northeast Health, Inc is the sole member

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Yes, St Peter's Health Partners approves the appointment of the members of the governing body

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The organization took steps to educate management, members of the board and members of appropriate subcommittees of the board on the compliance requirements mandated by the Form 990 The Form 990 is reviewed by the Executive Committee of the Board of Trustees of St Peter's Health Partners The Board of Trustees is updated on all major areas included in the filing In addition, the annual filing of Form 990 is provided to the entire Board of Trustees prior to filing

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

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

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

Return Reference	Explanation
Form 990, Part XI, line 9	Rounding 2

Return Reference	Explanation
Disclosure Statement Related to Form 5471	Disclosure Statement Related to Form 5471 Filed by Catholic Health East, Saint Michael's Medical Center, and Trinity Health - Michigan Under the constructive ownership rules of Internal Revenue Code Sections 318(a) and 958(b), the organization is required to file Form 5471, Information Return of U S Persons With Respect to Certain Foreign Corporations, as a Category 4 and/or Category 5 filer with respect to Stella Maris Insurance Company Limited, Chestnut Risk Services, LTD, and Venzke Insurance Company, LTD (collectively, the "foreign corporations") This filing requirement is, or will be, satisfied through the filing of Forms 5471 with respect to the foreign corporations on the organization's behalf by the U S organizations identified below Foreign Corporation Stella Maris Insurance Company U S Organization Catholic Health East Address 3805 West Chester Pike, Suite 100, Newtown Square, Pennsylvania 19073 Identifying Number of U S Tax Return with Which Form 5471 was filed 23-2929748 IRS Service Center Where U S Return Was Filed Ogden, UT Foreign Corporation Chestnut Risk Services, LTD U S Organization Saint Michael's Medical Center Address 111 Central Avenue, Newark, New Jersey 07102 Identifying Number of U S Tax Return with Which Form 5471 was filed 26-2616046 IRS Service Center Where U S Return Was Filed Ogden, UT Foreign Corporation Venzke Insurance Company, LTD U S Organization Trinity Health - Michigan Address 20555 Victor Parkway, Livonia, MI 48152 Identifying Number of U S Tax Return with which Form 5471 was filed 38-2113393 IRS Service Center Where U S Return Was Filed Ogden, UT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Samaritan Hospital

Employer identification number
14-1338544

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	(g) 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) Disproprtionate 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.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	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
See Additional Data Table			

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) Disproprtionate 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

Additional Data

Software ID:
Software Version:
EIN: 14-1338544
Name: Samaritan Hospital

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) BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563	REAL ESTATE HOLDING	NY	501(c)(2)	N/A	LTC (EDDY) INC	Yes	
(1) BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	INDEPENDENT/ASSISTED LIVING RETIREMENT COMMUNITY	NY	501(c)(3)	Line 9	LTC (EDDY) INC	Yes	
(2) CAPITAL REGION GERIATRIC CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597	NURSING HOME	NY	501(c)(3)	Line 9	LTC (EDDY) INC	Yes	
(3) EDDY LICENSED HOME CARE AGENCY 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH	NY	501(c)(3)	Line 3	LTC(EDDY) INC	Yes	
(4) EMPIRE HOME INFUSION SERVICE INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME CARE	NY	501(c)(3)	Line 9	HOME AID SERVICE OF EASTERN NEW YORK INC	Yes	
(5) GLEN EDDY INC ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	INDEPENDENT/ASSISTED LIVING COMMUNITY	NY	501(c)(3)	Line 9	LTC (EDDY) INC	Yes	
(6) HAWTHORNE RIDGE INC 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	INDEPENDENT/ASSISTED LIVING RETIREMENT COMMUNITY	NY	501(c)(3)	Line 9	LTC (EDDY) INC	Yes	
(7) HERITAGE HOUSE NURSING CENTER INC 2920 TIBBITS AVE TROY, NY 12180 14-1725101	NURSING HOME	NY	501(c)(3)	Line 9	LTC (EDDY) INC	Yes	
(8) HOME AID SERVICE OF EASTERN NEW YORK INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME CARE	NY	501(c)(3)	Line 9	LTC (EDDY) INC	Yes	
(9) JAMES A EDDY MEMORIAL GERIATRIC CENTER INC 2256 BURDETT AVE TROY, NY 12180 22-2570478	NURSING HOME	NY	501(c)(3)	Line 9	LTC (EDDY) INC	Yes	
(10) LTC (EDDY) INC 2212 BURDETT AVE TROY, NY 12180 22-2564710	ELDERLY HEALTH/HOUSING SUPPORTING ORG	NY	501(c)(3)	Line 11b, II	NORTHEAST HEALTH INC	Yes	
(11) MEMORIAL HOSPITAL ALBANY NY 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	GENERAL HOSPITAL	NY	501(c)(3)	Line 3	NORTHEAST HEALTH INC	Yes	
(12) NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756	SUPPORTING ORGANIZATION	NY	501(c)(3)	Line 11b, II	ST PETER'S HEALTH PARTNERS	Yes	
(13) OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	NURSING HOME FACILITY	NY	501(c)(3)	Line 3	ST PETER'S HEALTH CARE SERVICES	Yes	
(14) SAMARITAN CHILD CARE CENTER INC 2213 BURDETT AVE TROY, NY 12180 14-1710225	CHILD DAY CARE	NY	501(c)(3)	Line 9	NORTHEAST HEALTH INC	Yes	
(15) SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(c)(3)	Line 9	LTC (EDDY) INC	Yes	
(16) SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	SUPPORTING ORGANIZATION	NY	501(c)(3)	Line 9	SETON HEALTH SYSTEM INC	Yes	
(17) SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE 1 ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	SKILLED NURSING	NY	501(c)(3)	Line 9	SETON HEALTH SYSTEM INC	Yes	
(18) SETON HEALTH FOUNDATION 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416	SUPPORTING ORGANIZATION	NY	501(c)(3)	Line 11a, I	SETON HEALTH SYSTEM INC	Yes	
(19) SETON HEALTH SYSTEM INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HOSPITAL	NY	501(c)(3)	Line 3	ST PETER'S HEALTH PARTNERS	Yes	

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	(g) Section 512 (b)(13) controlled entity? No
(21) ST PETER'S AUXILIARY 315 SOUTH MANNING BLVD ALBANY, NY 01228 22-2843206	AUXILIARY	NY	501(c)(3)	Line 11a, I	ST PETER'S HEALTH CARE SERVICES	Yes	
(1) ST PETER'S HEALTH CARE SERVICES 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2702507	MANAGEMENT & SUPPORT SERVICES	NY	501(c)(3)	Line 9	ST PETER'S HEALTH PARTNERS	Yes	
(2) ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	MANAGEMENT & SUPPORT SERVICES	NY	501(c)(3)	Line 11b, II	CATHOLIC HEALTH EAST	Yes	
(3) ST PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES PC 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	PHYSICIANS PRACTICE	NY	501(c)(3)	Line 3	ST PETER'S HEALTH PARTNERS	Yes	
(4) ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HOSPITAL	NY	501(c)(3)	Line 3	ST PETER'S HEALTH CARE SERVICES	Yes	
(5) ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BLVD SUITE 309 ALBANY, NY 12208 22-2262982	FUNDRAISING & PUBLIC RELATIONS	NY	501(c)(3)	Line 7	ST PETER'S HEALTH CARE SERVICES	Yes	
(6) SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	SUPPORTING FOUNDATION	NY	501(c)(3)	Line 11a, I	SUNNYVIEW HOSPITAL & REHABILITATION CTR	Yes	
(7) SUNNYVIEW HOSPITAL & REHABILITATION CTR 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	REHABILITATION HOSPITAL	NY	501(c)(3)	Line 3	NORTHEAST HEALTH INC	Yes	
(8) THE COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940	FUNDRAISING & PUBLIC RELATIONS	NY	501(c)(3)	Line 7	THE COMMUNITY HOSPICE INC	Yes	
(9) THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921	SERVING SERIOUSLY ILL PEOPLE & THEIR FAMILIES	NY	501(c)(3)	Line 3	ST PETER'S HEALTH CARE SERVICES	Yes	
(10) THE MARJORIE DOYLE ROCKWELL CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	ADULT HOME/ALZHEIMER'S	NY	501(c)(3)	Line 9	LTC (EDDY) INC	Yes	
(11) THE NORTHEAST HEALTH FOUNDATION INC 2224 BURDETT AVE TROY, NY 12180 22-2743478	SUPPORTING FOUNDATION	NY	501(c)(3)	Line 7	NORTHEAST HEALTH INC	Yes	
(12) VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	NURSING HOME & PHYSICAL REHAB	NY	501(c)(3)	Line 3	ST PETER'S HOSPITAL	Yes	
(13) EAST NORRITON PHYSICIAN SERVICES C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2515999	PHYSICIAN SERVICES	PA	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(14) MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1352191	ACUTE CARE HOSPITAL	PA	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(15) MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH	PA	501(c)(3)	Line 9	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(16) MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2829864	FUNDRAISING	PA	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(17) MERCY HEALTH PLAN C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 22-2483605	HEALTH PLANS	PA	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(18) MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2212638	MANAGEMENT & SUPPORT SERVICES	PA	501(c)(3)	Line 11b, II	CATHOLIC HEALTH EAST	Yes	
(19) MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH	PA	501(c)(3)	Line 9	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	

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(41) MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	HOME HEALTH	PA	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(1) MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2627944	PHYSICIAN PRACTICES	PA	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(2) MERCY PHYSICIAN NETWORK C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 46-1187365	SUPPORTING ORGANIZATION	PA	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(3) MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1396763	ACUTE CARE HOSPITAL	PA	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(4) NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FUNDRAISING	PA	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(5) NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	ACUTE CARE HOSPITAL	PA	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(6) NAZARETH PHYSICIAN SERVICES INC 2601 HOLME AVENUE PHILADELPHIA, PA 19152 20-3261266	PHYSICIAN PRACTICES	PA	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(7) NE PHYSICIAN SERVICES 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2497355	PHYSICIAN PRACTICES	PA	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(8) ST AGNES CONTINUING CARE CENTER C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2840137	CONTINUING CARE SERVICES	PA	501(c)(3)	Line 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(9) ST AGNES CONTINUING CARE CENTER FOUNDATION C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2415137	FUNDRAISING	PA	501(c)(3)	Line 11b, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(10) Advantage HealthSaint Mary's Medical Group 245 State St SE GRAND RAPIDS, MI 49503 27-2491974	Healthcare Services	MI	501(C)(3)	Line 9	Trinity Health-Michigan	Yes	
(11) Allegany Franciscan Ministries Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 58-1492325	Management & Support Services	FL	501(C)(3)	Line 11a, I	Catholic Health East	Yes	
(12) AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	PROVIDE HOSPICE SERVICES	MI	501(C)(3)	Line 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(13) AUXILIARY OF HOLY ROSARY HOSPITAL 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	SUPPORTS SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	Line 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
(14) BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	Acute/Ambulatory healthcare services	IA	501(C)(3)	Line 3	Mercy Health Services-Iowa Corp	Yes	
(15) BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	Support the services of related hospital	IA	501(C)(3)	Line 11a, I	Baum Harmon Mercy Hospital	Yes	
(16) Brightside Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 04-2182395	Behavioral Care	MA	501(C)(3)	Line 9	Sisters of Providence Health System Inc	Yes	
(17) CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	Further Trinity Health activities, organize and develop medical services	MI	501(C)(3)	Line 11b, II	Trinity Health-Michigan	Yes	
(18) Catholic Health East 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-2929748	Management Services	PA	501(C)(3)	Line 11c, III-FI	CHE Trinity Inc	Yes	
(19) CHE TRINITY INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 90-0931907	Healthcare system management and support	IN	501(C)(3)	Line 11b, II	N/A		No

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						Yes	No
(61) Columbus Acquisition Corp 111 Central Avenue Newark, NJ 07102 26-2616342	Inactive Entity	NJ	501(C)(3)	Line 9	Saint Michaels Medical Center	Yes	
(1) Community Health Partners of South Bend PO Box 3998 SOUTH BEND, IN 46619 26-3051440	Healthcare Services	IN	501(C)(3)	Line 3	Saint Joseph Regional Medical Center Inc	Yes	
(2) Continuing Care Management Services Network 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 35-2336834	Management & Support Services	PA	501(C)(3)	Line 11b, II	Catholic Health East	Yes	
(3) Cranbrook Hospice Care 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320699	Provide hospice health services	MI	501(C)(3)	Line 11a, I	Trinity Home Health Services Inc	Yes	
(4) Diley Ridge Medical Center 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	Hospital campus in Fairfield County Ohio	OH	501(C)(3)	Line 3	Mount Carmel Health System	Yes	
(5) Dubuque Mercy Health Foundation Inc 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	Support the services of related hospital	IA	501(C)(3)	Line 11a, I	Mercy Health Services-Iowa Corp	Yes	
(6) Dyersville Health Foundation Inc 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	Support the services of related hospital	IA	501(C)(3)	Line 11a, I	Mercy Health Services-Iowa Corp	Yes	
(7) Farren Care Center Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 04-2501711	Long Term Care	MA	501(C)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
(8) Franciscan Eldercare Corporation PO Box 2500 Wilmington, DE 19805 22-3008680	Eldercare	DE	501(C)(3)	Line 9	St Francis Hospital	Yes	
(9) Global Health Ministry 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 23-3068656	Health Care	PA	501(C)(3)	Line 7	Catholic Health East	Yes	
(10) Good Samaritan Hospital Inc 5401 Lake Oconee Parkway Greensboro, GA 30642 26-1720984	Hospital	GA	501(C)(3)	Line 3	Saint Joseph's Health System Inc	Yes	
(11) Gottlieb Community Health Services Corporation 701 W North Ave Melrose Park, IL 60160 36-3332852	Support the services of related hospital	IL	501(C)(3)	Line 9	Gottlieb Memorial Hospital	Yes	
(12) Gottlieb Memorial Foundation 701 W North Ave Melrose Park, IL 60160 74-3260011	Support the services of related hospital	IL	501(C)(3)	Line 11c, III-FI	N/A		No
(13) Gottlieb Memorial Hospital 701 W North Ave Melrose Park, IL 60160 36-2379649	Healthcare Services	IL	501(C)(3)	Line 3	Loyola University Health System	Yes	
(14) Grand Rapids Medical Education Partners Inc 1000 Monroe Avenue NW Grand Rapids, MI 49503 23-7270669	Medical education training programs	MI	501(C)(3)	Line 11a, I	Trinity Health-Michigan	Yes	
(15) Hackley Hospital 1700 CLINTON ST PO BOX 3302 MUSKEGON, MI 49443 38-1358196	HEALTHCARE SERVICES	MI	501(C)(3)	Line 3	Mercy Health Partners	Yes	
(16) Hackley Hospital Self Insurance Professional Liability Trust PO BOX 3302 MUSKEGON, MI 49443 38-2299878	Self insurance for general and malpractice liability	MI	501(C)(3)	Line 11c, III-FI	Mercy Health Partners	Yes	
(17) Hackley Life Counseling 1352 TERRACE ST MUSKEGON, MI 49442 38-1386362	Counseling, education, and support	MI	501(C)(3)	Line 9	Mercy Health Partners	Yes	
(18) Holy Cross Carenet Inc PO BOX 9184 FARMINGTON HILLS, MI 48333 52-1945054	Long-term care and rehabilitation for the elderly	MD	501(C)(3)	Line 9	Trinity Continuing Care Services	Yes	
(19) Holy Cross Health Foundation Inc 11801 TECH ROAD SILVER SPRING, MD 20904 20-8428450	Charitable fundraising	MD	501(C)(3)	Line 11a, I	Holy Cross Health Inc	Yes	

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						Yes	No
(81) Holy Cross Health Inc 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HEALTHCARE SERVICES	MD	501(C)(3)	Line 3	Trinity Health Corporation	Yes	
(1) Holy Cross Hospital Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791028	Hospital-Healthcare Provider	FL	501(C)(3)	Line 3	Catholic Health East	Yes	
(2) Holy Cross Long Term Care Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0787320	Medical Services	FL	501(C)(3)	Line 3	Holy Cross Hospital Inc	Yes	
(3) Holy Cross Medical Center 20555 VICTOR PARKWAY LIVONIA, MI 48152 95-1985442	HEALTHCARE SERVICES (FORMERLY)	CA	501(C)(3)	Line 3	Trinity Health Corporation	Yes	
(4) Holy Cross Medical Properties Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0666283	Medical Building Real Estate Management	FL	501(C)(2)	N/A	Holy Cross Hospital Inc	Yes	
(5) Hospice of North Iowa 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	Hospice health care services	IA	501(C)(3)	Line 7	Mercy Health Services-Iowa Corp	Yes	
(6) Hospice of Siouxland 4300 Hamilton Blvd SIOUX CITY, IA 51104 38-3320710	Hospice services	IA	501(C)(3)	Line 11a, I	N/A		No
(7) Hospice of Washtenaw II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	Hospice health care services	MI	501(C)(3)	Line 11a, I	Trinity Health-Michigan	Yes	
(8) IHA Health Services Corporation 24 Frank Lloyd Wright Dr Lobby J Ann Arbor, MI 48106 38-3316559	Provides office-based medical care	MI	501(C)(3)	Line 9	Trinity Health-Michigan	Yes	
(9) Intracoastal Health Systems Inc 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 65-0556413	Management & Support Services	PA	501(C)(3)	Line 11a, I	Catholic Health East	Yes	
(10) Lakeshore Community Hospital Inc 72 S STATE STREET SHELBY, MI 49455 38-2549295	Acute healthcare services	MI	501(C)(3)	Line 3	Mercy Health Partners	Yes	
(11) Langhorne MRI Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2519529	Inactive Entity	PA	501(C)(3)	Line 9	St Mary Medical Center	Yes	
(12) Langhorne Physician Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2571699	Physician Services	PA	501(C)(3)	Line 9	St Mary Medical Center	Yes	
(13) Life at Lourdes Inc 2475 McClellan Avenue Pennsauken, NJ 08109 26-1854750	Elderly Care	NJ	501(C)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
(14) LIFE at St Francis Healthcare Inc 7th Clayton Streets Wilmington, DE 19805 45-2569214	Elderly Care	DE	501(C)(3)	Line 9	St Francis Hospital	Yes	
(15) Life St Francis Corporation 601 Hamilton Avenue Trenton, NJ 08629 22-2797282	Health Services	NJ	501(C)(3)	Line 11a, I	St Francis Medical Center Trenton NJ	Yes	
(16) Life St Joseph of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC 28387 27-2159847	Healthcare Services	NC	501(C)(3)	Line 3	St Joseph's of the Pines Inc	Yes	
(17) LIFE St Mary 1201 Langhorne-Newtown Road Langhorne, PA 19047 26-2976184	Elderly Care	PA	501(C)(3)	Line 9	St Mary Medical Center	Yes	
(18) Lourdes Ancillary Services 1600 Haddon Avenue Camden, NJ 08103 22-2568525	Supporting Organization	NJ	501(C)(3)	Line 11b, II	Our Lady of Lourdes Health Care Services	Yes	
(19) Lourdes Cardiology Services PC 1600 Haddon Avenue Camden, NJ 08103 27-4357794	Cardiology Services	NJ	501(C)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	

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						Yes	No
(101) Lourdes Dialysis at Innova Inc 3716 Church Road Mt Laurel, NJ 08054 26-3237625	Hospital	NJ	501(C)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
(1) Lourdes Medical Center of Burlington County 218 Sunset Road Willingboro, NJ 08046 22-3612265	Hospital	NJ	501(C)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
(2) Loyola University Health System 2160 South First Avenue Maywood, IL 60153 36-3342448	Healthcare system management and support	IL	501(C)(3)	Line 11b, II	Trinity Health Corporation	Yes	
(3) Loyola University Medical Center 2160 South First Avenue Maywood, IL 60153 36-4015560	Healthcare Services	IL	501(C)(3)	Line 3	Loyola University Health System	Yes	
(4) Marian Community Hospital 3805 West Chester Pike No 100 Newtown Square, PA 19073 24-0711230	Hospital	PA	501(C)(3)	Line 9	Maxis Health System	Yes	
(5) Marian Community Hospital Auxiliary 3805 West Chester Pike No 100 Newtown Square, PA 19073 25-1874733	Fundraising	PA	501(C)(3)	Line 11b, II	Maxis Foundation	Yes	
(6) Marian Home Healthcare 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	Provide home health care services	IA	501(C)(3)	Line 11a, I	Mercy Health Services-Iowa Corp	Yes	
(7) MARYCREST HEIGHTS PO BOX 9184 FARMINGTON HILLS, MI 48333 27-0291722	Provides housing for elderly individuals	MI	501(C)(3)	Line 11a, I	Trinity Continuing Care Services	Yes	
(8) Maxis Foundation 3805 West Chester Pike No 100 Newtown Square, PA 19073 23-2330090	Fundraising	PA	501(C)(3)	Line 11b, II	Maxis Health System	Yes	
(9) Maxis Health System 3805 West Chester Pike No 100 Newtown Square, PA 19073 91-1940902	Health Care System	PA	501(C)(3)	Line 11b, II	Catholic Health East	Yes	
(10) Maxis Medical Services 3805 West Chester Pike No 100 Newtown Square, PA 19073 23-2577185	Physician Practices	PA	501(C)(3)	Line 9	Maxis Health System	Yes	
(11) McAuley Center Inc 275 Steele Road West Hartford, CT 06117 06-1058086	Independent Living	CT	501(C)(3)	Line 9	Mercy Community Health Inc	Yes	
(12) McAuley Clinic Corporation PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTHCARE SERVICES (FORMERLY)	MI	501(C)(3)	Line 3	Catherine McAuley Health Services Corp	Yes	
(13) McAuley Ministries 3333 Fifth Avenue Pittsburgh, PA 15213 94-3436142	Management & Support Services	PA	501(C)(3)	Line 11a, I	Pittsburgh Mercy Health System	Yes	
(14) Mercy Amicare Home Healthcare Oakland 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320698	Provide home health care services	MI	501(C)(3)	Line 11a, I	Trinity Home Health Services Inc	Yes	
(15) Mercy Amicare Home Healthcare Port Huron 505 Huron Avenue PORT HURON, MI 48060 38-3320701	Provide home health care services	MI	501(C)(3)	Line 11a, I	Trinity Home Health Services Inc	Yes	
(16) Mercy Care Foundation 424 Decatur Street Atlanta, GA 30312 58-1448522	Fundraising	GA	501(C)(3)	Line 7	Saint Joseph's Health System Inc	Yes	
(17) Mercy Community Health Inc 2021 Albany Avenue West Hartford, CT 06117 06-1492707	Management & Support Services	CT	501(C)(3)	Line 11b, II	Catholic Health East	Yes	
(18) Mercy Community HomeCare Services 2021 Albany Avenue West Hartford, CT 06117 06-1488137	In Home Health Care	CT	501(C)(3)	Line 9	Mercy Community Health Inc	Yes	
(19) Mercy Foundation Inc 2525 South Michigan Avenue Chicago, IL 60616 36-3227350	Supports the services of related health care system	IL	501(C)(3)	Line 11a, I	Mercy Health System of Chicago	Yes	

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						Yes	No
(121) Mercy General Health Partners Amicare Homecare 684 HARVEY STREET MUSKEGON, MI 49442 38-3321856	Provide home health care services	MI	501(C)(3)	Line 11a, I	Trinity Home Health Services Inc	Yes	
(1) Mercy Health Network 1111 6th Avenue Des Moines, IA 50314 42-1478417	Healthcare Management	DE	501(C)(3)	Line 11a, I	N/A		No
(2) Mercy Health Partners 1415 LEAHY STREET MUSKEGON, MI 49442 38-2589966	Healthcare system support	MI	501(C)(3)	Line 3	Trinity Health-Michigan	Yes	
(3) Mercy Health Services - Iowa Corp 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE SERVICES	DE	501(C)(3)	Line 3	Trinity Health Corporation	Yes	
(4) Mercy Health System of Chicago 2525 South Michigan Avenue Chicago, IL 60616 36-3163327	Healthcare system management and support	IL	501(C)(3)	Line 11a, I	Trinity Health Corporation	Yes	
(5) Mercy Health System of Chicago Liability Self Insurance Trust Bk of America 231 S Lasalle Chicago, IL 60697 91-2092113	Self insurance for professional and comprehensive liability	IL	501(C)(3)	Line 11c, III-FI	Mercy Health System of Chicago	Yes	
(6) Mercy Health System of Maine 144 State Street Portland, ME 04101 01-0484074	Management & Support Services	ME	501(C)(3)	Line 11c, III-FI	Catholic Health East	Yes	
(7) Mercy Healthcare Center 114 Wawbeek Avenue Tupper Lake, NY 12986 15-0532211	In Dissolution	NY	501(C)(3)	Line 3	Catholic Health East	Yes	
(8) Mercy Healthcare Foundation-Clinton 1410 N 4TH ST CLINTON, IA 52732 42-1316126	Fundraising and financial assistance for hospital charitable services	IA	501(C)(3)	Line 11c, III-FI	N/A		No
(9) Mercy Hospital 144 State Street Portland, ME 04101 01-0211534	Hospital	ME	501(C)(3)	Line 3	Mercy Health System of Maine	Yes	
(10) Mercy Hospital and Medical Center 2525 South Michigan Avenue Chicago, IL 60616 36-2170152	Healthcare services	IL	501(C)(3)	Line 3	Mercy Health System of Chicago	Yes	
(11) Mercy Hospital Cadillac Foundation 400 HOBART CADILLAC, MI 49601 20-3357131	Support the services of related hospital	MI	501(C)(3)	Line 11a, I	Trinity Health-Michigan	Yes	
(12) Mercy Hospital Gift Shop 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	Volunteer Service Auxiliary	MI	501(C)(3)	Line 11a, I	Trinity Health-Michigan	Yes	
(13) Mercy Hospital Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 04-3398280	Acute Care	MA	501(C)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
(14) Mercy Hospital Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791034	Hospital	FL	501(C)(3)	Line 11c, III-FI	Catholic Health East	Yes	
(15) Mercy Jeannette Hospital 3805 West Chester Pike Newtown Square, PA 19073 25-1310602	Inactive Entity	PA	501(C)(3)	Line 9	Pittsburgh Mercy Health System	Yes	
(16) Mercy Life Center Corporation 1200 Reedsdale Street Pittsburgh, PA 15233 25-1604115	Community Treatment	PA	501(C)(3)	Line 9	Pittsburgh Mercy Health System	Yes	
(17) Mercy LIFE of Alabama PO Box 1090 101 Villa Drive Daphne, AL 36526 27-3163002	Hospital	AL	501(C)(3)	Line 3	Mercy Medical Corporation	Yes	
(18) Mercy LIFE Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 45-3086711	Acute Care	MA	501(C)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
(19) Mercy Medical Center - Clinton Inc 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	To provide quality health care	DE	501(C)(3)	Line 3	Mercy Health Services-Iowa Corp	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(141) Mercy Medical Center - Sioux City Foundation 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	Support the services of related hospital	IA	501(C)(3)	Line 7	Mercy Health Services-Iowa Corp	Yes	
(1) Mercy Medical Center Foundation - North Iowa 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	Support the services of related hospital	IA	501(C)(3)	Line 11c, III-FI	N/A		No
(2) Mercy Medical Corporation PO Box 1090 101 Villa Drive Daphne, AL 36526 63-6002215	Hospital	AL	501(C)(3)	Line 9	Catholic Health East	Yes	
(3) Mercy Medical Development Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-2789194	Outpatient Services	FL	501(C)(3)	Line 9	Mercy Hospital Inc	Yes	
(4) Mercy Mission Services Inc 3661 South Miami Avenue Miami, FL 33133 65-0435764	Health Care	FL	501(C)(3)	Line 3	Mercy Hospital Inc	Yes	
(5) Mercy North Homecare and Hospice 7985 MACKINAW TRAIL CADILLAC, MI 49601 38-3313897	Home health and hospice services	MI	501(C)(3)	Line 11a, I	Trinity Home Health Services Inc	Yes	
(6) Mercy Oncology Services Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 45-4884805	Oncology Medical Services	MA	501(C)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
(7) Mercy Outpatient Services Inc DBA Sister Emmanuel Hospital 4725 North Federal Highway Ft Lauderdale, FL 33308 51-0461511	Hospital	FL	501(C)(3)	Line 9	Mercy Hospital Inc	Yes	
(8) Mercy Senior Care Inc 424 Decatur Street Atlanta, GA 30312 58-1366508	Community Outreach	GA	501(C)(3)	Line 7	Saint Joseph's Health System Inc	Yes	
(9) Mercy Services Corporation 2021 Albany Avenue West Hartford, CT 06117 06-1453323	Support Services	CT	501(C)(3)	Line 3	Mercy Community Health Inc	Yes	
(10) Mercy Services Downtown Inc 424 Decatur Street Atlanta, GA 30312 27-2046353	Real Estate Holding Company	GA	501(C)(3)	Line 11b, II	Saint Joseph's Health System Inc	Yes	
(11) Mercy Services for Aging Non-profit Housing Corporation PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	Provides long-term care for the elderly	MI	501(C)(3)	Line 11b, II	Trinity Continuing Care Services	Yes	
(12) Mercy Specialist Physicians Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 26-4033168	Neurosurgery Medical Services	MA	501(C)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
(13) Mercy Uihlein Health Corporation 185 Old Military Road Lake Placid, NY 12946 16-1535133	Mgt & Support Services	NY	501(C)(3)	Line 11b, II	Mercy Healthcare Center	Yes	
(14) Mercyknoll Inc 2021 Albany Avenue West Hartford, CT 06117 06-0757380	Skilled Nursing	CT	501(C)(3)	Line 3	Mercy Community Health Inc	Yes	
(15) Midwest Medflight 1300 VICTORS WAY ANN ARBOR, MI 48108 38-2684671	Aeromedical transport	MI	501(C)(3)	Line 9	Trinity Health-Michigan	Yes	
(16) Mission Health Corporation 37595 Seven Mile Road LIVONIA, MI 48152 38-3181557	Facility used for ambulatory care	DE	501(C)(3)	Line 11a, I	N/A		No
(17) Mount Carmel College of Nursing 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	College of nursing	OH	501(C)(3)	Line 2	Mount Carmel Health System	Yes	
(18) Mount Carmel Health Insurance Company 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	Health Insurance	OH	501(C)(4)	N/A	Mount Carmel Health System	Yes	
(19) Mount Carmel Health Plan Inc 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	Medicare HMO for seniors	OH	501(C)(4)	N/A	Mount Carmel Health System	Yes	

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
(161) Mount Carmel Health System 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	Healthcare system management and support	OH	501(C)(3)	Line 3	Trinity Health Corporation	Yes	
(1) MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	SUPPORT THE SERVICES OF RELATED HOSPITAL	OH	501(C)(3)	Line 11a, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
(2) Mount Carmel Home Care LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH 43215 26-2729300	Provide home health care services	OH	501(C)(3)	Line 9	Trinity Home Health Services Inc	Yes	
(3) MRI Mobile Services of West Michigan 1820 - 44TH STREET KENTWOOD, MI 49508 38-3073745	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MI	501(C)(3)	Line 9	Trinity Health-Michigan	Yes	
(4) MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MI	501(C)(3)	Line 7	MERCY HEALTH PARTNERS	Yes	
(5) Oakland Mercy Hospital 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE SERVICES	NE	501(C)(3)	Line 3	Mercy Health Services-Iowa Corp	Yes	
(6) Oakland Mercy Hospital Foundation 601 E 2nd Street OAKLAND, NE 68045 31-1678345	SUPPORTS SERVICES OF RELATED HOSPITAL	NE	501(C)(3)	Line 11c, III-FI	N/A		No
(7) OSUMOUNT CARMEL HEALTH ALLIANCE 793 WEST STATE STREET COLUMBUS, OH 43222 31-1654603	Cooperative health care delivery system	OH	501(C)(3)	Line 11a, I	N/A		No
(8) Our Lady of Lourdes Health Care Services 1600 Haddon Avenue Camden, NJ 08103 22-2568528	Management & Support Services	NJ	501(C)(3)	Line 11a, I	Catholic Health East	Yes	
(9) Our Lady of Lourdes Health Foundation Inc 1600 Haddon Avenue Camden, NJ 08103 22-2351960	Foundation	NJ	501(C)(3)	Line 7	Our Lady of Lourdes Health Care Services	Yes	
(10) Our Lady of Lourdes Medical Center 1600 Haddon Avenue Camden, NJ 08103 21-0635001	Hospital	NJ	501(C)(3)	Line 3	Our Lady of Lourdes Health Care Services	Yes	
(11) Pioneer Valley Cardiology Associates Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 45-4208896	Cardiology Services	MA	501(C)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
(12) Pittsburgh Mercy Health System 3333 5th Avenue Pittsburgh, PA 15213 25-1464211	Management & Support Services	PA	501(C)(3)	Line 11c, III-FI	Catholic Health East	Yes	
(13) Port Huron Mercy Family Care Inc 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	Line 11a, I	Trinity Health-Michigan	Yes	
(14) Professional Med Team 965 FORK STREET MUSKEGON, MI 49442 38-2638284	Medical care, transportation and education	MI	501(C)(3)	Line 9	Trinity Health-Michigan	Yes	
(15) Professional Office Corporation 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	Line 11a, I	Saint Agnes Medical Center	Yes	
(16) Saint Agnes Medical Center 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTHCARE SERVICES	CA	501(C)(3)	Line 3	Trinity Health Corporation	Yes	
(17) Saint Alphonsus Building Company Inc 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	Supports services of related hospital	ID	501(C)(3)	Line 11a, I	Saint Alphonsus Regional Medical Center Inc	Yes	
(18) Saint Alphonsus Diversified Care Inc 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	Supports services of related hospital	ID	501(C)(3)	Line 11a, I	Saint Alphonsus Regional Medical Center Inc	Yes	
(19) Saint Alphonsus Foundation-Baker City Inc 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	Line 11a, I	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	

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

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(181) Saint Alphonsus Foundation-Ontario Inc 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	Line 11a, I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
(1) SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	Line 11a, I	Trinity Health Corporation	Yes	
(2) SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY Inc 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	Line 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(3) Saint Alphonsus Medical Center-Nampa Health Foundation Inc 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	SUPPORT THE SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	Line 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
(4) SAINT ALPHONSUS MEDICAL CENTER-NAMPA Inc 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	TO PROVIDE QUALITY HEALTH CARE	ID	501(C)(3)	Line 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(5) SAINT ALPHONSUS MEDICAL CENTER-ONTARIO Inc 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	Line 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(6) Saint Alphonsus Regional Medical Center 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	Healthcare services	ID	501(C)(3)	Line 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(7) Saint James Care Inc 111 Central Avenue Newark, NJ 07102 26-2616230	Inactive Entity	NJ	501(C)(3)	Line 9	Saint Michaels Medical Center	Yes	
(8) Saint Joseph Regional Medical Center - Plymouth Campus Inc 1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN 46563 35-1142669	Healthcare services	IN	501(C)(3)	Line 3	Saint Joseph Regional Medical Center Inc	Yes	
(9) Saint Joseph Regional Medical Center - South Bend Campus Inc PO BOX 1935 SOUTH BEND, IN 46634 35-0868157	Healthcare services	IN	501(C)(3)	Line 3	Saint Joseph Regional Medical Center Inc	Yes	
(10) Saint Joseph Regional Medical Center Mishawaka Auxiliary Inc 5215 Holy Cross Parkway MISHAWAKA, IN 46545 35-6033285	Hospital Service Auxiliary	IN	501(C)(4)	N/A	Saint Joseph Regional Medical Center-S Bend	Yes	
(11) Saint Joseph Regional Medical Center Plymouth Auxiliary Inc 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	Hospital Service Auxiliary	IN	501(C)(3)	Line 11b, II	Saint Joseph Regional Medical Center-Plymouth	Yes	
(12) Saint Joseph Regional Medical Center Inc 801 EAST LASALLE AVE SOUTH BEND, IN 46617 35-1568821	Healthcare system management and support	IN	501(C)(3)	Line 11a, I	Trinity Health Corporation	Yes	
(13) Saint Joseph's Health System Inc 424 Decatur Street Atlanta, GA 30312 58-1744848	Management & Support Services	GA	501(C)(3)	Line 11b, II	Catholic Health East	Yes	
(14) Saint Joseph's Mercy Care Services Inc 424 Decatur Street Atlanta, GA 30312 58-1752700	Community Outreach	GA	501(C)(3)	Line 7	Saint Joseph's Health System Inc	Yes	
(15) Saint Joseph's Tower Inc PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	Provides housing for low income elderly individuals	IN	501(C)(3)	Line 9	Trinity Continuing Care Services-Indiana	Yes	
(16) Saint Mary Home II Inc 2021 Albany Avenue West Hartford, CT 06117 06-1164104	Elderly Care	CT	501(C)(3)	Line 3	Mercy Community Health Inc	Yes	
(17) Saint Mary's Amicare Home Healthcare 1430 MONROE NW GRAND RAPIDS, MI 49505 38-3320700	Provide home health care services	MI	501(C)(3)	Line 11a, I	Trinity Home Health Services Inc	Yes	
(18) Saint Mary's Foundation 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	Supports services of related hospital	MI	501(C)(3)	Line 7	Trinity Health-Michigan	Yes	
(19) Saint Michaels Medical Center 111 Central Avenue Newark, NJ 07102 26-2616046	Hospital	NJ	501(C)(3)	Line 3	Catholic Health East	Yes	

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

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						Yes	No
(201) Sisters of Providence Care Centers Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 22-2541103	Long Term Care	MA	501(C)(3)	Line 3	Sisters of Providence Health System Inc	Yes	
(1) Sisters of Providence Health System Inc c/o SPHS 1221 Main Street Suite 213 Holyoke, MA 01040 04-3398374	Management & Support Services	MA	501(C)(3)	Line 11b, II	Catholic Health East	Yes	
(2) SJHSJOC Holdings Inc 424 Decatur Street Atlanta, GA 30312 47-2299757	Real Estate Holding Company	GA	501(C)(3)	Line 11b, II	Saint Joseph's Health System Inc	Yes	
(3) SSJ Health Foundation Inc 3661 South Miami Avenue Miami, FL 33133 59-1709438	Fundraising	FL	501(C)(3)	Line 7	Mercy Hospital Inc	Yes	
(4) St Joseph Mercy Oakland Foundation 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	Supports services of related hospital	MI	501(C)(3)	Line 11a, I	Trinity Health-Michigan	Yes	
(5) St Francis Foundation PO Box 2500 Wilmington, DE 19805 51-0374158	Foundation	DE	501(C)(3)	Line 11b, II	St Francis Hospital	Yes	
(6) St Francis Hospital PO Box 2500 Wilmington, DE 19805 51-0064326	Hospital	DE	501(C)(3)	Line 3	Catholic Health East	Yes	
(7) St Francis Hospital Inc 33920 US Highway 19 North Suite 269 Palm Harbor, FL 34684 59-0624442	Grant-making Organization	FL	501(C)(3)	Line 11a, I	Allegany Franciscan Ministries Inc	Yes	
(8) St Francis Medical Center Foundation Inc 601 Hamilton Avenue Trenton, NJ 08629 52-1025476	Foundation	NJ	501(C)(3)	Line 11a, I	St Francis Medical Center Trenton NJ	Yes	
(9) St Francis Medical Center Trenton NJ 601 Hamilton Avenue Trenton, NJ 08629 22-3431049	Hospital	NJ	501(C)(3)	Line 3	Catholic Health East	Yes	
(10) St James Mercy Foundation Inc 411 Canisteo Street Hornell, NY 14843 16-1486437	Foundation	NY	501(C)(3)	Line 7	St James Mercy Health System Inc	Yes	
(11) St James Mercy Health System Inc 411 Canisteo Street Hornell, NY 14843 22-3127184	Management & Support Services	NY	501(C)(3)	Line 11c, III-FI	Catholic Health East	Yes	
(12) St James Mercy Hospital 411 Canisteo Street Hornell, NY 14843 16-0743310	Hospital	NY	501(C)(3)	Line 3	St James Mercy Health System Inc	Yes	
(13) St Joseph of the Pines Inc 100 Gossman Drive Suite B Southern Pines, NC 28387 56-0694200	Hospital	NC	501(C)(3)	Line 3	Catholic Health East	Yes	
(14) St Mary Building and Development Company 1201 Langhorne-Newtown Road Langhorne, PA 19047 46-1827502	Building Development Company	PA	501(C)(2)	N/A	St Mary Medical Center	Yes	
(15) St Mary Emergency Medical Services 1201 Langhorne-Newtown Road Langhorne, PA 19047 46-5354512	Emergency Medical Services	PA	501(C)(3)	Line 9	St Mary Medical Center	Yes	
(16) St Mary Home Incorporated 2021 Albany Avenue West Hartford, CT 06117 06-0646843	Skilled Nursing	CT	501(C)(3)	Line 3	Mercy Community Health Inc	Yes	
(17) St Mary Medical Center 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-1913910	Hospital	PA	501(C)(3)	Line 3	Catholic Health East	Yes	
(18) St Mary Medical Center Foundation Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2567468	Foundation	PA	501(C)(3)	Line 7	St Mary Medical Center	Yes	
(19) St Mary's Foundation Inc 1230 Baxter Street Athens, GA 30606 58-2544232	Fundraising	GA	501(C)(3)	Line 11a, I	St Mary's Health Care System Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(221) St Mary's Health Care System Inc 1230 Baxter Street Athens, GA 30606 58-0566223	Hospital	GA	501(C)(3)	Line 3	Catholic Health East	Yes	
(1) St Mary's Highland Hills Inc 1230 Baxter Street Athens, GA 30606 02-0576648	Assisted Living & Retirement Community	GA	501(C)(3)	Line 3	St Mary's Health Care System Inc	Yes	
(2) St Mary's Medical Group Inc 1230 Baxter Street Athens, GA 30606 26-1858563	Hospital / Physician Services	GA	501(C)(3)	Line 3	St Mary's Health Care System Inc	Yes	
(3) St Michael's Foundation Inc 111 Central Avenue Newark, NJ 07102 22-3311976	Foundation	NJ	501(C)(3)	Line 11a, I	Saint Michaels Medical Center	Yes	
(4) The Foundation of Saint Joseph Regional Medical Center 4215 EDISON LAKES PARKWAY MISHAWAKA, IN 46545 35-1654543	Supports services of related hospital	IN	501(C)(3)	Line 11a, I	Saint Joseph Regional Medical Center Inc	Yes	
(5) Tri-County Human Services Center Inc 3805 West Chester Pike No 100 Newtown Square, PA 19073 23-1938528	Behavioral Health Organization	PA	501(C)(3)	Line 7	Maxis Health System	Yes	
(6) Tri-Hospital Emergency Medical Services 309 Grand River PORT HURON, MI 48060 38-2485700	Provide emergency ambulance services	MI	501(C)(3)	Line 11d, III-O	N/A		No
(7) Tri-Hospital MRI Center 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	MRI SERVICES	MI	501(C)(3)	Line 3	TRINITY HEALTH-MICHIGAN	Yes	
(8) Trinity Continuing Care Services PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	Management services for Long term care and senior living facilities	MI	501(C)(3)	Line 11a, I	Trinity Health Corporation	Yes	
(9) Trinity Continuing Care Services - Indiana Inc PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	Provides long-term care and residential housing	IN	501(C)(3)	Line 9	Trinity Continuing Care Services	Yes	
(10) Trinity Health - Michigan 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	Line 3	Trinity Health Corporation	Yes	
(11) Trinity Health Corporation 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	Healthcare system management and support	IN	501(C)(3)	Line 11b, II	CHE Trinity Inc	Yes	
(12) Trinity Health International 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	Healthcare training and support services	MI	501(C)(3)	Line 11a, I	Trinity Health Corporation	Yes	
(13) Trinity Health Welfare Benefit Trust 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	Retiree medical and retiree life insurance coverage	MI	501(C)(9)	N/A	Trinity Health Corporation	Yes	
(14) Trinity Home Health Services Inc 17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-2621935	Home health care system management services	MI	501(C)(3)	Line 9	Trinity Health Corporation	Yes	
(15) Uihlein Mercy Center 185 Old Military Road Tupper Lake, NY 12986 15-0532190	In Dissolution	NY	501(C)(3)	Line 3	Mercy Healthcare Center	Yes	
(16) University Heights Property Company Inc 111 Central Avenue Newark, NJ 07102 22-3100162	Medical Property Holding Company	NJ	501(C)(2)	N/A	Saint Michaels Medical Center	Yes	
(17) VNA Home Health & Hospice 50 Foden Road South Portland, ME 04106 01-0246804	Home Health & Hospice	ME	501(C)(3)	Line 11a, I	Mercy Health System of Maine	Yes	
(18) WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	Support Services	MI	501(C)(4)	N/A	Mercy Health Partners	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ST PETER'S AMBULATORY SURGERY CENTER LLC 1375 WASHINGTON AVENUE STE 201 ALBANY, NY 12206 46-0463892	OUTPATIENT SURGERY	NY	N/A									
EAST NORRITON MEDICAL ASSOCIATES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2319531	MEDICAL OFFICE BUILDING	PA	N/A									
GATEWAY HEALTH PLAN 300 GRANT STREET PITTSBURGH, PA 15219 25-1691945	MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE ORGANIZATION	PA	N/A									
MERCYMANOR PARTNERSHIP PO BOX 10086 TOLEDO, OH 436990086 52-1931012	NURSING HOME	PA	N/A									
ST AGNES LONG-TERM INTENSIVE CARE LLP C/O MERCY HEALTH SYSTEM ONE WEST EL CONSHOHOCKEN, PA 19428 20-0984882	LONG-TERM INTENSIVE CARE	PA	N/A									
ST AGNES LONG-TERM INTENSIVE CARE LLP C/O MERCY HEALTH SYSTEM ONE WEST EL CONSHOHOCKEN, PA 19428 20-0984882	LONG-TERM INTENSIVE CARE	PA	N/A									
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES LP C/O NAZARETH HOSPITAL 2601 HOLME AV PHILADELPHIA, PA 19152 23-2388040	MEDICAL OFFICE BUILDING	PA	N/A									
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES LP C/O NAZARETH HOSPITAL 2601 HOLME AV PHILADELPHIA, PA 19152 23-2388040	MEDICAL OFFICE BUILDING	PA	N/A									
ADVENT REHABILITATION LLC 607 Dewey Avenue Suite 300 GRAND RAPIDS, MI 49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A									
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
Catherine Horan Building Limited Partnership 1221 Main Street Room 108 Holyoke, MA 01040 04-2723429	Property Management	MA	N/A									
Centennial Surgunit LLC 502 Centennial Blvd Suite 1 Voorhees, NJ 08043 22-3580847	Healthcare Services	NJ	N/A									
Center for Digestive Care LLC 5300 Elliott Drive Ypsilanti, MI 48197 03-0447062	Provide Gastrointestinal Services	MI	N/A									
Central New Jersey Heart Services LLC PO Box 148 Bayonne, NJ 07002 20-8525458	Cardiac Program	NJ	N/A									
CENTRAL OHIO SLEEP MEDICINE LTD 6150 East Broad Street COLUMBUS, OH 43213 31-1701029	SLEEP MEDICINE SERVICES	OH	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CLINTON IMAGING SERVICES LLC 615 Valley View Dr Ste 202 Moline, IL 61265 41-2044739	MRI DIAGNOSTIC SERVICES	IA	N/A									
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A									
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI 48104 38-2648446	LABORATORY	MI	N/A									
FRESNO IMAGING CENTER 1303 E HERNDON AVE FRESNO, CA 93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A									
HAWARDEN Regional Health CLINICS LLC 1122 AVENUE L HAWARDEN, IA 51023 20-1444339	MEDICAL CLINIC	IA	N/A									
Idaho ASC Holdings LLC 4400 E Flamingo Ave Nampa, ID 83687 36-4729605	Holding company for ambulatory surgery	ID	N/A									
Loyola Ambulatory Surgery Center at Oakbrook LP 3000 Riverchase Galleria ste 500 Birmingham, AL 35244 36-4119522	Surgical Services	IL	N/A									
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388	MRI SERVICES	IA	N/A									
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA 50401 20-1960348	SURGERY-SAME DAY	IA	N/A									
MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
MCMC POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1392994	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
MEDILUCENT MOB I 793 W STATE STREET COLUMBUS, OH 43222 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
Mercy Advanced MRI LLC 2525 SOUTH MICHIGAN AVE CHICAGO, IL 60616 26-2116721	Sublease MRI Equipment	IL	N/A									
MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A									
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NEWCO AMBULATORY SURGERY CTR LLP 4190 24TH AVENUE FORT GRATIOT, MI 48059 30-0136708	OUTPATIENT SURGERY CENTER	MI	N/A									
Physicians Outpatient Surgery Center LLC 1000 NE 56th Street Oakland Park, FL 33334 35-2325646	Ambulatory Surgery Center	FL	N/A									
SARMED OUTPATIENT PHARMACY LLC 999 N CURTIS RD STE 102 BOISE, ID 83706 51-0483218	PHARMACY	ID	N/A									
SIXTY FOURTH STREET LLC 2373 64TH ST STE 2200 BYRON CENTER, MI 49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A									
SJV Management LLC 200 Century Pkwy Ste 200E Mount Laurel, NJ 08054 20-2273476	Radiology	NJ	N/A									
SMMC MOB II LP 1201 Langhorne-Newtown Road Langhorne, PA 19047 36-4559869	Investment and operation of a medical building	PA	N/A									
ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID 83605 82-0526861	RADIATION ONCOLOGY	ID	N/A									
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
St Mary Rehabilitation Hospital LLP 113 Seaboard Lane Suite B201 Franklin, TN 37067 27-3938747	Medical Services	DE	N/A									
TAMARACK MEDICAL CLINIC LLC 402 Old State Hwy Cascade, ID 83611 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A									
The Ambulatory Surgery Center at St Mary LLC 1203 Langhorne-Newtown Road Langhorne, PA 19047 23-2871206	Outpatient Surgery	PA	N/A									
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1784409	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI 48106 76-0820959	RADIOLOGY/IMAGING	MI	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	**No**
AFFILIATED MANAGEMENT SERVICES CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
GATEWAY HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1505506	HEALTH CARE	PA	N/A	C				Yes	
GATEWAY HEALTH PLAN INC OF OHIO 600 GRANT STREET PITTSBURGH, PA 15219 30-0282076	HEALTH CARE	PA	N/A	C				Yes	
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
Carbondale Area Physicians' Association PC 100 Lincoln Ave Carbondale, PA 18407 23-2801677	Medical Insurance Contracting	PA	N/A	C				Yes	
Carbondale Area Physicians' PHO Inc 100 Lincoln Ave Carbondale, PA 18407 23-2801676	Inactive	PA	N/A	C				Yes	
Carbondale Physicians' Services Inc 100 Lincoln Ave Carbondale, PA 18407 23-2365077	Pharmacy	PA	N/A	C				Yes	
Catherine Horan Building Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-2938160	Building Management	MA	N/A	C				Yes	
Catholic Health East Senior Services 3805 West Chester Pike Suite 100 Newtown Square, PA 19073 37-1572595	Senior Services	PA	N/A	C				Yes	
Chestnut Risk Services Ltd 11 Victoria Street Hamilton BD	Insurance	BD	N/A	C				Yes	
Diversified Community Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3128890	Medical Services	MA	N/A	C				Yes	
Georgia Health Enterprises LLC 1230 Baxter Street Athens, GA 30606 54-1806329	Healthcare	GA	N/A	C				Yes	
GHE Physicians PC 3500 Piedmont Road Atlanta, GA 30305 58-2277939	Practice Management	GA	N/A	C				Yes	
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	

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**
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI 49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C				Yes	
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI 49442 38-2447870	PHARMACY	MI	N/A	C				Yes	
Health Management Services Org Inc 500 Grove Street Suite 100 Haddon Heights, NJ 08035 22-3366580	Health Care Billing	NJ	N/A	C				Yes	
HEF INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3086401	OFFICE STAFFING	MI	N/A	C				Yes	
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD 20904 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
IHA Affiliation Corporation 24 Frank Lloyd Wright Dr Lobby J ANN ARBOR, MI 48106 38-3188895	Medical Management	MI	N/A	C				Yes	
Langhorne Services II Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 25-3795549	General Partner of LMOB Partners, II	PA	N/A	C				Yes	
Langhorne Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2625981	General Partner of LMOB Partners,	PA	N/A	C				Yes	
LifeCare Physicians PC 601 Hamilton Avenue Trenton, NJ 08629 26-1649038	Health Care Services	NJ	N/A	C				Yes	
Lourdes Medical Associates PA 500 Grove Street Suite 100 Haddon Heights, NJ 08035 22-3361862	Medical Services	NJ	N/A	C				Yes	

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
Lourdes Urgent Care Services PC 1600 Haddon Avenue Camden, NJ 08103 46-4188202	Urgent Care Center	NJ	N/A	C				Yes	
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C				Yes	
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	OUTPATIENT PHARMACY	ID	N/A	C				Yes	
Mercy Inpatient Medical Associates Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3029929	Medical Services	MA	N/A	C				Yes	
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	Dormant	IL	N/A	C				Yes	
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI 49546 38-2647304	ATHLETIC CLUB	MI	N/A	C				Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA 50401 42-1382308	MEDICAL SERVICES	IA	N/A	C				Yes	
Nursing Network Inc 4725 North Federal Highway Fort Lauderdale, FL 33308 59-1145192	Medical Services	FL	N/A	C				Yes	
Physicians Medical Office Building Condominium Trust 1221 Main Street Room 108 Holyoke, MA 01040 04-6608649	Property Management	MA	N/A	C				Yes	
PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C				Yes	
Providence Home Care Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-3317426	Health Care Services	MA	N/A	C				Yes	
Saint Alphonsus Health Alliance Inc 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	Accountable Care Organization	ID	N/A	C				Yes	
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	PHYSICIANS	ID	N/A	C				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
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI 49546 38-3450733	ATHLETIC CLUB	MI	N/A	C				Yes	
SJM Properties Inc 411 Canisteo Street Hornell, NY 14843 16-1294991	Property Holdings	NY	N/A	C				Yes	
St Mary's Highland Hills Village Inc 1230 Baxter Street Athens, GA 30606 58-2276801	Assisted Living	GA	N/A	C				Yes	
Stella Maris Insurance Company Limited PO Box 69 Grand Cayman, Cayman Islands KY1-1102 CJ 98-0632008	Insurance	CJ	N/A	C				Yes	
SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C				Yes	
System Coordinated Services Inc c/o SPHS 1221 Main Street Suite 108 Holyoke, MA 01040 04-2938181	Lab Services	MA	N/A	C				Yes	
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C				Yes	
WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI 49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
St Peter's Hospital	P	589,974	FMV
Seton Health System Inc	Q	99,379	FMV
Memorial Hospital Albany	L	2,071,722	FMV
Sunnyview Hospital & Rehabilitation Center	P	51,641	FMV
Sunnyview Hospital & Rehabilitation Center	Q	473,880	FMV
Capital Region Geriatric Center Inc	Q	138,578	FMV
Heritage House Nursing Center Inc	Q	64,837	FMV
St Peter's Health Care Services	P	7,477,638	FMV
Samaritan Child Care Center Inc	P	140,543	FMV
Samaritan Medical Office Building Inc	P	166,157	FMV
St Peter's Health Partners Medical Associates PC	P	851,970	FMV
Catholic Health East	P	206,681	FMV
Northeast Health Foundation Inc	C	1,754,658	FMV
Northeast Health Foundation Inc	P	196,566	FMV
Seton Health System Inc	H	545,014	FMV

St. Peter's Health Partners
Albany, NY
(A member of CHE Trinity Inc.)

Consolidated Financial Statements
and Supplemental Schedules for the Year
Ended June 30, 2014 and Independent Auditors' Report

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc)

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Deloitte

Deloitte & Touche LLP

INDEPENDENT AUDITORS' REPORT

To The Board of Trustees of
St Peter's Health Partners

We have audited the accompanying consolidated financial statements of St Peter's Health Partners and its subsidiaries (the "Corporation") (A member of CHL Trinity, Inc.), which comprise the consolidated balance sheet as of June 30, 2014 and the related consolidated statements of operation and changes in net assets and cash flows for the year then ended and the related notes to the consolidated financial statements

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit We conducted our audit in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the Corporation's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St Peter's Health Partners and its subsidiaries as of June 30, 2014 and the results of their operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

As described in Notes 2 and 10 to the consolidated financial statements, the Corporation is a member of CHI Trinity Inc. The accompanying consolidated financial statements have been prepared from the separate records maintained by the Corporation and may not necessarily be indicative of the conditions that would have existed or the results of opetations if the Corporation had been operated as an unaffiliated Corporation. Portions of certain assets, income and expenses represent allocations made from home-office items applicable to CHI Trinity Inc. as a whole.

Report on Consolidating Schedules

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedules on pages 48-76 are presented for the purpose of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and are not a required part of the consolidated financial statements. These schedules are the responsibility of the Corporation's management and were derived from and relate directly to the underlying accounting and other records used to prepare the consolidated financial statements. Such schedules have been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Deloitte & Touche LLP

November 17, 2014

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A member of CHE Trinity Inc)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014
(In thousands)

ASSETS	2014
CURRENT ASSETS	
Cash and cash equivalents	$ 114,262
Investments	5,739
Investment in CHE Trinity Inc corporate pooled investment program	192,975
Assets limited or restricted as to use	6,766
Patient accounts receivable, net of allowance for doubtful accounts of $56 5 million	121,348
Estimated receivables from third-party payors	7,911
Other receivables	8,598
Receivables from affiliates	2,403
Inventories	9,960
Prepaid expenses and other current assets	7,933
Total current assets	477,895
ASSETS LIMITED OR RESTRICTED AS TO USE	
Held by trustees under bond indenture agreements	39,037
Self-insurance, benefit plans and other	2,937
By board	130,019
By donors	77,871
Total assets limited or restricted as to use	249,864
PROPERTY AND EQUIPMENT - Net	659,550
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	1,347
GOODWILL	3,585
PREPAID PENSION ASSET	8,113
OTHER ASSETS	25,916
TOTAL ASSETS	$1,426,270

The accompanying notes are an integral part of the consolidated financial statements (Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014
(In thousands)

LIABILITIES AND NET ASSETS	2014
CURRENT LIABILITIES:	
Current portion of long-term debt	$ 10,217
Current portion of notes payable to CHE Trinity Inc	1,718
Accounts payable	52,374
Accrued expenses	10,217
Salary, wages and related liabilities	60,720
Estimated payables to third-party payors	41,403
Total current liabilities	176,649
LONG-TERM DEBT - Net of current portion	248,760
NOTES PAYABLE TO CHE TRINITY INC - Net of current portion	83,695
DEFERRED REVENUE FROM ENTRANCE FEES	46,253
OTHER LONG-TERM LIABILITIES	36,293
Total liabilities	591,650
NET ASSETS	
Unrestricted net assets	749,710
Temporarily restricted net assets	57,210
Permanently restricted net assets	27,700
Total net assets	834,620
TOTAL LIABILITIES AND NET ASSETS	$ 1,426,270

The accompanying notes are an integral part of the consolidated financial statements (Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014
(In thousands)

	2014
UNRESTRICTED REVENUE	
Patient service revenue, net of contractual and other allowances	$ 1,140,635
Provision for bad debts	51,962
Net patient service revenue less provision for bad debts	1,088,673
Capitation revenue	14,149
Net assets released from restrictions	3,259
Other revenue	79,129
Total unrestricted revenue	1,185,210
EXPENSES	
Salaries and wages	568,760
Employee benefits	95,826
Contract labor	12,218
Total labor expenses	676,804
Supplies	197,894
Purchased services	109,245
Depreciation and amortization	69,112
Occupancy	51,687
Interest	14,910
Other	48,163
Total expenses	1,167,815
OPERATING INCOME BEFORE OTHER ITEMS	17,395
IMPAIRMENT CHARGE	(743)
RESTRUCTURING CHARGE	(249)
OPERATING INCOME	16,403
NON-OPERATING ITEMS	
Earnings on investments in corporate pooled investment program	30,450
Investment income - marketable securities (local investments only)	1,030
Change in market value and cash payments of interest rate swaps	(128)
Gain from early extinguishment of debt	125
Other, including income taxes	(555)
Total non-operating items	30,922
EXCESS OF REVENUE OVER EXPENSES	$ 47,325

The accompanying notes are an integral part of the consolidated financial statements

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc)

CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014
(In thousands)

	2014
UNRESTRICTED NET ASSETS:	
Excess of revenue over expenses	$ 47,325
Net assets released from restrictions for capital acquisitions	2,076
Transfers to CHE Trinity Inc	(11,548)
Net change in retirement plan related items	7,168
Other	(1,408)
Increase in unrestricted net assets	43,613
TEMPORARILY RESTRICTED NET ASSETS	
Contributions	4,225
Net investment gain	5,851
Net assets released from restrictions	(5,336)
Other	(452)
Increase in temporarily restricted net assets	4,288
PERMANENTLY RESTRICTED NET ASSETS	
Contributions for endowment funds	121
Net investment gain	826
Other	(468)
Increase in permanently restricted net assets	479
INCREASE IN NET ASSETS	48,380
NET ASSETS - July 1, 2013	786,240
NET ASSETS - June 30, 2014	$ 834,620

The accompanying notes are an integral part of the consolidated financial statements

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc)

CONSOLIDATED STATEMENT OF CASH FLOWS
YEAR ENDED JUNE 30, 2014
(In thousands)

	2014
OPERATING ACTIVITIES:	
Increase in net assets	$ 48,380
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Transfers to CHE Trinity Inc	11,417
Depreciation and amortization	69,112
Provisions for bad debt	51,962
Impairment charge	743
Amortization of debt issuance costs	(46)
Unrestricted contributions of long-lived assets	(2,076)
Change in net unrealized and realized gains on investments (local investments)	(6,811)
Change in net unrealized and realized gains on investment in CHE Trinity Inc corporate pooled investment program	(28,053)
Change in market value of interest rate swaps	128
Equity earnings in unconsolidated affiliates	(923)
Gain on sale of assets	(33)
Restricted contributions and investment income received	(2,440)
Gain from extinguishment of debt	(125)
Changes in	
Patient accounts receivable	(52,866)
Other assets	25,994
Estimated net payables receivables from third party payors	1,320
Accounts payable and accrued expenses	10,356
Self-insurance reserves	(46,329)
Accrued pension and retiree health costs	(4,067)
Other liabilities	10,330
Total adjustments	37,593
Net cash provided by operating activities	85,973

The accompanying notes are an integral part of the consolidated financial statements (Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF CASH FLOWS
YEAR ENDED JUNE 30, 2014
(In thousands)

	2014
INVESTING ACTIVITIES	
Purchases of investments	$ (74,403)
Proceeds from sales of investments	75,370
Change in investment in Local program, net	(8,979)
Change in investment in CHE Trinity Inc. corporate pooled investment program	4,477
Purchases of property and equipment	(50,656)
Proceeds from disposal of property and equipment	(39)
Acquisitions, net of cash	(4,410)
Decrease in assets limited as to use	1,475
Dividends received from unconsolidated affiliates and other changes	735
Net cash used in investing activities	(56,430)
FINANCING ACTIVITIES	
Proceeds from issuance of debt	85,474
Repayments of debt	(95,898)
Increase in financing costs and other	93
Proceeds from restricted contributions and restricted investment income	2,440
Transfers to CHE Trinity Inc.	(11,417)
Net cash used in financing activities	(19,308)
NET INCREASE IN CASH AND CASH EQUIVALENTS	10,235
CASH AND CASH EQUIVALENTS Beginning of year	104,027
CASH AND CASH EQUIVALENTS End of year	$ 114,262
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION	
Cash paid for interest (net of amounts capitalized)	$ 14,708
New capital lease obligations for buildings and equipment	$ 313
Accruals for purchases of property, plant and equipment, and other long-term assets	$ 5,801
Unsettled investment trades—purchases	$ 45
Unsettled investment trades—sales	$ 70

The accompanying notes are an integral part of the consolidated financial statements (Concluded)

1. ORGANIZATION AND COMMUNITY BENEFIT MINISTRY

St. Peter s Health Partners (the "Corporation"), a New York not-for-profit corporation, owns and operates five acute care hospitals seven long-term care facilities, three housing facilities, five community facilities and multiple other support facilities The Corporation is a member of CHE Trinity Inc Effective May 1 2013 CHE Trinity Inc became the sole member of Catholic Health East ("CHE") and Trinity Health Corporation an Indiana nonprofit corporation creating a unified Catholic national health system that enhances the mission of service to people and communities across the United States. This transaction was accounted for as a merger and thus CHE Trinity Inc s and the Corporation's balance sheets are recorded at historical basis under the carryover method Effective July 1, 2013, the Corporation changed its fiscal year end from December 31 to June 30 in order to align the Corporation's year end with CHE Trinity Inc There are significant related party transactions with CHE Trinity Inc and its regional health ministries CHE Trinity Inc is sponsored by Catholic Health Ministries a Public Juridic Person of the Holy Roman Catholic Church, and has the following mission statement

We CHE Trinity Inc serve together in the spirit of the Gospel as a compassionate and transforming healing within our communities

The Corporation is a not-for-profit membership corporation formed under New York State law and exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code The Corporation exists for the primary purpose of organizing, facilitating coordinating, supervising and assisting all forms of charitable organizations in advancing and supporting the charitable purposes of those organizations The mission of the Corporation is to provide the highest quality comprehensive continuum of integrated health care, supportive housing and community services, especially for the needy and vulnerable

The Corporation is the sole member of multiple not-for-profit membership companies formed under New York State not-for-profit law with the Corporation as a regional health ministry of CHE Trinity Inc

The following entities are included in the consolidated financial statements of the Corporation

Entity Name	Service	Abbreviated Name
Hospitals		
Memorial Hospital Albany NY	Hospital	Memorial
Samaritan Hospital	Hospital	Samaritan
Seton Health System St Mary's	Hospital	Seton
St Peter's Hospital	Hospital	SPH
Sunnyview Hospital and Rehabilitation Center	Hospital	Sunnyview
Residential facilities (long term care)		
The Capital Region Geriatric Center, Inc d b a Eddy Village	Residential	EVG
Green (formerly Eddy Cohoes Rehabilitation Center)		
Heritage House Nursing Center, Inc	Residential	Heritage
James A Eddy Memorial Geriatric Center, Inc	Residential	EMGC
Leonard Nursing Home Company (d b a Seton Health at Schuyler Ridge Residential Healthcare)	Residential	Schuyler Ridge
The Marjorie Doyle Rockwell Center, Inc	Residential	MDRC
Our Lady of Mercy Life Center	Residential	Our Lady
St. Peter's Nursing and Rehabilitation Center	Residential	SPNRC
Community facilities		
The Community Hospice, Inc	Community	Hospice
Eddy Licensed Home Care Agency	Community	Eddy Home Care
Eddy SeniorCare, Inc	Community	SeniorCare
Empire Home Infusion	Community	Empire
Home Aide Service of Eastern New York, Inc	Community	HASI NY
Housing facilities		
Beverwyck, Inc	Housing	Beverwyck
Glen Eddy, Inc	Housing	Glen Eddy
Hawthorne Ridge Inc	Housing	Hawthorne Ridge
Other facilities		
Affiliated Management Services Corporation	Other	AMSC
Beechwood Inc	Other	Eddy Property Services
LTC (Eddy) Inc	Other	The Eddy
Northeast Health Foundation Inc	Other	NEH Foundation
Samaritan Child Care Center Inc	Other	Center
Samaritan Medical Office Building Inc	Other	SMOB
Seton Auxiliary	Other	Seton Auxiliary
Seton Health Foundation	Other	Seton Foundation
Seton Real Property Holdings	Other	Seton Real Property
St. Peter's Auxiliary	Other	Auxiliary
St Peter s Hospital Foundation, Inc	Other	SPH Foundation
The Community Hospice Foundation	Other	TCH Foundation
St Peter's Health Partners Medical Associates	Physician	St Peter's Health Partners Medical Associates

Community Benefit Ministry Consistent with its mission the Corporation provides medical care to all patients regardless of their ability to pay The Corporation provides services intended to benefit the poor and underserved, including those persons who cannot afford health insurance or other payments such as copays and deductibles because of inadequate resources and/or are uninsured or underinsured, and to improve the health status of the communities in which it operates The following summary has been prepared in accordance with the Catholic Health Association of the United States ("CHA") **A Guide for Planning and Reporting Community Benefit, 2013 Edition**

The quantifiable costs of the Corporation community benefit ministry for the year ended June 30, 2014 are as follows

	(In thousands)
Ministry for the poor and underserved:	
Charity care at cost	$ 5,056
Unpaid cost of Medicaid and other public programs	57,879
Programs for the poor and underserved	
Community health services	310
Subsidized health services	451
Research	27
Financial contributions	27
Community building activities	1
Total programs for the poor and underserved	816
Ministry for the poor and underserved	63,751
Ministry for the broader community:	
Community health services	922
Health professions education	521
Subsidized health services	1,180
Financial contributions	18
Community building activities	145
Community benefit operations	59
Ministry for the broader community	2,845
Community benefit ministry	$66,596

The Corporation provides a significant amount of uncompensated care to its uninsured and underinsured patients, which is reported as bad debt at cost and not included in the amounts reported above During the year ended June 30, 2014 the Corporation reported bad debt at cost, net of New York State Indigent Care Payments (determined using a cost to charge ratio applied to the provision for bad debts) of $10,774,185

Ministry for the Poor and Underserved represents the financial commitment to seek out and serve those who need help the most, especially the poor, the uninsured and the indigent. This is done with the conviction that health care is a basic human right.

Ministry for the Broader Community represents the cost of services provided for the general benefit of the communities in which the Corporation operates. Many programs are targeted toward populations that may be poor, but also include those areas that may need special health services and support. These programs are not intended to be financially self-supporting.

Charity Care at Cost represents the cost of services provided to patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured. A patient is classified as a charity patient in accordance with the Corporation's established policies as further described in Note 4. The cost of charity care is calculated using a cost to charge ratio methodology.

Unpaid Cost of Medicaid and Other Public Programs represents the cost (determined using a cost to charge ratio) of providing services to beneficiaries of public programs, including state Medicaid and indigent care programs, in excess of governmental and managed care contract payments.

Community Health Services are activities and services for which no patient bill exists. These services are not expected to be financially self-supporting, although some may be supported by outside grants or funding. Some examples include community health education, free immunization services, free or low cost prescription medications and rural and urban outreach programs. The Corporation actively collaborates with community groups and agencies to assist those in need in providing such services.

Health Professions Education includes the unreimbursed cost of training health professionals such as medical residents, nursing students, technicians and students in allied health professions.

Subsidized Health Services are net costs for billed services that are subsidized by the Corporation. These include services offered despite a financial loss because they are needed in the community and either other providers are unwilling to provide the services or the services would otherwise not be available in sufficient amount. Examples of services include free-standing community clinics, hospice care, mobile units and behavioral health services.

Research includes unreimbursed clinical and community health research and studies on health care delivery.

Financial Contributions are made by the Corporation on behalf of the poor and underserved to community agencies. These amounts include special system-wide funds used for charitable activities as well as resources contributed directly to programs, organizations and foundations for efforts on behalf of the poor and underserved. Amounts included here also represent certain in-kind donations.

Community Building Activities include the costs of programs that improve the physical environment, promote economic development, enhance other community support systems, develop leadership skills training and build community coalitions.

Community Benefit Operations include costs associated with dedicated staff, community health needs and or assets assessments and other costs associated with community benefit strategy and operations

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation The consolidated financial statements include the accounts of the Corporation and all wholly owned, majority-owned and controlled organizations Investments where the Corporation holds less than 20% of the ownership interest are accounted for using the cost method All other investments that are not controlled by the Corporation, are accounted for using the equity method of accounting. The Corporation has included its equity share of income or losses from investments in unconsolidated affiliates in other revenue and non-operating items in the consolidated statements of operations and changes in net assets All material intercompany transactions and account balances have been eliminated in consolidation

The accompanying consolidated financial statements present the financial position results of operations and changes in net assets and cash flows for the Corporation and are not necessarily indicative of what the financial position, results of operations and changes in net assets and cash flows would have been if the Corporation had been operated as an unaffiliated corporation during the periods presented

Use of Estimates The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management of the Corporation to make assumptions estimates and judgments that affect the amounts reported in the financial statements, including the notes thereto and related disclosures of commitments and contingencies, if any The Corporation considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of its consolidated financial statements, including the following recognition of net patient service revenue, which includes contractual allowances and the provision of bad debts and charity care, recorded values of investments and goodwill, reserves for losses and expenses related to health care professional and general liability, and risks and assumptions for measurement of pension and retiree medical liabilities Management relies on historical experience and other assumptions believed to be reasonable in making its judgment and estimates Actual results could differ materially from those estimates

Cash and Cash Equivalents For purposes of the consolidated statement of cash flows, cash and cash equivalents include certain investments in locally held highly liquid debt instruments with original maturities of three months or less

Investments Investments, inclusive of assets limited or restricted as to use, include marketable debt and equity securities Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value and are classified as trading securities

Investment Earnings - Investment earnings include interest, dividends, realized gains and losses, holding gains and losses, and equity earnings Investment earnings on certain assets held by foundations in accordance with industry practices are included in other revenue in the consolidated statements of operations and changes in net assets Investment earnings from all other investments and board designated funds are included in non-operating investment income, unless the income or loss is restricted by donor or law

Investment in CHE Trinity Inc. Corporate Pooled Investment Program & Related Earnings The Corporation invests certain of its funds in CHE Trinity Inc. corporate pooled investment programs. See Note 11 Fair Value Measurements for descriptions of the various types of financial instruments that are included in the corporate pooled investment programs. Earnings, including interest and dividends, equity earnings and realized and unrealized gains and losses on investment in the corporate pooled investment program, are allocated to the participants based upon each participant's weighted average percentage of the corporate pooled investment fund in which they are participating.

Derivative Financial Instruments - The Corporation periodically utilizes various financial instruments (e.g., options and swaps) to hedge interest rate, equity downside risk and other exposures. The Corporation's policies prohibit trading in derivative financial instruments on a speculative basis. The Corporation recognizes all derivative instruments in the balance sheets at fair value.

Assets Limited as to Use - Assets set aside by the Board for future capital improvements and other purposes over which the Board retains control and may, at its discretion subsequently use for other purposes, assets held by trustees under bond indenture and certain other agreements, and self-insurance trust and benefit plan arrangements are included in assets limited as to use.

Donor-Restricted Gifts– Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the consolidated statements of operations and changes in net assets.

Inventories- Inventories are stated at the lower of cost or market. The cost of inventories is determined principally by the weighted average cost method.

Property and Equipment Property and equipment, including internal-use software, are recorded at cost, if purchased or at fair value at the date of donation, if donated. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method and includes capital lease and internal use software amortization. The useful lives of these assets range from 3 to 40 years. Interest costs incurred during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support.

Goodwill represents the future economic benefits arising from assets acquired in a business combination that are not individually identified and separately recognized

Investment in Unconsolidated Organization Investment in unconsolidated organization represents the Corporation's investments in joint ventures or partnerships and these investments are recorded in other long term assets in the consolidated balance sheet The equity method is used to account for these investments

Temporarily and Permanently Restricted Net Assets Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained in perpetuity

The Corporation classifies the portion of donor-restricted endowment funds of perpetual duration as permanently restricted net assets Permanently restricted net assets of the Corporation are comprised of a) the original value of gifts donated to the Corporation through a permanent endowment, b) the original value of subsequent gifts to the Corporation through a permanent endowment, and c) accumulations to the permanent endowment in accordance with applicable donor gift instruments Any portions of donor-restricted endowment funds that are not classified as permanently restricted are appropriated in accordance with donor intent.

Intangible Assets Intangible assets include definite-lived intangible assets The majority of the definite-lived intangibles are non-compete agreements with finite lives amortized using the straight-line method over their estimated useful lives which range from 2 to 5 years. These assets are recorded in other assets in the consolidated balance sheet

Other Assets Other assets includes long-term notes receivable, reinsurance recovery receivables, definite and indefinite-lived intangible assets, deferred financing costs investment in foundation, and deposits and advances

Asset Impairments—

Property and Equipment The Corporation evaluates long-lived assets for possible impairment annually or whenever events or changes in circumstances indicate that the carrying amount of the asset, or related group of assets may not be recoverable from estimated future undiscounted cash flows If the estimated future undiscounted cash flows are less than the carrying value of the assets the impairment recognized is calculated as the carrying value of the long-lived assets in excess of the fair value of the assets The fair value of the assets is estimated based on appraisals, established market values of comparable assets or internal estimates of future net cash flows expected to result from the use and ultimate disposition of the asset

Goodwill Goodwill is tested for impairment on an annual basis or when an event or change in circumstance indicates the value of a reporting unit may have changed Testing is conducted at the reporting unit level There is a two-step process for determining goodwill impairment Step one compares the carrying value of each reporting unit with its fair value If this test indicates the fair value is less than the carrying value, then step two is required Step two compares the implied fair value of the reporting unit's goodwill with the carrying value of reporting unit's goodwill The Corporation estimates the fair value of its reporting units using a discounted cash flow analysis

The following table provides information on changes in the carrying amount of goodwill, which is included in the accompanying consolidated financial statements of the Corporation as of June 30

	(In thousands)
As of July 1, 2013:	
Goodwill	$1,697
Accumulated impairment losses	-
Total	1,697
Goodwill acquired during the year	1,888
Other	-
Total	$3,585
As of June 30, 2014:	
Goodwill	$3,585
Accumulated impairment losses	-
Total	$3,585

Intangible Assets:

Definite – Lived Impairment testing is performed if events or changes in circumstances indicate that the asset might be impaired The impairment test consists of a comparison of the fair value of an intangible asset with its carrying amount The Corporation estimates the fair value of its intangible assets using an undiscounted cash flow analysis

Indefinite Lived -Impairment testing is performed on an annual basis or more frequently if events or changes in circumstance indicate the asset may be impaired The impairment test consists of a comparison of the fair value of an intangible asset with its carrying amount The Corporation estimates the fair value of its intangible assets using a discounted cash flow analysis

Intercompany Loan Program- The Corporation has the ability to borrow funds through the CHE Trinity Inc intercompany loan program Loans under this program accrue interest at a variable rate determined quarterly Interest and principal are paid monthly to CHE Trinity Inc under provisions of the loan agreement

Patient Accounts Receivable, Estimated Receivables from and Payables to Third-Party Payors and Net Patient Service Revenue-- The Corporation has agreements with third-party payors that provide for payments to the Corporation s regional health ministries at amounts different from established rates Patient accounts receivable and net patient service revenue are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered Estimated retroactive adjustments under reimbursement agreements with third-party payors and other

changes in estimates are included in net patient service revenue and estimated receivables from and payables to third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Estimated receivables from third-party payors include amounts receivable from Medicare and state Medicaid meaningful use programs.

Concentration of Credit Risk – Financial instruments, which potentially subject the Corporation to concentrations of credit risk, consist principally of cash and cash equivalents and patient accounts receivable. The Corporation's concentration of credit risk relating to patient accounts receivable is limited by the diversity and number of patients and payors. Patient accounts receivable consist of amounts due from commercial insurance companies, governmental programs, private pay patients, and other third-party payors.

Allowance for Doubtful Accounts – The Corporation recognizes a significant amount of patient service revenue at the time the services are rendered even though the Corporation does not assess the patient's ability to pay at that time. As a result, the provision for bad debts is presented as a deduction from patient service revenue (net of contractual provisions and discounts). For uninsured and underinsured patients that do not qualify for charity care, the Corporation establishes an allowance to reduce the carrying value of such receivables to their estimated net realizable value. This allowance is established based on the aging of accounts receivable, and the historical collection experience, and for each type of payor. A significant portion of the Corporation's provision for doubtful accounts relates to self-pay patients, as well as co-payments and deductibles owed to Corporation by patients with insurance. As of June 30, 2014 the Corporation's allowance for doubtful accounts for self-pay was 59%. This change was primarily due to the fluctuations due to the volume of self-pay business units, amount of patients screened during time of admission, and calculation for potential collectability.

Other Long-Term Liabilities—Other long-term liabilities include deferred compensation, interest rate swaps, intercompany loan payable for insurance program, and charitable gift annuity.

Asset Retirement Obligations – The Corporation has asset retirement obligations ("AROs") representing their obligation to remediate specific environmental matters in the event the Corporation were to renovate or demolish certain buildings in the future. The liability was initially measured at fair value and subsequently adjusted for accretion expense and changes in the amount or timing of the estimated cash flows. The corresponding asset retirement costs are capitalized as part of the carrying amount of the related long-lived asset and depreciated over the asset's remaining useful life. The amount of the obligation at June 30, 2014 is $2,981,800.

Refundable Entrance Fees and Unearned Entrance Fees – The Corporation operates residential facilities for the elderly. Fees paid by residents upon entering into continuing care contracts, net of the portion that is refundable to the resident, are recorded as deferred revenue and amortized to income using the straight-line method over the estimated remaining life expectancy of the resident.

Deferred Debt Issuance Costs – Deferred debt issuance costs included in other assets at June 30, 2014 totaling $10,097,000 is amortized using the straight-line method over the life of the related debt, which approximates the effective interest method. Accumulated amortization at June 30, 2014 was $3,679,000.

Monthly Resident Service and Entrance Fees Each potential Beverwyck, Glen Eddy, and Hawthorne Ridge resident is required to sign a Residency agreement. The Residency Agreement sets forth the responsibilities of Beverwyck, Glen Eddy, Hawthorne Ridge, and the residents, including each resident's requirement to pay a monthly service fee and an entrance fee depending upon the type of unit and the percentage of the entrance fee refundable to the resident. In addition, a rental option is available at a monthly service fee depending upon the unit. These fees are recorded in other assets in the consolidated balance sheet.

Upon termination of a Residency Agreement by Beverwyck, Glen Eddy, Hawthorne Ridge, or the resident, a resident may be entitled to a prorated refund of the entrance fee within a period of six months. The minimum amount of any refund varies depending upon the financing option selected by the resident. The minimum refundable amounts are included in the combined balance sheet under the caption refundable entrance fees. Refundable entrance fees due to former residents are included in the accompanying consolidated balance sheet as other current liabilities in the amount of $2,443,000 as of June 30, 2014.

The maximum nonrefundable portion of the entrance fees are recorded as unearned entrance fees in the consolidated balance sheet and are amortized monthly to revenue using the straight-line method, assuming a period not to exceed sixty months. The maximum amount of unearned entrance fees realized per resident is ultimately dependent upon the shorter of, the term of the Residency Agreement or sixty months. Included in other long-term liabilities at June 30, 2014 is deferred revenue of $4,373,700 related to refundable entrance fees and unearned entrance fees.

Electronic Health Record Incentive Payments The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and provide for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology in ways that demonstrate improved quality, safety, and effectiveness of care. Providers must demonstrate meaningful use of such technology in subsequent years in order to qualify for additional Medicaid incentive payments. Eligibility for annual Medicare incentive payments is dependent upon providers demonstrating meaningful use of EHR technology in each period over a four-year period. An initial Medicaid incentive payment is available to providers that adopt, implement, or upgrade certified EHR technology, but must demonstrate continued meaningful use of EHR technology.

The Corporation recognizes HITECH incentive payments as revenue when the meaningful use payments are received. The Corporation recognized approximately $11,181,600 of EHR incentive payments as other revenue for the year ended June 30, 2014. The Corporation's compliance with the meaningful use criteria is subject to audit by the federal government.

Capitation Revenue— The Corporation has entered into capitation arrangements whereby it has accepted the risk for the provision of certain health care services to health plan members. Under these agreements, the Corporation is financially responsible for services provided to the health plan members by other institutional health care providers. Capitation revenue is recognized during the period for which

the Corporation is obligated to provide services to health plan enrollees under capitation contracts. Capitation receivables are included in other receivables in the consolidated balance sheet.

Reserves for incurred but not reported claims have been established to cover the unpaid costs of health care services covered under the capitation arrangements. The capitation arrangement reserves are classified with accrued expenses in the consolidated balance sheet. The liability is estimated based on actuarial studies, historical reporting and payment trends. Subsequent actual claim experience will differ from the estimated liability due to variances in estimated and actual utilization of health care services, the amount of charges and other factors. As settlements are made and estimates are revised, the differences are reflected in current operations.

Income Taxes—The Corporation and substantially all of its subsidiaries have been recognized as tax-exempt pursuant to Section 501(a) of the Internal Revenue Code. The Corporation also has taxable subsidiaries, which are included in the consolidated financial statements. Certain of the taxable subsidiaries have entered into tax sharing agreements and file consolidated federal income tax returns with other corporate taxable subsidiaries. The Corporation includes penalties and interest, if any, with its provision for income taxes in other non-operating items in the consolidated statements of operations and changes in net assets.

Excess of Revenue Over Expenses—The consolidated statement of operations and changes in net assets includes excess of revenue over expenses. Changes in unrestricted net assets, which are excluded from excess of revenue over expenses, consistent with industry practice, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets received or gifted (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets), extraordinary items and cumulative effects of changes in accounting principles.

Adopted Accounting Pronouncements—On July 1, 2013, the Corporation adopted Accounting Standard Update ("ASU") 2011-11, "*Disclosures About Offsetting Assets and Liabilities*." This guidance contains new disclosure requirements regarding the nature of an entity's rights of setoff and related arrangements associated with its financial instruments and derivative instruments. The adoption of this guidance had no impact on the Corporation's consolidated financial statements.

On July 1, 2013, the Corporation adopted ASU 2012-02, "*Intangibles—Goodwill and Other (Topic 350): Testing Indefinite-Lived Intangible Assets for Impairment*." This guidance provides entities the option of first assessing qualitative factors about the likelihood that an indefinite-lived intangible asset is impaired to determine whether further impairment assessment is necessary. It also enhances the consistency of the impairment testing guidance among long-lived asset categories by permitting entities to assess qualitative factors to determine whether it is necessary to calculate the asset's fair value when testing an indefinite-lived intangible asset for impairment. The adoption of this guidance had no impact on the Corporation's consolidated financial statements.

On July 1, 2013, the Corporation adopted ASU 2012-05, "*Statement of Cash Flows (Topic 230): Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows*." This guidance provides clarification on how entities classify cash receipts arising from the

sale of certain donated financial assets in the statement of cash flows. The adoption of this guidance had no impact on the Corporation's consolidated statement of cash flows.

On July 1, 2013, the FASB issued ASU 2013-01, *Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities*. This guidance provides clarification on the scope of the offsetting disclosure requirements in ASU 2011-11. The adoption of this guidance did not have a material impact on the Corporation's consolidated financial statements.

Forthcoming Accounting Pronouncements—In February 2013, the FASB issued ASU 2013-04, *"Obligations Resulting from Joint and Several Liability Arrangements for Which the Total Amount of the Obligation is Fixed at the Reporting Date."* This guidance requires entities to measure obligations resulting from the joint and several liability arrangements for which the total amount of the obligation within the scope of this guidance is fixed at the reporting date. This guidance is effective for the Corporation beginning July 1, 2014. The Corporation has not yet evaluated the impact this guidance may have on its consolidated financial statements.

In July 2013, the FASB issued ASU 2013-11, *"Presentation of an Unrecognized Tax Benefit When a Net Operating Loss Carryforward, a Similar Tax Loss, or a Tax Credit Carryforward Exists."* This guidance requires entities to present an unrecognized tax benefit, or a portion of an unrecognized tax benefit, in the financial statements as a reduction to a deferred tax asset for a net operating loss carryforward, a similar tax loss, or a tax credit, with some exceptions. This guidance is effective for the Corporation beginning July 1, 2014. The Corporation does not expect this guidance to have an impact on its consolidated financial statements.

In April 2014, the FASB issued ASU 2014-8, *"Reporting Discontinued Operations and Disclosures of Disposals of Components of an Entity."* This guidance amends the definition of a discontinued operation and requires entities to provide additional disclosures about discontinued operations as well as disposal transactions that do not meet the discontinued operations criteria. This guidance is effective for the Corporation beginning July 1, 2015, with early adoption permitted. The Corporation has not yet evaluated the impact this guidance may have on its consolidated financial statements.

In May 2014, the FASB issued ASU 2014-09, *"Revenue from Contracts with Customers."* This guidance outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers. This guidance is effective for the Corporation beginning July 1, 2017. The Corporation has not yet evaluated the impact this guidance may have on its consolidated financial statements.

3. INVESTMENTS IN UNCONSOLIDATED AFFILIATES

The Corporation and certain of its subsidiaries have investments in entities that are recorded under the cost and equity methods of accounting. At June 30, 2014, the Corporation maintained investments in unconsolidated affiliates with ownership interests at 50%. The Corporation's share of equity earnings from these entities accounted for under the equity method was $1,347,100 for the year ended June 30, 2014 of which $923,000 is included in other revenue in the consolidated statements of operations and changes in net assets. The Corporation also recorded $735,000 for the year ended June 30, 2014 in

dividends from entities accounted for under the cost method which is included in other revenue in the consolidated statements of operations and changes in net assets

Unconsolidated affiliates include investments in Joint Ventures with an Ambulatory Surgery Center Many of these unconsolidated affiliates maintain their own indebtedness some of which may be guaranteed by the Corporation as more fully described in Note 9, Commitments and Contingencies The unaudited summarized financial position and results of operations of entities accounted for under the equity method, as of and for the six months ended June 30, 2014 is as follows

	(In thousands)
	St Peter's Ambulatory Surgery Center
Total assets	$1,486
Total liabilities	138
Revenue net	2,002
Excess of revenue over expenses	455

4. NET PATIENT SERVICE REVENUE

A summary of the payment arrangements with major third-party payors follows

Medicare – Acute inpatient and outpatient services rendered to Medicare program beneficiaries are paid primarily at prospectively determined rates These rates vary according to a patient classification system that is based on clinical diagnostic, and other factors Certain items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediaries

Medicaid -Reimbursement for services rendered to Medicaid program beneficiaries includes prospectively determined rates per discharge, per diem payments discounts from established charges, fee schedules, and cost reimbursement methodologies with certain limitations. Cost reimbursable items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediaries

Other Reimbursement for services to certain patients is received from commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for reimbursement includes prospectively determined rates per discharge, per diem payments, and discounts from established charges

The Corporation recorded changes in estimates and removed estimated receivables from and or payables to third-party payors that are no longer necessary as a result of final settlements and years that are no longer subject to audits, reviews, and investigations. These adjustments resulted in increases in net patient service revenue of $415,000 in 2014

Final settlements have not been received from Medicare for 2004 as well as for the years 2010 through 2013. Appeals are on-going for Sunnyview Rehab Hospital for 2007 through 2009 and St. Peter's Hospital is appealing various elements of final settlements dating back to 2003.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Charity Care - The Corporation provides services to all patients regardless of ability to pay. In accordance with the Corporation's policy, a patient is classified as a charity patient based on income eligibility criteria as established by the *Federal Poverty Guidelines*. Charges for services to patients who meet the Corporation's guidelines for charity care are not reflected in the accompanying consolidated financial statements.

Patient service revenues, net of contractual and other allowances (but before the provision for bad debts), recognized during the year ended June 30, 2014 is as follows:

	(In thousands)
Medicare	$ 442,801
Blue Cross	174,753
Medicaid	140,149
Uninsured	69,579
Commercial and other	313,353
Total	$1,140,635

A summary of net patient service revenue before provision for bad debts for the year ended June 30, 2014 is as follows:

	(In thousands)
Gross charges	
Acute inpatient	$ 1,243,497
Outpatient, nonacute inpatient and other	1,917,200
Gross patient service revenue	3,160,697
Less:	
Contractual and other allowances	(1,995,329)
Charity care charges	(24,733)
Net patient service revenue before provision for bad debts	$ 1,140,635

5. PROPERTY AND EQUIPMENT

A summary of property and equipment at June 30, 2014 is as follows:

	(in thousands)
Land	$ 38,298
Buildings and improvements	916,546
Equipment	523,473
Capital leased assets	21,713
Total	1,500,030
Less accumulated depreciation and amortization	(852,436)
Construction in progress	11,956
Property and equipment, net	$ 659,550

At June 30, 2014 commitments to purchase property and equipment of approximately $15,619,000 were outstanding. At June 30, 2014, the Corporation had construction projects in progress with estimated costs, including costs related to the issuance of long-term debt and a required deposit of funds for future debt service of $470,556,000, of which $301,206,000 was incurred and is recorded in the accompanying consolidated balance sheets as of June 30, 2014. At June 30, 2014, the remaining commitment on these contracts approximated $169,350,000.

During the year ended 2014, the Corporation recorded an impairment charge of $743,000 primarily related to the write down of the Hospice Schenectady building at 1411 Union Street to its fair value less the cost to sell. The impairment on the long lived asset will be disposed of by the sale of the property. Fair value was determined by an outside appraisal of the property.

6 LONG-TERM DEBT AND OTHER FINANCING ARRANGEMENTS

A summary of long-term debt at June 30, 2014 is as follows:

	(In thousands)
Notes payable to CHE Trinity Inc. at a variable interest rate of 4% payable in varying monthly installments, due through 2048	$ 85,413
Tax-exempt revenue bonds and refunding bonds	
5% to 5.78% fixed rate term, principal maturing in varying amounts, due through 2038	232,400
0.07% to 12.00%, variable rate term, principal maturing in varying amounts due through 2035	11,985
Notes payable to banks. Interest payable at rates ranging from 2.15% to 2.21%, fixed and variable, payable in varying monthly installments through 2032	3,868
Capital lease obligations (excluding imputed interest of $17 thousand at June 30, 2014	369
Mortgage obligations. Interest payable at rates ranging from 5.56% to 5.64% during 2014	10,355
Total long-term debt	344,390
Less current portion, net of current discounts	(11,935)
Long-term debt, net of current portion	$332,455

Contractually obligated principal repayments on long-term debt are as follows:

Years Ending June 30	(In thousands)
2015	$ 11,935
2016	12,332
2017	12,790
2018	13,458
2019	14,096
Thereafter	279,779
Total	$344,390

A summary of interest costs on borrowed funds during the year ended June 30, 2014 is as follows:

	(In thousands)
Interest costs incurred	$15,022
Less capitalized interest	(112)
Interest expense included in operations	$14,910

Obligated Group and Other Requirements- CHE Trinity Inc has debt outstanding under a Master Trust Indenture dated October 3, 2013 as amended and supplemented thereto the Amended and Restated Master Indenture ("ARMI") The ARMI permits CHE Trinity Inc to issue obligations to finance certain activities Obligations issued under the ARMI are joint and several obligations of CHE Trinity Inc , CHE and Trinity Health (the "Obligated Group") Proceeds from the tax-exempt bonds and refunding bonds are to be used to finance the construction, acquisition and equipping of capital improvements Certain regional health ministries of CHE Trinity Inc constitute designated affiliates and CHE Trinity Inc covenants to cause each designated affiliate to pay, loan or otherwise transfer to the Obligated Group such amounts necessary to pay the amounts due on all obligations issued under the ARMI St Peter s Hospital of the City of Albany is a designated affiliate under the ARMI St. Peter's Hospital of the City of Albany is the obligated Group Agent for St Peter s Health Partners of which the current members of the obligated group consist of St Peter's Health Partners, Memorial Hospital, Samaritan Hospital, Seton Health System, Sunnyview Hospital and Rehabilitation Center and The Capital Region Geriatric Center Inc

The Obligated Group agrees in the ARMI to cause Designated Affiliates to grant to the Master Trustee security interests in their Pledged Property in order to secure all Obligations issued under the Master Indenture The Designated Affiliates when combined with the current Members of the Obligated Group represent no less than 85% of the consolidated net revenues of the Credit Group. The aggregate amount of obligations outstanding using the ARMI (other than obligations that have been advance refunded) are $85,413,000 at June 30 2014

There are several conditions and covenants required by the ARMI with which CHE Trinity Inc must comply including covenants that require CHE Trinity Inc to maintain a minimum debt service coverage and limitations on liens or security interests in property, except for certain permitted encumbrances, affecting the property of CHE Trinity Inc. or any material designated affiliate (a designated affiliate whose total revenues for the most recent fiscal year exceed 5% of the total revenues of the Credit Group for the most recent fiscal year) Long-term debt outstanding as of June 30, 2014, excluding amounts issued under the ARMI, is generally collateralized by certain property and equipment

Long-Term Debt Notes Payable to CHE Trinity Inc. On May 1, 2014 outstanding loans due to various bond holders and banks totaling $83,358,000 were refinanced through the CHE Trinity Inc intercompany loan program ("ICLP"). Interest expense under the ICLP is a rate calculated based upon CHE Trinity Inc 's total cost of borrowing and St Peter's Hospital is charged that rate based upon St Peter s Hospital's pro-rata balance of total ICLP debt outstanding On May 1 2014, St. Peter's Hospital

on behalf of its members of the obligated group borrowed $80,843,000 under the CHE Trinity Inc intercompany loan program The proceeds of this borrowing were used to pay off the external debt for Sunnyview Hospital and Rehabilitation Center ($10,075,000), The Capital Region Geriatric Center Inc ($25,970,000), Seton Health System – Seton's Schuyler Ridge ($42,298,000) and Memorial Hospital ($2,500,000)

Revenue Bonds

SPH On February 3, 2011 SPH issued $34,160,000 of Civic Facilities Tax-Exempt Revenue Bonds Series 2011 (the "Series 2011 Bonds") The bonds were issued through the City of Albany Capital Resource Corporation The series 2011 were used to fund building and equipment related to SPH's Master Facility Plan, to fund a debt service reserve fund totaling $2,786,000, for payment of capitalized interest totaling $2,412,000 and for debt issuance costs of $671,000. Trustee held funds related to the Series 2011 Bond proceeds are included in marketable securities who use is limited in the consolidated balance sheet

In January 2008, SPH issued $230,363,000 of Civic Facilities Tax-Exempt Revenue Bonds consisting of the Series 2008-A through Series 2008-I (the "Series 2008 Bonds"). The Series 2008 Bonds were issued through the City of Albany Industrial Development Agency The proceeds of the Series 2008 Bonds were used to finance SPH's Master Facilities Plan with an estimated project cost of $258,000,000 to advance refund and defease the Series 1993 Bonds totaling $21,713,000, to fund a debt service reserve fund for the Series 2008 Bonds totaling $18,000,000 and for payment of capitalized interest and debt issuance costs on the Series 2008 bonds of approximately $35,207,000

SPH's Master Facilities Plan includes but is not limited to the renovation of hospital facilities, construction of a new patient pavilion, construction of a new parking facility, and the acquisition of related medical equipment The final phases of the SPH Master Facilities Plan were completed in February 2014

Under the Series 2008 Bonds and the Series 2011 Bonds, included in the Master Trust Indenture SPH has agreed to comply with certain debt covenants including, long term debt coverage ratio of at least 1.1 to 1.0, liquidity covenant of a level not less than 55 days of operating expenses, to deliver financial statements and other related information by specified due dates and to maintain insurance

The Capital Region Geriatric Center, Inc.– In December 2008, the City of Cohoes Industrial Development Agency issued $30,750,000 of tax-exempt Eddy Village Green Project Variable Rate Urban Cultural Park Facility Revenue Bonds, Series 2008 on behalf of LVG to finance a portion of construction costs of a 192 bed skilled nursing care facility, a maintenance building, certain machinery and equipment issuance costs The Series 2008 Bonds were issued pursuant to the terms of a Trust Indenture by and between the Issuer and The Bank of New York Mellon, as trustee (Trustee) dated as of December 2008 (the "Indenture") The Series 2008 Bonds were redeemed on May 1, 2014 in the amount of $28,485,000, (made up of $25,970,000 from the CHE Trinity intercompany loan program and $2,515,000 from the funds held on hand with the trustee)

In December 2008, FVG entered into an interest rate swap agreement with a counterparty whereby FVG pays a fixed rate of 2.86% and receives a variable rate of interest based upon the Municipal Swap Index (SIFMA Index), on a notional amount of $28,485,000. FVG entered into the swap for the purpose of hedging variability in cash flows associated with interest payments on long-term debt. At the time of redemption of the Series 2008 Revenue Bonds on May 1, 2014, the SWAP was novated to St. Peter's Hospital of the city of Albany with the same terms and conditions. The interest rate swap agreement matures on December 1, 2018. The fair value of the interest rate swap included in other liabilities in the consolidated balance sheet at June 30, 2014 was $2,189,000.

Sunnyview – During May and June 2003, the Schenectady County Industrial Development Agency (Issuer) issued Civic Facility Revenue Bonds, Series 2003A ($8,000,000) and 2003B ($4,780,000) (collectively, the Bonds) for the purposes of financing Sunnyview's expansion and renovation construction project, and refinancing Sunnyview's 10 year term loan. The Bonds were issued pursuant to the terms of an Indenture of Trust by and between the Issuer and Wells Fargo Bank Minnesota, NA, as trustee (Trustee), dated as of May 1, 2003 (the Indenture). The Series 2003A & 2003B Bonds were redeemed on May 1, 2014 in the amount of $10,075,000.

To effectively convert the interest payments associated with the Bonds from a variable rate to a fixed rate, Sunnyview entered into an interest rate swap agreement with Morgan Stanley Capital Services, Inc. (the swap counterparty) in June 2003. Sunnyview pays a fixed rate of 3.072% and receives a variable rate of interest based upon LIBOR, based upon a notional amount of $10,075,000. The variable rate is reset monthly at 67% of the one-month LIBOR rate (the one-month LIBOR rate was 0.26% at June 30, 2014). If the quarterly interest charge at the variable rate is less than the fixed rate, then Sunnyview pays the swap counterparty the difference between the variable rate calculated interest charge for the quarter and the fixed rate of 3.072%. If the quarterly interest charge at the variable rate is greater than the fixed rate, the swap counterparty pays Sunnyview the difference between the fixed rate and the variable rate calculated interest charge for the quarter. The maturity date of the swap agreement is August 1, 2033. The fair value of the interest rate swap included in other liabilities in the consolidated balance sheet at June 30, 2014 was $1,162,000.

Beverwyck – In November 1995, the Dormitory Authority of the State of New York (Dormitory Authority) issued $22,440,000 of Beverwyck, Inc. Revenue Bonds, 1995 Issue on behalf of Beverwyck. Pursuant to the terms and conditions set forth in the Revenue Bond Resolution (Bond Resolution), dated September 6, 1995 with the Dormitory Authority, the bonds bear interest at weekly rates (average interest rates for 2014 was 0.07%) and mature at various dates through July 1, 2025. The weekly rate is established by the remarketing agent at a level that causes the Bonds to have a market value equal to face value plus accrued interest on the rate adjustment date applicable to the interest period. The maximum rate of interest which the bonds may bear during any interest period shall be the lesser of 12% per annum or such other maximum rate permitted under a substitute credit facility then securing the bonds. The interest rate for all of the bonds may be changed on any interest payment date in accordance with the Bond Resolution. Interest payments are funded monthly to a debt service fund held by a trustee and payable semi-annually to bondholders. These funds are presented in the consolidated financial statement as assets whose use is limited. Beverwyck also maintains a $1,000,000 line of credit to provide back-up liquidity for refunds of entrance fees for original residents of Beverwyck. At June 30, 2014, Beverwyck had no borrowings outstanding under the line of credit.

In accordance with the Bond Resolution, Beverwyck maintains a direct pay, irrevocable letter of credit with a bank to ensure the payment of the interest and bond principal amounts. The amount available under this letter of credit as of June 30, 2014 was $3,760,800. Beverwyck is charged an annual fee on the outstanding bonds for the letter of credit (1.05% at June 30, 2014). Also, during the term of the letter of credit, Beverwyck is to maintain a minimum level of $1,500,000 in operating cash except during the construction of two planned new phases. The letter of credit expires on November 17, 2015. The letter of credit also requires a minimum debt service coverage of 1.2 times the annual debt service.

An Intercreditor Agreement, dated November 8, 2000, was executed by all parties to the financing (the Trustee, the Bank, and the Issuer). The intercreditor agreement provided for the sharing of collateral which is made up of real and personal property, leases, rental and resident entrance fees of Beverwyck and describes the procedures to be followed by the lenders in the event of default by Beverwyck.

As of June 30, 2014, utilizing the proceeds from resident entrance fees, unused bond proceeds, and operations, principal payments amounting to $18,740,000 have been made on the bonds since November 1995.

Hawthorne Ridge – In October 2005, the Rensselaer County Industrial Development Agency (Issuer) issued $15,250,000 of tax-exempt Hawthorne Ridge Project Civic Facility Revenue Bonds, Series 2005 on behalf of Hawthorne Ridge to develop and construct a retirement community, fund a debt service reserve account and pay for the costs of issuance. The Series 2005 Bonds were issued pursuant to the terms of a Trust Indenture by and between the Issuer and The Bank of New York, as trustee (Trustee) dated as of October 2005 (the Indenture). The Series 2005 Bonds are special obligations of the Issuer payable solely from and secured by a pledge of payments to be made under an Installment Sale Agreement, dated October 2005, between Hawthorne Ridge and the Issuer. Hawthorne Ridge issued a note to the Trustee pursuant to the Trust Indenture. The note is secured by a pledge of and lien on the gross receipts of Hawthorne Ridge and a security interest in Hawthorne Ridge's real and personal property.

In accordance with the terms and conditions set forth in the Indenture, the Bonds bear interest at weekly rates (average interest rate for 2014 was 0.25%). The weekly rate is established by the remarketing agent at a level that causes the Bonds to have a market value equal to face value plus accrued interest on the rate adjustment date applicable to the interest period. The maximum rate of interest which the Bonds may bear during any interest period shall be the lesser of 10% per annum or such other maximum rate permitted by law. The interest rate for all of the Bonds may be converted to a fixed rate at the option of Hawthorne Ridge on any interest payment date in accordance with the Indenture. Interest payments are funded monthly to a debt service fund held by a trustee and payable semi-annually to bondholders. The Bonds require annual sinking fund payments through October 2035. Bonds may be redeemed at face value at intervals outlined in the Indenture, starting in 2010 and continuing so long as the variable interest rate option is maintained, or, at face value plus redemption premiums should the interest rate be converted to a fixed rate. To date, Hawthorne Ridge has not elected to convert to a fixed interest rate.

In accordance with the Indenture and related Reimbursement Agreement, Hawthorne Ridge maintains a direct pay, irrevocable letter of credit with a bank to ensure the payment of the interest and bond principal amounts. The amount available under this letter of credit as of June 30, 2014 is $8,400,800.

The letter of credit fee (0.60% at June 30, 2014) varies based on compliance with certain financial covenants. The letter of credit expires in October 2015. The covenants include a debt service coverage of 1.15 times the annual debt service.

An Intercreditor agreement, dated October 2005, was executed by all parties to the financing (the Trustee, the Bank, and the Issuer). The intercreditor agreement provided for the sharing of collateral which is made up of real and personal property, leases, rental, and resident entrance fees of Hawthorne Ridge and describes the procedures to be followed by the lenders in the event of default by Hawthorne Ridge.

As of June 30, 2014 utilizing the proceeds from resident entrance fees, unused bonds proceeds, and operations, principal payments amounting to $6,965,000 have been made on the bonds.

In December 2008, Hawthorne Ridge entered into an interest rate swap agreement with a counterparty whereby Hawthorne Ridge pays a fixed rate of 3.4% and receives a variable rate of interest based upon the Municipal Swap Index (SIFMA Index), based upon a notional amount of $7,500,000. Hawthorne Ridge entered into the swap for the purpose of hedging variability in cash flows associated with interest payments on long-term debt. The interest rate swap agreement matured on November 30, 2013.

Mortgages Payable

East Greenbush Imaging – In 2006, Memorial entered into a loan agreement for approximately $5,800,000 with a Bank in order to finance leasehold improvements and equipment purchases related to a new outpatient imaging center. The Bank is the holder of Series 2006A taxable bonds issued by the Rensselaer County Industrial Development Agency. Memorial is required, under the loan agreement, to pay amounts necessary for the debt service of the Bonds commencing in March 2007. The Series 2006A bonds were converted to a tax exempt status on January 30, 2007. The interest rate on the bonds was floating until February 1, 2007 at which time they converted to a fixed rate of 4.391%. The loan was paid off in February 2014.

Emergency Department – In June 2006, Memorial entered into a loan agreement for $9,000,000 with a Bank in order to finance renovations to the Hospital. The Bank is the holder of $5,000,000 of Series 2006A tax exempt bonds and $4,000,000 of Series 2006B taxable bonds issued by the Albany County Industrial Development Agency. Memorial is required, under the loan agreement, to pay amounts necessary for the debt service of the Bonds commencing in August 2007. The Series 2006B bonds converted to a tax exempt status on January 30, 2007. The interest rate on the bonds was floating until August 1, 2007 at which time they converted to a fixed rate of 4.36%. The Series 2006A and 2006B bonds were redeemed on May 1, 2014 in the amount of $2,500,000.

SPNRC has a HUD insured mortgage at a rate of 5.64%, payable through January 2027 with property and equipment pledged as collateral. The outstanding balance at June 30, 2014 was $4,689,000.

Our Lady has a HUD insured mortgage at a rate of 5.56%, payable through January 2024 with property and equipment pledged as collateral. The outstanding balance at June 30, 2014 was $5,666,000.

Under the HUD mortgage loan agreements, Our Lady and SPNRC are required to maintain certain debt service reserves, which are included in marketable securities whose use is limited in the consolidated financial statements

Notes Payable and Lines of Credit—SPH has a commercial loan bearing interest at an adjusted LIBOR rate calculated in accordance with the agreement (2 2% for 2014) payable through January 1, 2022 with property and equipment pledged as collateral

Seton's note payable from PNC Bank N A with an interest rate of LIBOR plus 115 basis points (1 15%) was redeemed on May 1 2014 in the amount of $42 298,000 and replaced by the ICLP

7. PROFESSIONAL AND GENERAL LIABILITY PROGRAMS

The Corporation is a participant in a self-insured, pooled-risk professional and general liability program established for the regional health ministries of CHE Trinity Inc As a result, the Corporation is self-insured for certain levels of general and professional liability, workers' compensation, and certain other claims CHE Trinity Inc assumed the Corporation's workers compensation liabilities as further described in Note 10

In 2014 CHE Trinity Inc 's current self-insured limit was $20,000 000 per occurrence for the first layers of professional liability, as well as $10,000,000 per occurrence for hospital government liability, $5,000 000 per occurrence for errors and omission liability, and $1,000,000 per occurrence for directors' and officers' liability Additional layers of professional liability insurance are available with coverage provided through other insurance carriers and various reinsurance arrangements. The total amount available for these subsequent layers is $100,000,000 in aggregate CHE Trinity Inc self-insures $750 000 per occurrence for workers' compensation in most states, with commercial insurance providing coverage up to the statutory limits and self-insures up to $500,000 in property damage liability with commercial insurance providing coverage up to $1,000,000 000

The Corporation has contributed an amount to CHE Trinity Inc , representing its share of the expected losses under the aforementioned programs and charged its contributions to expense The liability for self-insurance reserves represents estimates of the ultimate net cost of all losses and loss adjustment expenses which are incurred but unpaid at the consolidated balance sheet date The reserves are based on the loss and loss adjustment expense factors inherent in CHE Trinity Inc 's premium structure Independent consulting actuaries determined these factors from estimates of CHE Trinity Inc 's expenses and available industry-wide data CHE Trinity Inc discounts the reserves to their present value using a discount rate of 3.0% The reserves include estimates of future trends in claim severity and frequency. Although considerable variability is inherent in such estimates, management believes that the liability for unpaid claims and related adjustment expenses is adequate based on the loss experience of CHE Trinity Inc The estimates are continually reviewed and adjusted as necessary

Claims in excess of certain insurance coverage and the recorded self-insurance liability have been asserted against the Corporation by various claimants The claims are in various stages of processing, and some may ultimately be brought to trial There are known incidents occurring through June 30 2014 that may result in the assertion of additional claims and other claims may be asserted arising from

services provided in the past. While it is possible that settlement of asserted claims and claims that may be asserted in the future could result in liabilities in excess of amounts for which the Corporation has provided, management, based upon the advice of Counsel, believes that the excess liability, if any, should not materially affect the consolidated financial position, operations or cash flows of the Corporation.

8. PENSION AND OTHER BENEFIT PLANS

Deferred Compensation -- The Corporation has a nonqualified deferred compensation plan that permit eligible employees to defer a portion of their compensation. The plan is unfunded and is distributable in cash after retirement or termination of employment. The plan allows participants to defer up to a maximum of 100% of salary with interest accruing based on investment selections of the participant. The deferred amounts are distributable in cash after retirement or termination of employment. At June 30, 2014, the assets and liabilities under this plan totaled $4,051,700.

Defined Contribution Benefits - The Corporation sponsors defined contribution plans covering substantially all of its employees. The plans are funded by employee voluntary contributions, subject to legal limitations. Employer contributions to the plans include both non-elective and matching contributions. Employer and employee contributions are self-directed by plan participants in the defined contribution plans. The Corporation contribution expense under the plan totaled $17,389,000 during the years ended June 30, 2014.

Defined Benefit Pension Plan (Pension Plan) - A portion of the Corporation's employees (St. Peter's Health Care Services legacy) participate in a frozen, qualified noncontributory, single employer defined benefit pension plan sponsored by CHE. The plan is accounted for as a multiple-employer plan for participating subsidiaries of CHE and has Church Plan status as defined in the Employee Retirement Income Security Act of 1974 ("ERISA"). The Corporation has been allocated its share of pension credits and contributions, and liabilities based on an actuarial valuation of the Corporation plan participants. The plan's assets are invested in equity securities, fixed income securities, mutual funds, commingled funds, hedge funds, and private equity funds. The Corporation recorded a net periodic pension credit of $(3,221,000) for the year ended June 30, 2014. The Corporation did not make any contributions to the plan during fiscal 2014.

Defined Benefit Pension Plan (Pension Plan) - A portion of the Corporation's employees (Northeast legacy) participate in a frozen, qualified noncontributory, single employer defined benefit pension plan (the "NEH Plan") sponsored by CHE. The plan is subject to ERISA. Effective June 30, 2012 the plan was amended to freeze all future benefit accruals.

The NEH Plan's investment assets are held in a master trust account at The Northern Trust, the trustee of the plan. The master trust is comprised of five investment asset pools established by investment type. Investment pools at June 30, 2014 included cash, long term and fixed credit, active fixed income, equity, alternative, and liability hedging fixed income. The NEH Plan has no interest in the long term and fixed credit pool. The investment pools of the master trust are valued at estimated fair value at the end of each month.

Because the NEH Plan does not directly hold investment securities the investments are classified as Level 2 within the fair value hierarchy defined in Note 11 as shown in the table below

	(In thousands)			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Pension plans				
Cash and cash equivalents	$ -	$ 4,756	$ -	$ 4,756
Equity securities	-	16,519	-	16,519
Debt securities				
Government and government agency obligations	-	7,434	-	7,434
Corporate bonds	-	23,767	-	23,767
Mortgage and asset backed	-	507	-	507
Mutual funds				
Equity mutual funds	-	16,202	-	16,202
Fixed-income mutual funds	-	745	-	745
Commingled funds	-	24,311	-	24,311
Hedge funds	-	9,103	-	9,103
Other	-	291	-	291
Total pension plans' assets at fair value	$ -	$ 103,635	$ -	$ 103,635

The NEH Plan's interest in the total master trust fund as a percentage of total assets of the master fund trust fund was approximately 8.3% at June 30 2014

The following table sets forth the changes in projected benefit obligation and the change in fair value of plan assets for NEH (defined benefit) based on the measurement date, and the amounts recognized in the consolidated financial statements at June 30 2014

	(In thousands)
	NEH Plan
Change in benefit obligation	
Benefit obligation, beginning of year	$ 98,749
Interest cost	5,188
Actuarial gain	(3,583)
Benefits paid	(4,832)
Benefit obligation, end of year	95,522
Change in plan assets	
Fair value of plan assets, beginning of year	91,857
Actual return on plan assets	10,610
Employer contributions	6,000
Benefits paid	(4,832)
Fair value of plan assets, end of year	103,635
Net amount recognized in assets	$ 8,113

Components of the net periodic benefit credit for the years ended June 30, 2014 consisted of the following.

	(In thousands)
	NEH Plan
Service cost	$ -
Interest cost	5,188
Expected return on assets	(6,911)
Recognized net actuarial loss	(114)
Net periodic benefit credit	$(1,837)

The amounts in unrestricted net assets including amounts arising during the year and amounts reclassified into net periodic benefit cost, are as follows

	(In thousands)
	NEH Plan Net (Gain) Loss
Balance at July 1, 2013	$ (13,670)
Reclassified into net periodic benefit cost	114
Arising during the year	(7,282)
Balance at June 30, 2014	$ (20,838)

The following are estimated amounts to be amortized from unrestricted net assets into net periodic benefit cost during fiscal 2015

	(In thousands)
	NEH Plan
Recognized net actuarial gain	$ (323)
	$ (323)

Assumptions used to determine benefit obligations and net periodic benefit cost for fiscal year 2014 were as follows

	(In thousands)
	NEH Plan
Benefit obligations:	
Discount rate	4.95 %
Net periodic benefit cost:	
Discount rate	5.40 %
Expected long-term return on plan assets	7.50 %
Rate of compensation increase	n/a

Expected Contributions The Corporation expects to contribute $1,000,000 to its pension plans in fiscal year 2015

Expected Benefit Payments - The Corporation expects to pay the following pension benefits, which reflect expected future service as appropriate

	(In thousands)
	Pension Plans
2015	$ 4,889
2016	5,031
2017	5,203
2018	5,439
2019	5,702
Years 2020 -2024	30,880

9. COMMITMENTS AND CONTINGENCIES

Operating Leases--St. Peter's Health Partners leases various land, equipment and facilities under operating leases. Total rental expense, which includes provisions for maintenance in some cases, in 2014, was $19,449,000.

The following is a schedule of future minimum lease payments under operating leases as of June 30, 2014 that have initial or remaining lease terms in excess of one year

Years Ending June 30,	(In thousands)
2015	$ 13,436
2016	9,968
2017	8,223
2018	7,738
2019	5,830
Thereafter	21,888
Total	$ 67,083

Litigation--The Corporation is involved in litigation and regulatory investigations arising in the course of doing business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Corporation's consolidated financial position or results of operations

10. RELATED PARTY TRANSACTIONS

CHE Trinity Inc. allocates the cost of centrally administered services to the Corporation. The Corporation also shares certain services with affiliates and other regional health ministries of CHE Trinity Inc. These services include information systems, benefits administration, treasury management, accounts payable, insurances including professional liability, workers compensation, pension administration, supply chain, internal audit and corporate compliance, external audit, decision support, CSA, etc.

As discussed in Note 6, during fiscal year 2014 the Corporation began participating in the intercompany loan program administered by CHE Trinity Inc

During fiscal year 2014, CHE Trinity Inc assumed the Corporation's workers compensation liabilities of $13,305,000 CHE Trinity Inc will be reimbursed by the Corporation for these workers compensation liabilities over the next three years The portion payable within the next fiscal year is recorded in accounts payable with the remainder recorded in other long-term liabilities on the consolidated combined balance sheet

The composition of the related party transactions with CHE Trinity Inc and other regional health ministries for the year ended 2014 was as follows

	(In thousands)
Amounts recorded in the consolidated balance sheets	
Investment in CHE Trinity Inc corporate pooled investment program	$217,521
Assets limited or restricted as to use, current portion	
By Board	132
Assets limited or restricted as to use (less current portion)	
By Board	108,908
By donors	2,980
Total investment in CHE Trinity Inc corporate pooled investment program	$329,541
Accounts and other receivables	$ 2,403
Accounts and other payables,	
Workers compensation	4,435
Other	2,352
Long-term debt, current	1,718
Other long-term liabilities	
Workers compensation	8,870
Long-term debt, non-current	83,695
Amounts recorded in the consolidated statements of operations and changes in net assets	
Other revenue	224
Operating expenses	
Information services	706
Management services	29,801
Interest	(926)
Non-operating earnings from CHE Trinity Inc corporate pooled investment program	30,450
CHE Trinity Inc cash payments under interest rate swaps, included in non-operating items	183
Equity transfers of funds	(11,417)

11. FAIR VALUE MEASUREMENTS

The Corporation's consolidated financial statements reflect certain assets and liabilities recorded at fair value. Assets and liabilities measured at fair value on a recurring basis on the Corporation's consolidated balance sheets include cash, cash equivalents, marketable securities, mutual funds, hedge funds, and interest rate swaps. Liabilities measured at fair value on a recurring basis for disclosure only include debt.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value should be based on assumptions that market participants would use, including a consideration of non-performance risk.

To determine fair value, the Corporation uses various valuation methodologies based on market inputs. For many instruments, pricing inputs are readily observable in the market, the valuation methodology is widely accepted by market participants and involves little to no judgment. For other instruments, pricing inputs are less observable in the marketplace. These inputs can be subjective in nature and involve uncertainties and matters of considerable judgment. The use of different assumptions, judgments and or estimation methodologies may have a material effect on the estimated fair value amounts.

The Corporation assesses the inputs used to measure fair value using a three level hierarchy based on the extent to which inputs used in measuring fair value are observable in the market. The fair value hierarchy is as follows:

Level 1—Quoted (unadjusted) prices for identical instruments in active markets.

Level 2—Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar instruments in active markets,
- Quoted prices for identical or similar instruments in non-active markets (few transactions, limited information, non-current prices, high variability over time, etc.),
- Inputs other than quoted prices that are observable for the instrument (interest rates, yield curves, volatilities, default rates, etc.), and
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3-- Unobservable inputs that cannot be corroborated by observable market data.

Valuation Methodologies—Exchange-traded securities whose fair value is derived using quoted prices in active markets are classified as Level 1. In instances where quoted market prices are not readily available, fair value is estimated using quoted market prices and or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. The

inputs to these models depends on the type of security being priced but are typically benchmark yields credit spreads, prepayment speeds reported trades and broker-dealer quotes, all with reasonable levels of transparency Generally, significant changes in any of those inputs in insolation would result in a significantly different fair value measurement, respectively The Corporation classifies these securities as Level 2 within the fair value hierarchy

The Corporation maintains policies and procedures to value instruments using the best and most relevant data available The Corporation's Level 3 securities are primarily investments in commingled funds The fair values of Level 3 investments in these securities are predominately provided by a third-party pricing service, however in some cases they are obtained directly from the investment fund manager Management has not adjusted the prices we have obtained Third-party pricing services do not provide access to their proprietary valuation models, inputs, and assumptions Accordingly, the Corporation reviews the independent reports of internal controls for these service providers In addition on a quarterly basis, the Corporation performs reviews of investment consultant industry peer group benchmarking and supporting relevant market data Finally all of the fund managers of the Corporation's Level 3 securities have an annual independent audit performed by an accredited accounting firm The Corporation reviews these audited financials for ongoing validation of pricing used Based on the information available, we believe that the fair values provided by the third-party pricing services and investment fund managers are representative of prices that would be received to sell the assets at June 30, 2014

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Corporation's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset

Following is a description of the valuation methodologies the Corporation used for instruments recorded at fair value as well as the general classification of such instruments pursuant to the valuation hierarchy

Cash and Cash Equivalents— The carrying amounts reported in the consolidated balance sheets approximate their fair value Certain cash and cash equivalents are included in investments and assets limited or restricted as to use in the consolidated balance sheets.

Equity Securities Equity securities are valued at the closing price reported on the applicable exchange on which the security is traded, or are estimated using quoted market prices for similar securities

Debt Securities Debt securities are valued using quoted market prices and or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures

Mutual Funds—Mutual funds are valued using the net asset value based on the value of the underlying assets owned by the fund minus liabilities divided by the number of shares outstanding and multiplied by the number of shares owned

Investment in Corporate Pooled Investment Program:

CHE Trinity Inc invests in various investment vehicles of which the Corporation has included in investment in corporate pooled investment program and assets limited or restricted as to use in the consolidated balance sheets including those described above In addition, the following is a description of the other instruments along with the related valuation methodologies CHE Trinity, Inc uses

Commingled Funds—Commingled funds are developed for investment by institutional investors only and therefore, do not require registration with the Securities and Exchange Commission Commingled funds are recorded at fair value based on either the underlying investments that have a readily determinable market value or based on net asset value, which is calculated using the most recent fund financial statements Commingled funds are categorized as Level 2 unless they have a redemption restriction greater than 90 days, in which case they are categorized as Level 3

Hedge Funds Hedge funds utilize either a direct or a "fund-of-funds" approach resulting in diversified multi-strategy, multi-manager investments Underlying investments in these funds may include equities, fixed income securities, commodities, currencies and derivatives These funds are valued at net asset value, which is calculated using the most recent fund financial statements Hedge funds are categorized as Level 2 unless they have a redemption restriction greater than 90 days, in which case they are categorized as Level 3

Equity Method Investments Certain other investments are accounted for using the equity method These investments are structured as limited liability corporations and partnerships and are designed to produce stable investment returns regardless of market activity These investments utilize a combination of "fund-of-funds" and direct fund investment resulting in a diversified multi-strategy, multi-manager investments approach Some of these funds are developed by investment managers specifically for the CHE Trinity Inc 's use and are similar to mutual funds, but are not traded on a public exchange Underlying investments in these funds may include other funds equities fixed income securities, commodities, currencies and derivatives Audited information is only available annually based on the limited liability corporations, partnerships or funds year-end Management's estimates of the fair values of these investments are based on information provided by the third-party administrators and fund managers or the general partners Management obtains and considers the audited financial statements of these investments when evaluating the overall reasonableness of the recorded value In addition to a review of external information provided, management's internal procedures include such things as review of returns against benchmarks and discussions with fund managers on performance changes in personnel or process along with evaluations of current market conditions for these investments Investment managers meet with the CHE Trinity Inc s Investment Subcommittee of the Finance and Stewardship Committee of the Board of Directors on a periodic basis. Because of the inherent uncertainty of valuations, values may differ materially from the values that would have been used had a ready market existed The balance of these investments at June 30, 2014 was $6,121 000

Interest Rate Swaps -The fair value of the derivatives, which are mainly interest rate swaps, are estimated utilizing the terms of the swaps and publicly available market yield curves along with the CHE Trinity Inc.'s nonperformance risk as observed through the credit default swap market and bond market and based on prices for recent trades These swap agreements are classified as Level 2 within the fair value hierarchy

The following tables summarize the fair values by input hierarchy, of financial instruments measured at fair value on a recurring basis at June 30, 2014

	(In thousands)			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Assets				
Cash and cash equivalents	$ 163,693	$ -	$ -	$ 163,693
Equity securities	15,098	-	-	15,098
Debt securities				
Government and government agency obligations	-	7,280	-	7,280
Corporate bonds	-	842	-	842
Mutual funds				
Equity mutual funds	20,369	-	-	20,369
Fixed income mutual funds	7,004	-	-	7,004
Real estate investment funds	99	-	-	99
Hedge funds	-	2,422	5,208	7,630
Total assets	$ 206,263	$ 10,544	$ 5,208	$ 222,015
Liabilities				
Interest rate swaps	$ -	$ (3,351)	$ -	$ (3,351)

At June 30, 2014, the Corporation has $132,683,000 in local investments that are restricted. These investment restrictions are both current and long term and are restricted to usage by Donors, by Board and by Trustee. Currently it is unknown when these restrictions are to expire

During fiscal year 2014, there were no significant transfers to or from Levels 1 and 2 during the year ended June 30, 2014

The following table summarizes the changes in Level 3 financial instruments measured at fair value on a recurring basis for the year ended June 30, 2014:

	(In thousands)		
	SPH Nolan Riddle	NEH	Total
Balance at July 1, 2013	$ 5,172	$ -	$ 5,172
Realized gains	-	41	41
Unrealized gains	-	42	42
Purchases	-	5,100	5,100
Transfer (out) in of Level 3	(5,172)	1,577	(3,595)
Settlements	-	(1,552)	(1,552)
Balance at June 30, 2014	$ -	$ 5,208	$ 5,208

Investments in Entities that Calculate Net Asset Value per Share The Corporation holds shares or interests in investment companies at year-end, included in commingled funds and hedge funds, where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment Corporation. There were no unfunded commitments as of June 30, 2014. The fair value and redemption rules of these investments are as follows:

	(In thousands)		
	Fair Value	Redemption Frequency	Redemption Notice Period
Hedge funds	$ 5,208	Quarterly, semi-annually or anniversary date	60-95 days prior written notice

The following table summarizes information about the fair value of the Corporation's financial assets in the investment in the CHE Trinity Inc 's corporate pooled investment program at June 30 2014 according to the asset category and the valuation techniques used to determine their fair values Investments accounted for under the equity method of accounting represent 22 0% of the investment in the CHE Trinity Inc corporate pooled investment program at June 30, 2014 which are excluded from the table below.

	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Cash and cash equivalents	15 %	- %	- %	15 %
Equity securities	13	-	-	13
Debt securities				
Government and government agency obligations	-	4	-	4
Corporate debt securities	-	3	-	3
Asset backed securities	-	1	-	1
Other	-	1	-	1
Mutual funds				
Equity mutual funds	9	-	-	9
Fixed income mutual funds	7	-	-	7
Commingled funds	-	10	-	10
Hedge funds		10	5	15
Total investment in CHE Trinity Inc corporate pooled investment program	44 %	29 %	5 %	78 %
Equity method investments				22 %
Total assets in CHE Trinity Inc. corporate pooled investment program				100 %

The composition of investment returns, including earnings on investments in the CHE Trinity Inc corporate pooled investment program, included in the consolidated statement of operations and changes in net assets for the year ending June 30, 2014 are as follows

	(In thousands)
Dividend, interest income and other	$ 4,093
Realized gains net	19,327
Realized equity losses other investments	(128)
Change in net unrealized gains on investments	16,352
Total investment return	$ 39,644
Included in:	
Operating income	$ 1,615
Nonoperating items	31,352
Changes in restricted net assets	6,677
Total investment return	$ 39,644

In addition to investments assets restricted as to use include receivables for unconditional promises to give, cash and other assets net of allowances for uncollectible promises to give Unconditional promises to give consist of the following at June 30, 2014:

	(In thousands)
Amounts expected to be collected in	
Less than one year	$ 4,218
One to five years	9,119
More than five years	50
	13,387
Discount to present value of future cash flows	(708)
Allowance for uncollectible amounts	(750)
Total unconditional promises to give net	$ 11,929

Patient Accounts Receivable, Estimated Receivables from Third-Party Payors and Current Liabilities The carrying amounts reported in the consolidated balance sheets approximate their fair value

Long-term Debt The fair value of the St Peter's Hospital intercompany debt under the CHE Trinity Inc. intercompany loan program is based on its proportionate share of CHE Trinity Inc 's fair value for its fixed and variable rate bonds issued under its master indenture The fair value of CHE

Trinity Inc 's fixed-rate long-term debt is estimated using discounted cash flow analyses, based on current incremental borrowing rates for similar types of borrowing arrangements The fair value of the fixed-rate long-term debt was $85 413,000 as of June 30, 2014 Under the fair value hierarchy these financial instruments are valued primarily using Level 2 inputs The related carrying value of the fixed-rate long-term debt was $85,413,000 as of June, 30 2014 The fair values of the remaining fixed rate revenue bonds at St Peter s Hospital was $253,497 000 and carrying value was $232,400,000 as of June 30, 2014 The fair value of the variable rate revenue bonds approximates the carrying value of $11,985 000 as of June 30, 2014

12. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose Temporarily restricted net assets are available for the following purposes at June 30, 2014

	(In thousands)
Temporarily restricted net assets	
Services for elderly care	$ 32,896
Building and equipment	14,902
Other	4,900
Patient care	3,422
Education and research	955
Cancer center research	135
Total	$ 57,210

Permanently restricted net assets are those whose use by the Corporation has been limited by donors to be maintained in perpetuity Permanently restricted net assets at June 30 are restricted as follows:

	(In thousands)
Permanently restricted net assets	
Other	$ 14 925
Hospital operations	10 671
Scholarship funds	1 903
Research funds	201
Total	$ 27,700

In September 2010, New York State enacted its version of the Uniform Prudent Management of Institutional Funds Act ("UPMIFA ") The Corporation has interpreted UPMIFA as requiring the preservation of the value of the original gift of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation the Corporation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment

(b) the original value of subsequent gifts donated to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Corporation in a manner consistent with the standard of prudence prescribed by UPMIFA.

The Corporation considers the following factors in determining if donor-restricted endowment funds are accumulated or appropriated:

1) the duration and preservation of the fund
2) the purposes of the Corporation's donor-restricted endowment funds
3) general economic conditions
4) effect of possible inflation or deflation
5) the expected total investment return and appreciation of investments
6) other resources of the Corporation
7) investment policies of the Corporation

The Corporation's permanently restricted net assets consist of individual endowment accounts. Unless otherwise directed by the donor, gifts received for endowments are invested in accordance with the Corporation's investment policy. Unless otherwise directed by the donor, the Corporation annually appropriates a certain percentage of each endowment fund, which is then available for spending in accordance with the donor's intent. In order to preserve the real value of a donor's gift and to sustain funding consistent with donor intent, the annual appropriation rate is set to strike a reasonable balance between long-term objectives of preserving and growing each endowment fund for the future and providing stable, annual appropriations.

The following table summarizes endowment net asset composition by type of fund at June 30, 2014:

	(In thousands)			
	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Donor-restricted endowment funds	$ -	$31,348	$27,700	$59,048
Board-designated endowment funds	5,902	-	-	5,902
Total endowment funds	$5,902	$31,348	$27,700	$64,950

Changes in endowment net assets for the year ended June 30, 2014 include

	(In thousands)			
	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Endowment net assets, July 1, 2013	$ 8,741	$27,411	$27,221	$63,373
Investment return:				
Investment gains	436	3,849	278	4,563
Change in net realized and unrealized gains	313	1,518	548	2,379
Total investment return	749	5,367	826	6,942
Contributions	-	-	121	121
Appropriation of endowment assets for expenditures	(5,000)	(1,430)	-	(6,430)
Other	1,412	-	(468)	944
Endowment net assets June 30, 2014	$ 5,902	$31,348	$27,700	$64,950

The table below describes the restrictions for endowment amounts classified as temporarily restricted net assets and permanently restricted net assets as of June 30, 2014

	(In thousands)
Temporarily restricted net assets:	
The portion of perpetual endowment funds subject to a purpose restriction	$31,348
Total endowment funds classified as temporarily restricted net assets	$31,348
Permanently restricted net assets	
Investment to be held in perpetuity, the income from which is expendable to support health care services	$22,010
Endowments requiring income to be added to the original gift	5,690
Total	$27,700

Funds with Deficiencies Periodically the fair value of assets associated with the individual donor-restricted endowment funds may fall below the level that the donor or law requires the Corporation to retain as a fund of perpetual duration. Deficiencies of this nature are reported in unrestricted net assets.

These deficiencies resulted from unfavorable market fluctuations and or continued appropriation for certain programs that was deemed prudent by the Corporation

13. RESTRUCTURING COSTS

During fiscal year 2014, management authorized and committed the Corporation to undertake an alignment of the organization for various functional areas to better support the Corporation As a result of these actions, restructuring charges of $249,000 have been included in the fiscal year consolidated statement of operations and changes in net assets The restructuring charges are primarily for severance and termination benefits As of June 30 2014, $1,624 258 in benefits has been paid for the current fiscal year and prior years

14. SUBSEQUENT EVENTS

Management has evaluated subsequent events through November 17 2014, the date the financial statements were issued and determined that there are no subsequent events that require disclosure

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SUPPLEMENTAL SCHEDULES

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

ASSETS	Total SPHP	Total Hospitals	Total Residential	Total Home Care	Total Housing	SPHP Medical Associates	Total Foundations	Total Other	Total Eliminations
CURRENT ASSETS									
Cash and cash equivalents	$ 114,262	$ 54,675	$ 17,613	$ 6,101	$ 18,095	$ 389	$ 1,531	$ 17,538	$ (5,961)
Investments	5,739	1,581	130	208	1,397	-	1,693	732	-
Investment in CHE Trinity Inc. corporate pooled investment program	392,978	118,931	19,485	33,116	13,410	-	1,961	5,789	-
Assets limited or restricted as to use	6,795	383	967	209	517	-	3,895	340	596
Patient accounts receivable, net of allowance for doubtful accounts	121,318	97,229	6,806	13,108	222	101,009	-	-	(1,327)
Estimated receivables from third-party payors	7,911	454	7,178	-	33	-	-	-	-
Other receivables	8,508	7,560	78	105	852	3,593	6	5,715	(8,715)
Receivable from affiliates	2,403	33,865	(309)	(1,302)	1,214	(28,581)	(178)	(631)	3
Inventories	9,960	9,601	111	197	15	25	8	3	-
Prepaid expenses and other current assets	7,933	11,760	126	622	603	616	67	838	(7,901)
Total current assets	477,895	360,876	52,961	53,161	34,962	(13,949)	7,281	30,001	(17,312)
ASSETS LIMITED OR RESTRICTED AS TO USE									
Held by trustees under bond indenture agreements	39,137	23,692	11,522	621	802	-	-	-	-
Self-insurance benefit plans and other	2,937	-	-	-	-	-	-	2,937	-
By board	130,049	111,110	6,247	-	5,000	-	5,502	1,430	-
By donors	77,871	14,856	42,548	63	613	-	19,761	-	-
Total assets limited or restricted as to use	249,864	149,388	60,317	684	6,415	-	25,263	4,367	-
PROPERTY AND EQUIPMENT - Net	659,550	435,777	56,425	7,761	45,662	6,853	175	96,896	-
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	1,362	1,347	-	-	-	-	-	-	-
GOODWILL	3,885	-	-	-	-	3,171	-	714	-
PREPAID PENSION ASSET	8,113	766	79	35	19	-	2	7,214	
OTHER ASSETS	25,916	123,567	2,849	1,701	1,288	762	-	18,623	(123,874)
TOTAL ASSETS	$1,426,270	$1,051,721	$175,571	$63,348	$ 91,379	$ (3,172)	$33,121	$157,504	$(141,971)

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

LIABILITIES AND NET ASSETS	Total SPHP	Total Hospitals	Total Residential	Total Home Care	Total Housing	SPHP Medical Associates	Total Foundations	Total Other	Total Eliminations
CURRENT LIABILITIES									
Current portion of long-term debt	$ 19,217	$ 16,522	$ 2,190	$ -	$ 1,386	$ -	$ -	$ 32	$ (3,913)
Current portion of notes payable to CHE Trinity Inc	1,718	1,718	-	-	-	-	-	-	-
Accounts payable	52,374	40,853	3,868	4,333	730	2,351	127	5,491	(5,377)
Accrued expenses	10,217	5,066	1,481	68	2,707	30	35	8,175	(7,295)
Salary, wages and related liabilities	69,720	36,613	1,094	5,261	1,033	6,678	173	6,868	-
Estimated payables to third-party payors	11,403	32,561	5,345	3,501	(47)	-	-	-	-
Total current liabilities	176,649	127,325	16,918	13,166	5,849	9,039	335	20,556	(16,579)
LONG-TERM DEBT - Net of current portion	218,760	271,725	13,537	-	20,179	-	-	2,948	(89,629)
NOTES PAYABLE TO CHE TRINITY INC —Net of current portion	83,695	83,697	213	-	355	-	-	-	-
ACCRUED PENSION AND RETIREMENT BENEFITS COSTS	-	589	29	-	1	-	-	45,971	-
DEFERRED REVENUE FROM ENTRANCE FEES	46,253	-	-	-	46,253	-	-	-	-
OTHER LONG-TERM LIABILITIES	36,293	19,747	1,922	3,773	8,054	54	1,125	10,281	(11,703)
Total liabilities	561,650	503,453	65,679	16,936	80,691	9,093	1,520	33,893	(117,981)
NET ASSETS									
Total unrestricted net assets	749,710	504,523	65,670	45,336	(1,750)	(12,270)	9,032	123,613	(7,911)
Temporarily restricted net assets	57,210	20,268	32,019	331	627	-	19,664	699	(16,997)
Permanently restricted net assets	27,700	13,977	12,203	645	1,308	-	2,905	-	(13,338)
Total net assets	834,620	539,268	109,892	46,412	13,685	(12,270)	31,601	124,312	(128,279)
TOTAL LIABILITIES AND NET ASSETS	$ 1,476,270	$ 1,042,721	$ 175,571	$ 63,348	$ 94,376	$ (3,177)	$ 33,121	$ 157,564	$ (246,260)

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

	Total SPHP	Total Hospitals	Total Residential	Total Home Care	Total Housing	SPHP Medical Associates	Total Foundations	Total Other	Total Eliminations
UNRESTRICTED REVENUE									
Patient service revenue, net of contractual and other allowances	$ 1,140,635	$ 900,997	$ 86,419	$ 80,559	$ 2,920	$ 75,386	$ -	$ -	$ (1,616)
Provision for bad debts	51,962	48,259	509	671	8	[illegible]	-	35	-
Net patient service revenue less provision for bad debts	1,088,673	852,738	85,910	79,888	2,912	[illegible]	-	(35)	(1,616)
Capitation revenue	14,149	577	-	13,572	-	-	-	-	-
Net assets released from restrictions	7,25[illegible]	946	127	555	78	-	3,957	15	(2,5[illegible])
Other revenue	79,129	35,071	4,113	3,243	26,411	11,37[illegible]	1,85[illegible]	51,758	(57,726)
Total unrestricted revenue	1,185,310	889,332	90,145	97,2[illegible]5	29,401	83,281	5,794	51,738	(61,266)
EXPENSES									
Salaries and wages	508,76[illegible]	367,636	46,736	50,866	10,609	75,48[illegible]	1,3[illegible]4	17,920	795
Employee benefits	95,876	61,861	16,205	10,060	2,151	8,59[illegible]	205	3,885	(1,739)
Contract labor	12,218	11,52[illegible]	319	307	69	1	-	-	-
Total labor expenses	676,8[illegible]1	441,0[illegible]9	63,260	61,233	12,8[illegible]	85,0[illegible]8	1,519	21,806	(944)
Supplies	197,891	176,416	7,766	6,26[illegible]	2,165	4,07[illegible]	364	578	(567)
Purchased services	109,245	95,586	8,660	16,848	4,040	10,068	535	21,55[illegible]	(51,0[illegible])
Depreciation and amortization	69,11[illegible]	50,605	5,116	1,785	4,610	847	16	6,138	
Occupancy	51,687	38,555	2,835	4,504	1,739	5,[illegible]	117	1,700	(3,885)
Interest	14,910	13,023	1,911	-	177		27	143	(671)
Other	48,163	36,189	4,31[illegible]	6,804	1,795	2,056	138	7,069	(5,137)
Total expenses	1,167,815	851,421	87,894	97,376	27,228	105,444	3,046	57,014	(61,624)
OPERATING INCOME (LOSS) BEFORE OTHER ITEMS	17,395	37,908	2,251	(121)	2,193	(22,163)	2,748	(2,776)	(2,645)
IMPAIRMENT CHARGE	(743)	-	-	(743)	-	-	-	-	-
RESTRUCTURING CHARGE	(249)	(121)	(117)		(11)	-	-	-	-
OPERATING INCOME (LOSS)	16,403	37,787	2,134	(864)	2,182	(22,163)	2,748	(2,776)	(2,645)
NON-OPERATING ITEMS									
Earnings on investments in corporate pooled investment program	30,450	22,616	1,977	4,016	1,759		57	595	-
Investment income (losses) - marketable securities (local investments only)	1,930	1,512	(1[illegible])	(1,717)	142		570	312	(239)
Change in market value and cash payments of interest rate swaps	(128)	(506)	128	-	(50)	-	-	-	-
Gain/loss from early extinguishment of debt	125	(383)	(1,197)	-	-	-	-	1,705	-
Other - including income taxes	(555)	(414)	-	-	-	-	-	(67)	(149)
Total non-operating items	30,927	21,825	1,198	3,266	1,851	-	627	2,540	(388)
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	$ 47,375	$ 59,612	$ 2,232	$ 2,405	$ 4,033	$ (22,163)	$ 3,375	$ (236)	$ (3,033)

The accompanying notes are an integral part of the consolidated financial statements.

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

	Total SPHP	Total Hospitals	Total Residential	Total Home care	Total Housing	SPHP Medical Associates	Total Foundations	Total Other	Total Eliminations
UNRESTRICTED NET ASSETS									
Excess (deficiency) of revenue over expenses	$ 17,325	$ 59,613	$ 3,332	$ 2,476	$ 1,033	$(22,163)	$ 1,375	$ (234)	$ (13,031)
Net assets released from restrictions for capital acquisitions	2,076	580	50	-	348	-	1,068	-	-
Transfers to CHE Trinity Inc.	(11,518)	(1,861)	381	629	35	-	(7,101)	(148)	6,516
Net change in retirement plan related items	7,168	-	-	-	-	-	-	7,168	-
Other	(1,408)	(4,536)	2,187	-	137	2,400	(1,126)	(1,017)	(3)
Increase (decrease) in unrestricted net assets	13,643	53,796	5,950	3,034	1,553	(19,763)	(3,804)	6,377	3,480
TEMPORARILY RESTRICTED NET ASSETS									
Contributions	4,725	1,852	60	285	155	-	2,162	21	(3,823)
Net investment gain (loss)	5,851	88	5,367	-	102	-	296	-	(2)
Net assets released from restrictions	(5,436)	(1,528)	(1,172)	(555)	(425)	-	(1,353)	(15)	2,392
Other	(152)	412	(1,516)	-	(702)	-	2,948	(19)	(1,275)
Increase (decrease) in temporarily restricted net assets	1,288	824	3,739	(270)	(870)	-	3,881	(10)	(3,006)
PERMANENTLY RESTRICTED NET ASSETS									
Contributions for endowment funds	121	57	36	-	32	-	33	-	(31)
Net investment gain (loss)	826	811	-	-	15	-	-	-	-
Other	(468)	-	-	-	-	-	(1,631)	-	(308)
Increase (decrease) in permanently restricted net assets	479	868	36	-	47	-	(1,598)	-	(339)
INCREASE (DECREASE) IN NET ASSETS	15,480	55,477	9,719	2,764	730	(19,763)	(553)	6,367	135
NET ASSETS - July 1, 2013	786,240	503,791	100,173	43,648	9,985	7,495	31,681	117,915	(28,187)
NET ASSETS - June 30, 2014	$ 831,620	$ 549,268	$ 109,892	$ 46,412	$ 13,685	$(12,270)	$ 31,601	$ 124,282	$ (28,279)

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

		Hospitals				
	Total Hospitals	Albany Memorial	Samaritan	Seton Health	St. Peter's	Sunnyview
ASSETS						
CURRENT ASSETS						
Cash and cash equivalents	$ 51,675	$ 1,676	$ 10,337	$ 1,691	$ 38,871	$ 384
Investments	1,584	512	798	-	-	274
Investment in CHE Trinity Inc. corporate pooled investment program	118,931	6,186	20,631	33,832	43,086	15,196
Assets limited or restricted as to use	383	365	12	6	-	-
Patient accounts receivable, net of allowance for doubtful accounts	92,227	9,760	14,012	9,869	52,387	6,203
Estimated receivables from third-party payors	854	-	-	156	291	-
Other receivables	7,560	101	2,376	537	4,175	373
Receivables from affiliates	33,805	(4,392)	7,573	2,634	28,102	(112)
Inventories	9,501	1,741	2,109	1,187	4,334	127
Prepaid expenses and other current assets	11,769	1,383	2,109	1,376	6,048	853
Total current assets	330,876	16,738	59,860	53,593	177,298	23,386
ASSETS LIMITED OR RESTRICTED AS TO USE						
Held by trustees under bond indenture agreements	33,092	-	-	-	33,092	-
By board	105,440	12,811	38,895	31,976	21,385	373
By donors	10,856	470	1,555	631	9,151	49
Total assets limited or restricted as to use	149,388	13,281	40,446	32,607	63,628	422
PROPERTY AND EQUIPMENT - Net	345,771	30,030	39,726	23,129	239,684	13,258
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	1,345	-	-	-	1,345	-
PREPAID PENSION ASSET	766	62	393	-	-	311
OTHER ASSETS	123,567	998	16,994	7,446	92,635	5,494
TOTAL ASSETS	$ 1,951,721	$ 61,089	$ 157,419	$ 116,775	$ 667,587	$ 43,891

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

	Total Hospitals	Hospitals				
		Albany Memorial	Samaritan	Seton Health	St. Peter's	Sunnyview
LIABILITIES AND NET ASSETS						
CURRENT LIABILITIES						
Current portion of long-term debt	$ 10,522	$ 503	$ 27	$ 728	$ 8,621	$ 343
Current portion of notes payable to CHE Trinity Inc.	1,718	-	-	-	1,718	-
Accounts payable	10,851	3,698	6,870	4,189	24,166	1,716
Accrued expenses	8,064	218	735	2,039	2,015	53
Salary, wages and related liabilities	36,613	3,650	6,970	5,650	18,118	2,225
Estimated payables to third-party payors	32,561	3,778	8,038	5,963	11,239	873
Total current liabilities	127,325	12,139	27,610	18,469	68,930	5,707
LONG-TERM DEBT – Net of current portion	271,725	1,749	-	33,315	227,033	9,728
NOTES PAYABLE TO CHE TRINITY INC. – Net of current portion	83,097	321	-	-	82,677	99
ACCRUED PENSION AND RETIREE HEALTH COSTS	559	-	280	-	-	279
OTHER LONG-TERM LIABILITIES	19,717	1,702	2,618	5,923	8,126	1,348
Total liabilities	502,423	15,911	30,508	57,707	386,766	17,561
NET ASSETS						
Total unrestricted net assets	514,523	43,341	116,696	59,425	266,734	28,329
Temporarily restricted net assets	20,768	496	13,208	131	5,946	987
Permanently restricted net assets	13,977	1,341	2,007	502	7,610	2,517
Total net assets	549,268	45,178	131,911	60,058	280,290	31,833
TOTAL LIABILITIES AND NET ASSETS	$ 1,051,721	$ 61,089	$ 162,419	$ 117,765	$ 667,056	$ 49,394

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

		Hospitals				
	Total Hospitals	Albany Memorial	Samaritan	Seton Health	St Peter's	Sunnyview
UNRESTRICTED REVENUE						
Patient service revenue (net of contractual and other allowances)	$ 900,997	$ 92,538	$ 140,704	$ 110,115	$ 509,389	$ 48,266
Provision for bad debts	48,259	7,871	11,622	10,357	18,060	351
Net patient service revenue less provision for bad debts	852,738	84,667	129,082	99,758	491,329	47,916
Capitation revenue	577	-	-	577	-	-
Net assets released from restrictions	946	40	307	85	514	-
Other revenue	35,171	3,215	6,740	3,857	17,815	7,425
Total unrestricted revenue	889,332	87,918	136,124	104,293	510,666	55,341
EXPENSES						
Salaries and wages	367,636	37,033	65,262	56,726	181,321	27,294
Employee benefits	61,864	7,308	11,743	10,551	27,960	4,299
Contract labor	11,522	1,647	4,202	898	1,061	11
Total labor expenses	441,019	45,988	81,307	68,175	213,042	31,607
Supplies	176,116	18,390	21,845	11,689	119,622	4,869
Purchased services	95,586	11,957	15,577	10,246	52,688	5,122
Depreciation and amortization	50,606	4,878	6,855	3,302	33,922	1,627
Occupancy	38,585	2,065	4,843	6,252	23,354	1,406
Interest	12,073	204	99	834	11,116	470
Other	36,189	7,602	5,345	7,145	19,050	1,772
Total expenses	851,474	86,983	135,851	108,063	475,984	46,541
OPERATING INCOME (LOSS) BEFORE OTHER ITEMS	37,858	935	263	(3,770)	34,682	8,800
RESTRUCTURING CHARGE	(121)	-	(12)	(109)	-	-
OPERATING INCOME (LOSS)	37,737	935	251	(3,879)	34,680	8,800
NONOPERATING ITEMS						
Earnings on investments in corporate pooled investment program	22,046	1,997	6,556	7,445	4,406	1,587
Investment income - marketable securities (local investments only)	1,112	82	51	19	673	274
Change in market value and cash payments of interest rate swaps	(506)	(1)	-	(11)	(557)	63
Loss from early extinguishment of debt	(385)	-	-	-	-	(385)
Other, including income taxes	444	-	-	49	(19)	-
Total nonoperating items	21,825	2,078	6,660	7,512	4,089	1,536
EXCESS OF REVENUE OVER EXPENSES	$ 51,612	$ 3,013	$ 6,891	$ 3,633	$ 39,769	$ 10,336

The accompanying notes are an integral part of the consolidated financial statements.

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

		Hospitals				
	Total Hospitals	Albany Memorial	Samaritan	Seton Health	St. Peter's	Sunnyview
UNRESTRICTED NET ASSETS						
Excess of revenue over expenses	$ 59,612	$ 3,013	$ 6,861	$ 3,633	$ 39,769	$ 6,336
Net assets released from restrictions for capital acquisitions	580	277	3	25	275	-
Transfers to CHE Trinity Inc.	(11,861)	1,019	1,092	1,512	(15,877)	393
Other	(4,546)	2	1	(141)	(4,337)	29
Increase in unrestricted net assets	43,785	4,311	7,957	5,029	19,830	6,758
TEMPORARILY RESTRICTED NET ASSETS						
Contributions	1,852	844	515	116	749	328
Net investment gain	88	42	46	-	-	-
Net assets released from restrictions	(1,528)	(317)	(307)	(110)	(794)	-
Other	112	171	(224)	-	524	(83)
Increase (decrease) in temporarily restricted net assets	524	(738)	232	6	479	245
PERMANENTLY RESTRICTED NET ASSETS						
Contributions for endowment funds	57	35	22	-	-	-
Net investment gain	811	-	-	-	811	-
Increase in permanently restricted net assets	868	35	22	-	811	-
INCREASE IN NET ASSETS	45,177	3,608	8,211	5,035	21,020	7,003
NET ASSETS - July 1, 2013	503,791	401,970	123,700	55,028	258,896	25,197
NET ASSETS - June 30, 2014	$ 549,268	$ 405,578	$ 131,911	$ 60,063	$ 278,916	$ 32,200

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

		Residential					
ASSETS	Total Residential	Eddy Memorial	Eddy Village Green	Heritage House	Our Lady of Mercy	Schuyler Ridge	St Peter's Nursing & Rehab
CURRENT ASSETS							
Cash and cash equivalents	$ 17,613	$ 2,397	$ 8,514	$ 272	$ 1,694	$ 1,856	$ 2,880
Investments	130	4	126	-	-	-	-
Investment in CHE Trinity Inc corporate pooled investment program	19,485	6,603	-	-	-	12,882	-
Assets limited or restricted as to use	917	161	153	34	18	212	39
Patient accounts receivable net of allowance for doubtful accounts	6,809	524	1,285	1,247	1,243	839	1,201
Estimated receivables from third-party payors	1,428	108	6,868	313	-	139	-
Other receivables	78	38	22	-	-		18
Receivables from affiliates	(399)	41	(211)	(71)	(139)	(58)	(151)
Inventories	114	18	21	22	-	15	38
Prepaid expenses and other current assets	726	139	128	99	116	78	178
Total current assets	50,901	10,033	17,896	2,117	2,933	15,963	4,179
ASSETS LIMITED OR RESTRICTED AS TO USE							
Held by trustees under bond indenture agreements	14,522	-	-	-	5,267	-	9,255
By board	6,247	2,226	-	-	579	10	3,432
By donors	12,548	12,514	-	-	-	34	-
Total assets limited or restricted as to use	63,317	44,740	-	-	5,846	11	12,687
PROPERTY AND EQUIPMENT - Net	56,125	6,853	30,611	1,589	7,216	6,502	3,504
PREPAID PENSION ASSET	79	26	11	18	-	-	-
OTHER ASSETS	2,849	41	1,015	36	1,029	-	688
TOTAL ASSETS	$ 175,271	$ 61,693	$ 49,673	$ 3,760	$ 17,023	$ 22,476	$ 21,058

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

		Residential					
LIABILITIES AND NET ASSETS	Total Residential	Eddy Memorial	Eddy Village Green	Heritage House	Our Lady of Mercy	Schuyler Ridge	St Peter s Nursing & Rehab
CURRENT LIABILITIES							
Current portion of long-term debt	$ 2,158	$ -	$ 835	$ 241	$ 155	$ 136	$ 263
Accounts payable	3,868	307	580	441	869	21	917
Accrued expenses	1,451	231	439	118	68	106	61
Salary, wages and related liabilities	4,064	506	898	587	760	878	786
Estimated payables to third-party payors	5,345	333	2,961	119	315	552	1,032
Total current liabilities	16,948	1,477	5,716	1,169	2,531	2,693	3,059
LONG-TERM DEBT - Net of current portion	43,537	-	25,113	-	8,210	8,789	1,425
NOTES PAYABLE TO CHE TRINITY INC - Net of current portion	243	-	243	-	-	-	-
ACCRUED PENSION AND RETIREMENT HEALTH COSTS	29	18	4	1	-	-	-
OTHER LONG-TERM LIABILITIES	4,922	75	425	2,913	537	522	420
Total liabilities	65,679	1,570	31,501	4,419	8,281	12,004	7,904
NET ASSETS							
Total unrestricted net assets	65,670	27,401	16,158	(397)	8,802	10,561	13,145
Temporarily restricted net assets	32,019	31,569	387	38	-	34	-
Permanently restricted net assets	2,203	1,156	1,047	-	-	-	-
Total net assets	109,892	60,127	17,592	(359)	8,802	10,595	13,145
TOTAL LIABILITIES AND NET ASSETS	$ 175,571	$ 61,697	$ 49,093	$ 4,060	$ 17,083	$ 22,599	$ 21,049

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

		Residential					
	Total Residential	Eddy Memorial	Eddy Village Green	Heritage House	Our Lady of Mercy	Schuyler Ridge	St Peter's Nursing & Rehab
UNRESTRICTED REVENUE							
Patient service revenue, net of contractual and other allowances	$ 86,119	$ 8,899	$ 21,193	$ 12,095	$ 15,775	$ 13,213	$ 15,944
Provision for bad debts	(508)	(25)	(95)	(113)	(21)	(99)	(52)
Net patient service revenue less provision for bad debts	85,910	8,874	21,398	11,982	15,749	13,014	15,892
Net assets released from restrictions	122	38	55	9	-	-	
Other revenue	4,113	3,651	86	116	85	31	144
Total unrestricted revenue	90,145	12,563	21,539	12,107	15,834	13,045	16,036
EXPENSES							
Salaries and wages	36,736	6,291	10,317	7,093	7,980	6,639	8,416
Employee benefits	10,205	1,326	2,635	1,509	1,704	1,338	1,693
Contract labor	319	24	-	14	71	182	28
Total labor expenses	47,260	7,641	12,952	8,616	9,755	8,159	10,137
Supplies	7,769	1,128	1,569	1,150	1,517	816	1,486
Purchased services	8,690	1,341	1,857	1,323	1,578	1,089	1,502
Depreciation and amortization	5,110	711	2,391	598	581	458	370
Occupancy	2,838	422	725	270	565	329	524
Interest	1,914	-	1,021	67	326	229	271
Other	4,349	310	567	572	1,072	894	635
Total expenses	87,894	11,561	21,032	12,594	15,394	12,075	15,236
OPERATING INCOME (LOSS) BEFORE OTHER ITEMS	2,251	222	507	(488)	440	970	800
RESTRUCTURING CHARGE	(117)	(34)	(13)		(89)	-	-
OPERATING INCOME (LOSS)	2,134	188	494	(488)	351	970	800
NON-OPERATING ITEMS							
Earnings on investments in corporate pooled investment program	1,977	687	-	-	-	1,290	-
Investment income (losses) - marketable securities (local investments only)	(101)	6	20	(11)	13	(126)	22
Change in market value and cash payments of interest rate swaps	628	-	431	-	-	197	-
Loss from early extinguishment of debt	(1,197)	-	(1,886)	-	-	(911)	-
Total non-operating items	1,308	693	(1,455)	(11)	(13)	450	22
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	$ 3,332	$ 881	$ (961)	$ (499)	$ 338	$ 2,096	$ 822

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

		Residential					
	Total Residential	Eddy Memorial	Eddy Village Green	Heritage House	Our Lady of Mercy	Schuyler Ridge	St Peter's Nursing & Rehab
UNRESTRICTED NET ASSETS							
Excess (deficiency) of revenue over expenses	$ 3,332	$ 881	$ (151)	$ (69)	$ 373	$ 2,098	$ 623
Net assets released from restriction for capital acquisitions	50	-	30	20	-	-	-
Transfers to CHE Trinity Inc	381	28	47	26	73	134	73
Other	2,187	(2)	2,188	1	-	-	-
Increase (decrease) in unrestricted net assets	5,950	907	2,114	(43)	446	2,232	696
TEMPORARILY RESTRICTED NET ASSETS							
Contributions	60	150	(132)	11	-	31	-
Net investment gain	5,367	5,367	-	-	-	-	-
Net assets released from restrictions	(1,771)	(1,581)	(485)	(29)	-	-	-
Other	(1,516)	(1,512)	-	-	-	(4)	-
Increase (decrease) in temporarily restricted net assets	3,140	3,424	(617)	(18)	-	27	-
PERMANENTLY RESTRICTED NET ASSETS							
Contributions for endowment funds	30	-	30	-	-	-	-
Increase in permanently restricted net assets	30	-	30	-	-	-	-
INCREASE (DECREASE) IN NET ASSETS	9,119	4,331	1,527	(61)	446	2,259	696
NET ASSETS - July 1, 2013	100,173	55,263	15,665	102	8,356	8,338	12,449
NET ASSETS - June 30, 2014	$109,892	$60,117	$17,592	$41	$8,802	$10,597	$13,145

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

ASSETS	Total Home Care	Home Care: EVNA Consolidated	Home Care: Senior Care Connection	Home Care: Community Hospice Consolidated	Total Housing	Housing: Beverwyck	Housing: Glen Eddy	Housing: Hawthorne Ridge	Housing: Marjorie Doyle Rockwell Ctr
CURRENT ASSETS									
Cash and cash equivalents	$ 6,431	$ 3,003	$ 1,929	$ 1,399	$ 18,095	$ 10,859	$ 1,168	$ 3,358	$ 2,390
Investments	208	208	-	-	1,392	971	67	208	146
Investment in CHE Trinity Inc corporate pooled investment program	33,436	2,115	-	31,301	13,110	9,378	822	2,681	229
Assets limited or restricted as to use	269	164	16	29	537	205	21	46	212
Patient accounts receivable, net of allowance for doubtful accounts	15,108	4,471	93	8,844	222	222	-	-	-
Estimated receivables from third-party payors	-	-	-	-	33	33	-	-	-
Other receivables	105	20	-	85	857	358	38	46	-
Receivables from affiliates	10,402	17,381	(697)	(5,977)	(216)	(481)	(900)	9	(157)
Inventories	197	197	-	-	45	21	13	11	-
Prepaid expenses and other current assets	622	352	35	235	605	276	239	96	44
Total current assets	53,161	9,792	2,076	41,296	31,952	17,963	2,581	6,270	2,902
ASSETS LIMITED OR RESTRICTED AS TO USE									
Held by trustees under bond indenture agreements	621	-	621	-	803	542	-	260	-
By board	-	-	-	-	5,189	3,750	1,250	-	-
By donors	63	63	-	-	643	-	-	-	643
Total assets limited or restricted as to use	684	63	621	-	6,635	4,292	1,250	260	643
PROPERTY AND EQUIPMENT - NET	7,761	2,292	970	1,499	45,667	17,927	13,398	11,843	2,539
PREPAID PENSION ASSET	35	28	7	-	17	6	3	2	6
OTHER ASSETS	1,703	234	4	1,466	7,258	7,136	119	20	13
TOTAL ASSETS	$ 63,348	$ 12,409	$ 3,678	$ 47,261	$ 91,379	$ 47,264	$ 17,651	$ 18,355	$ 6,103

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

LIABILITIES AND NET ASSETS	Total Home Care	Home Care: EVNA Consolidated	Home Care: Senior Care Connection	Home Care: Community Hospice Consolidated	Total Housing	Housing: Beverwyck	Housing: Glen Eddy	Housing: Hawthorne Ridge	Housing: Marjorie Doyle Rockwell Ctr
CURRENT LIABILITIES									
Current portion of long-term debt	$ -	$ -	$ -	$ -	$ 1,356	$ 500	$ 501	$ 295	$ -
Accounts payable	4,333	794	913	2,596	730	333	243	96	58
Accrued expenses	68	-	-	68	2,737	1,517	1,097	93	-
Salary, wages and related liabilities	5,261	2,801	132	2,028	1,633	111	713	774	155
Estimated payables to third party payors	3,504	625	391	2,488	171	179	-	-	-
Total current liabilities	13,166	4,220	1,436	7,180	6,849	2,781	2,111	708	213
LONG-TERM DEBT - Net of current portion	-	-	-	-	20,179	3,203	8,989	7,990	-
NOTES PAYABLE TO CHE TRINITY INC - Net of current portion	-	-	-	-	385	256	-	129	-
ACCRUED PENSION AND RETIREE HEALTH COSTS	-	-	-	-	1	-	-	-	1
DEFERRED REVENUE FROM ENTRANCE FEES	-	-	-	-	46,283	26,159	11,521	5,633	-
OTHER LONG-TERM LIABILITIES	3,770	940	2,952	878	8,054	2,666	1,701	3,669	18
Total liabilities	16,936	5,160	4,388	8,058	80,691	34,935	24,322	18,129	232
NET ASSETS									
Total unrestricted net assets	45,336	7,433	(6,603)	38,503	11,750	11,507	(9,846)	121	9,968
Temporarily restricted net assets	131	293	26	118	627	287	176	18	166
Permanently restricted net assets	645	63	-	582	1,308	541	16	17	734
Total net assets	46,112	7,789	(6,577)	39,203	13,685	12,335	(9,654)	156	10,868
TOTAL LIABILITIES AND NET ASSETS	$ 63,348	$ 12,949	$ 3,678	$ 47,261	$ 94,379	$ 47,270	$ 14,668	$ 18,285	$ 11,103

The accompanying notes are an integral part of the consolidated financial statements.

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

		Home Care				Housing			
	Total Home Care	EVNA Consolidated	Senior Care Connection	Community Hospice Consolidated	Total Housing	Beverwyck	Glen Eddy	Hawthorne Ridge	Marjorie Doyle Rockwell Ctr
UNRESTRICTED REVENUE									
Patient service revenue, net of contractual and other allowances	[illegible]	[illegible]	$ -	[illegible]	[illegible]	[illegible]	$ -	$ -	$ -
Provision for bad debts	[illegible]	[illegible]	11	110	8	17	[illegible]	[illegible]	[illegible]
Net patient service revenue less provision for bad debts	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	11	-
Capitation revenue	[illegible]	-	[illegible]		-	-	-	-	-
Net assets released from restrictions	[illegible]	[illegible]	1	[illegible]	[illegible]	26	[illegible]	[illegible]	[illegible]
Other revenue	[illegible]	69	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1,115
Total unrestricted revenue	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
EXPENSES									
Salaries and wages	[illegible]	26,978	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Employee benefits	[illegible]	[illegible]	1,098	[illegible]	[illegible]	805	[illegible]	[illegible]	[illegible]
Contract labor	[illegible]	[illegible]	-	13	[illegible]	[illegible]	-	-	11
Total labor expenses	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Supplies	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Purchased services	16,848	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	828	[illegible]
Depreciation and amortization	[illegible]	[illegible]	208	519	[illegible]	[illegible]	[illegible]	856	[illegible]
Occupancy	[illegible]	[illegible]	[illegible]	[illegible]	1,719	638	[illegible]	[illegible]	[illegible]
Interest	-	-	-	-	[illegible]	[illegible]	[illegible]	191	-
Other	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total expenses	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
OPERATING INCOME (LOSS) BEFORE OTHER ITEMS	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	113	[illegible]	[illegible]
IMPAIRMENT CHARGE	[illegible]	-	-	[illegible]	-	-	-	-	-
RESTRUCTURING CHARGE	-	-	-	-	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
OPERATING INCOME (LOSS)	[illegible]	[illegible]	566	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NON-OPERATING ITEMS									
Earnings on investments in corporate pooled investment program	[illegible]	[illegible]	-	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Investment income (losses) - marketable securities (local investments only)	[illegible]	[illegible]	1	[illegible]	112	[illegible]	[illegible]	[illegible]	1
Change in market value and cash payments of interest rate swaps	-	-	-	-	[illegible]	[illegible]	-	[illegible]	
Total non-operating items	[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]

The accompanying notes are an integral part of the consolidated financial statements.

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

		Home Care				Housing			
	Total Home Care	EVNA Consolidated	Senior Care Connection	Community Hospice Consolidated	Total Housing	Beverwyck	Glen Eddy	Hawthorne Ridge	Marjorie Doyle Rockwell Ctr
UNRESTRICTED NET ASSETS									
Excess (deficiency) of revenue over expenses	$ 2,405	$ (666)	$ 670	$ 2,501	$ 4,033	$ 2,791	$ 203	$ 336	$ 1,107
Net assets released from restrictions for capital acquisitions	-	-	-	-	348	30	51	265	3
Transfers to CHE Trinity Inc	629	88	213	298	35	14	7	9	5
Other	-	-	-	-	137	3	1	134	1
Increase (decrease) in unrestricted net assets	3,034	(578)	883	2,799	4,553	2,836	261	744	1,112
TEMPORARILY RESTRICTED NET ASSETS									
Contributions	285	112	4	169	185	86	51	27	31
Net investment gain	-	-	-	-	102	38	63	1	-
Net assets released from restrictions	(555)	(349)	(11)	(205)	(425)	(56)	(531)	(283)	(38)
Other	-	-	-	-	(702)	30	(801)	69	3
Increase (decrease) in temporarily restricted net assets	(270)	(237)	(7)	(36)	(1,840)	58	(1,218)	(186)	(4)
PERMANENTLY RESTRICTED NET ASSETS									
Contributions for endowment funds	-	-	-	-	32	10	10	12	-
Net investment gain	-	-	-	-	15	15	-	-	-
Increase in permanently restricted net assets	-	-	-	-	47	25	10	12	-
INCREASE (DECREASE) IN NET ASSETS	2,764	(815)	876	2,763	2,760	2,919	(947)	570	1,108
NET ASSETS - July 1, 2013	43,638	8,603	(1,396)	36,431	9,985	9,816	(9,237)	(384)	9,790
NET ASSETS - June 30, 2014	$ 46,402	$ 7,788	$ (520)	$ 39,194	$ 12,685	$ 12,735	$ (10,184)	$ 186	$ 10,898

The accompanying notes are an integral part of the consolidated financial statements

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

	Physicians		Foundations		
ASSETS	SPHP Medical Associates	Total Foundations	NEH Foundation	Seton Foundation	SPH Foundation
CURRENT ASSETS					
Cash and cash equivalents	$ 389	$ (1531)	$ (1808)	$ 247	$ 108
Investments	-	1,693	-	1,693	-
Investment in CHE Trinity Inc. corporate pooled investment program	-	1,917	705	-	1,239
Assets limited or restricted as to use	-	3,895	2,553	90	1,351
Patient accounts receivable, net of allowance for doubtful accounts	1,010	-	-	-	-
Other receivables	3,593	5	-	-	5
Receivables from affiliates	(28,581)	(1781)	(1771)	(11)	161
Inventories	25	8	8	-	-
Prepaid expenses and other current assets	616	67	36	9	22
Total current assets	(13,949)	7,281	2,371	2,038	2,922
ASSETS LIMITED OR RESTRICTED AS TO USE					
By board	-	5,902	-	-	5,902
By donors	-	19,761	13,610	5,393	2,658
Total assets limited or restricted as to use		25,663	13,610	5,393	8,560
PROPERTY AND EQUIPMENT - Net	6,859	128	30	57	28
GOODWILL	3,171	-	-	-	-
PREPAID PENSION ASSET	-	2	2	-	-
OTHER ASSETS	742	-	-	-	-
TOTAL ASSETS	$ (3,177)	$ 33,121	$ 15,963	$ 7,648	$ 11,510

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

	Physicians		Foundations		
LIABILITIES AND NET ASSETS	SPHP Medical Associates	Total Foundations	NEH Foundation	Seton Foundation	SPH Foundation
CURRENT LIABILITIES					
Accounts payable	$ 2,351	$ 127	$ 12	$ 1	$ 111
Accrued expenses	10	15	20	-	25
Salary, wages and related liabilities	6,678	173	70	-	105
Total current liabilities	9,039	315	102	1	242
OTHER LONG TERM LIABILITIES	54	1,175	1,174	-	1
Total liabilities	9,093	1,520	1,276	1	243
NET ASSETS					
Total unrestricted net assets	(12,270)	9,032	(196)	2,147	7,081
Temporarily restricted net assets	-	19,664	11,998	3,480	4,186
Permanently restricted net assets	-	2,925	2,885	20	-
Total net assets	(12,270)	31,601	14,687	5,647	11,267
TOTAL LIABILITIES AND NET ASSETS	$ (3,177)	$ 33,121	$ 15,963	$ 5,648	$ 11,510

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

	Physicians		Foundations		
	SPHP Medical Associates	Total Foundations	NEH Foundation	Seton Foundation	SPH Foundation
UNRESTRICTED REVENUE					
Patient service revenue, net of contractual and other allowances	$ 74,586	$ -	$ -	$ -	$ -
Provision for bad debts	2,677	-	-	-	-
Net patient service revenue less provision for bad debts	71,909	-	-	-	-
Net assets released from restrictions	-	3,937	1,101	222	2,611
Other revenue	11,372	1,857	162	514	1,181
Total unrestricted revenue	83,281	5,794	1,263	736	3,795
EXPENSES					
Salaries and wages	73,383	1,311	613	-	701
Employee benefits	8,694	205	100	-	105
Contract labor	1	-	-	-	-
Total labor expenses	82,078	1,516	713	-	806
Supplies	1,970	364	80	23	261
Purchased services	10,008	535	195	247	63
Depreciation and amortization	847	16	6	2	8
Occupancy	5,485	117	43	31	67
Interest	-	27	-	-	27
Other	2,056	438	139	111	188
Total expenses	105,444	3,013	1,176	414	1,420
OPERATING INCOME (LOSS)	(22,163)	2,781	87	322	2,375
NON-OPERATING ITEMS					
Earnings on investments in corporate pooled investment program	-	57	-	-	57
Investment income - marketable securities (local investments only)	-	570	81	175	314
Total non-operating items	-	627	81	175	371
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	$ (22,163)	$ 3,408	$ 168	$ 497	$ 2,746

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

	Physicians		Foundations		
	SPHP Medical Associates	Total Foundations	NEH Foundation	Seton Foundation	SPH Foundation
UNRESTRICTED NET ASSETS					
Excess (deficiency) of revenue over expenses	$ (22,163)	$ 3,575	$ 668	$ 163	$ 2,746
Net assets released from restrictions for capital acquisitions	-	1,098	-	-	1,098
Transfers to CHE Trinity Inc	-	(7,161)	255	18	(7,434)
Other	2,400	(1,176)	(538)	(642)	4
Decrease in unrestricted net assets	(19,763)	(3,664)	(112)	(461)	(3,091)
TEMPORARILY RESTRICTED NET ASSETS					
Contributions	-	5,672	4,434	110	1,128
Net investment gain	-	296	296	-	-
Net assets released from restrictions	-	(5,735)	(4,104)	(222)	(1,409)
Other	-	2,948	2,203	632	113
Increase in temporarily restricted net assets	-	3,881	2,829	820	832
PERMANENTLY RESTRICTED NET ASSETS					
Contributions for endowment funds	-	33	33	-	-
Other	-	(163)	(163)	-	-
Decrease in permanently restricted net assets	-	(130)	(130)	-	-
INCREASE (DECREASE) IN NET ASSETS	(19,763)	451	2,287	659	(2,997)
NET ASSETS – July 1, 2013	7,493	31,651	12,400	2,905	14,264
NET ASSETS – June 30, 2014	$ (12,270)	$ 32,101	$ 14,687	$ 3,564	$ 11,267

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

ASSETS	Total Other	Other									
		The Eddy	Northeast Health	St Peter's Health Partners	Samaritan Child Care Ctr	Seton Auxiliary	St Peter's Auxiliary	Affiliated Mgmt Srvc Corp	Eddy Property Services	Samaritan MOB	Seton Real Property Holdings
CURRENT ASSETS											
Cash and cash equivalents	$ 17,838	$ 4,109	$ -	$ 10,715	$ 160	$ 27	$ 284	$ 171	$ 2,275	$ 225	$ 18
Investments	732	706	-	-	-	-	-	-	26	-	-
Investment in CHE Trinity Inc. corporate pooled investment program	5,789	2,785	-	1,885	-	-	-	-	1,119	-	-
Assets limited or restricted as to use	219	49	192	-	8	-	-	-	-	-	-
Other receivables	5,115	201	963	3,813	33	9	7	3,890	74	7	6
Receivables from affiliates	16,311	651	37	17,381	(3)	(59)	4,181	167	89	72	60
Inventories	70	-	-	-	-	25	45	-	-	-	-
Prepaid expenses and other current assets	838	-	42	721	29	3	7	3	23	11	3
Total current assets	301,000	7,777	1,241	12,502	226	55	325	3,819	3,636	309	167
ASSETS LIMITED OR RESTRICTED AS TO USE											
Self-insurance benefit plans and other	2,937	-	2,937	-	-	-	-	-	-	-	-
By bond	1,430	40	1,209	-	-	-	-	-	183	-	-
Total assets limited or restricted as to use	4,367	40	4,146	-	-	-	-	-	183	-	-
PROPERTY AND EQUIPMENT - Net	96,886	-	8	88,520	10	-	-	1,735	6,451	1,770	389
GOODWILL	314	-	-	314	-	-	-	-	-	-	-
PREPAID PENSION ASSET	7,214	-	-	7,212	2	-	-	-	-	-	-
OTHER ASSETS	18,623	15,519	1,036	792	-	-	-	-	1,226	-	-
TOTAL ASSETS	$ 157,504	$ 23,336	$ 6,430	$ 109,110	$ 232	$ 55	$ 325	$ 5,554	$ 9,547	$ 2,079	$ 556

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

LIABILITIES AND NET ASSETS	Total Other	Other									
		The Eddy	Northeast Health	St. Peter's Health Partners	Samaritan Child Care Ctr	Seton Auxiliary	St. Peter's Auxiliary	Affiliated Mgmt Srvc Corp	Eddy Property Services	Samaritan MOB	Seton Real Property Holdings
CURRENT LIABILITIES											
Current portion of long-term debt	$ 22	$ -	$ -	$ -	$ -	$ -	$ -	$ 22	$ -	$ -	$ -
Accounts payable	5,491	4	31	3,071	13	1	26	2,130	119	1	39
Accrued expenses	8,178	-	106	8,013	48	5	3	-	6	-	-
Salary, wages and related liabilities	6,868	(2)	-	6,777	86	-	7	-	-	-	-
Total current liabilities	20,559	2	131	17,861	147	19	36	2,152	155	1	39
LONG-TERM DEBT—Net of current portion	2,948	-	-	-	-	-	-	-	1,359	1,589	-
ACCRUED PENSION AND RETIREE HEALTH COSTS	15,921	-	-	15,921	-	-	-	-	-	-	-
OTHER LONG-TERM LIABILITIES	10,281	-	6,147	862	14	-	-	3,117	-	111	-
Total liabilities	33,196	2	6,278	18,134	161	19	36	5,279	1,514	1,731	39
NET ASSETS											
Total unrestricted net assets	123,613	23,051	(104)	91,306	56	36	289	275	7,983	348	467
Temporarily restricted net assets	699	283	350	-	15	-	-	-	50	-	-
Total net assets	124,312	23,334	182	91,306	71	36	289	275	8,033	348	467
TOTAL LIABILITIES AND NET ASSETS	$ 157,508	$ 23,336	$ 6,460	$ 109,440	$ 232	$ 55	$ 325	$ 5,554	$ 9,547	$ 2,079	$ 506

The accompanying notes are an integral part of the consolidated financial statements.

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

		Other								
	Total Other	The Eddy	Northeast Health	St Peter's Health Partners	Samaritan Child Care Ctr	Seton Auxiliary	St Peter's Auxiliary	Affiliated Mgmt Srvc Corp	Eddy Property Services	Samaritan MOB	Seton Real Property Holdings
UNRESTRICTED REVENUE											
Provision for bad debts	$ 35	$ -	$ -	$ -	$ 35	$ -	$ -	$ -	$ -	$ -	$ -
Net patient service revenue less provision for bad debts	(35)	-	-	-	(35)	-	-	-	-	-	-
Net assets released from restrictions	15	-	15	-	-	-	-	-	-	-	-
Other revenue	54,258	1,585	1,128	17,049	1,490	171	708	104	843	689	191
Total unrestricted revenue	54,238	1,585	1,143	17,049	1,455	171	708	104	843	689	191
EXPENSES											
Salaries and wages	17,926	15	20	16,773	944	-	109	-	21	8	
Employee benefits	3,880	-	1,068	2,568	224	-	22	-	3	1	
Total labor expenses	21,806	15	1,088	19,341	1,168	-	131	-	24	9	-
Supplies	578	-	-	19	111	-	395	-	23	-	-
Purchased services	24,580	-	18	24,124	108	25	24	4	161	111	2
Depreciation and amortization	6,138	-	123	5,615	3	-	-	115	339	20	48
Occupancy	1,700	-	-	1,588	54		2	-	41	285	130
Interest	143	-	25	-	-	-	-	4	-	7	-
Other	2,069	819	6	867	51	111	17	101	33	21	38
Total expenses	57,014	861	1,135	51,184	1,495	139	569	268	621	529	218
OPERATING INCOME (LOSS)	(2,776)	724	8	(1,135)	(40)	32	139	111	222	160	(27)
NON-OPERATING ITEMS											
Earnings on investments in corporate pooled investment program	595	284	-	191	-	-	-	-	120		-
Investment income (losses) - marketable securities (local investments only)	302	284	4	(161)	(5)	-	-	-	36	(1)	-
Gain from early extinguishment of debt	1,765	-	-	1,765	-	-	-	-	-	-	-
Other - including income taxes	(67)	-	-	-	-	-	-	(62)	-	-	-
Total non-operating items	2,540	568	4	1,880	(5)	-	-	(62)	156	(1)	-
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	$ (236)	$1,289	$ 12	$(2,255)	$ (45)	$ 32	$139	$ 82	$378	$159	$(27)

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

		Other									
	Total Other	The Eddy	Northeast Health	St Peter's Health Partners	Samaritan Child Care Ctr	Seton Auxiliary	St Peter s Auxiliary	Affiliated Mgmt Srvc Corp	Eddy Property Services	Samaritan MOB	Seton Real Property Holdings
UNRESTRICTED NET ASSETS											
Excess (deficiency) of revenue over expenses	$ (256)	$ 1,289	$ 12	$ (2,255)	$ (15)	$ 32	$ (39)	$ 82	$ 378	$ 159	$ (27)
Transfers to CHE Trinity Inc	(148)	(1,611)	-	378	1	(5)	(100)	-	6	-	-
Opening balance sheet adjustment CHE Trinity Inc	-	-	-	-	-	-	-	-	-	-	-
Net change in retirement plan related items	7,168	-	-	7,168	-	-	-	-	-	-	-
Other	(407)	-	20	(831)	-	(1)	-	-	-	(298)	-
Increase (decrease) in unrestricted net assets	6,377	828	32	5,260	(15)	(44)	(39)	82	384	(136)	(27)
TEMPORARILY RESTRICTED NET ASSETS											
Contributions	24	3	13	-	8	-	-	-	-	-	-
Net assets released from restrictions	(15)	-	(15)	-	-	-	-	-	-	-	-
Other	(19)	-	(13)	-	(6)	-	-	-	-	-	-
Increase (decrease) in temporarily restricted net assets	(10)	3	(15)	-	2	-	-	-	-	-	-
PERMANENTLY RESTRICTED NET ASSETS											
Other	-	-	-	-	-	-	-	-	-	-	-
Increase in permanently restricted net assets	-	-	-	-	-	-	-	-	-	-	-
INCREASE (DECREASE) IN NET ASSETS	6,367	831	17	5,260	(39)	(44)	39	82	384	(136)	(27)
NET ASSETS—July 1, 2013	117,945	22,500	135	86,046	110	80	250	193	7,649	484	498
NET ASSETS—June 30, 2014	$ 124,312	$ 23,331	$ 152	$ 91,306	$ 71	$ 36	$ 289	$ 275	$ 8,033	$ 348	$ 471

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

		Eliminations				
ASSETS	Total Eliminations	Northeast Eliminations	Seton Eliminations	SPHCS Eliminations	SPHP Eliminations	Eddy Affiliates Eliminations
CURRENT ASSETS						
Cash and cash equivalents	$ (596)	$ -	$ -	$ -	$ (596)	$ -
Assets limited or restricted as to use	596	-	-	-	596	-
Patient accounts receivable, net of allowance for doubtful accounts	(1,327)	-	-	-	(1,327)	-
Other receivables	(8,745)	(765)	(3,967)	-	(3,782)	(231)
Receivables from affiliate	3	3	-	-	-	-
Prepaid expenses and other current assets	(7,301)	(2)	-	-	(7,298)	(1)
Total current assets	(17,370)	(764)	(3,967)	-	(12,407)	(232)
PROPERTY AND EQUIPMENT - Net	-	-	-	-	-	-
OTHER ASSETS	(128,857)	(16,809)	(3,379)	(11,215)	(77,693)	(19,761)
TOTAL ASSETS	$ (146,197)	$ (17,573)	$ (7,346)	$ (11,215)	$ (90,100)	$ (19,993)

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2014

		Eliminations				
LIABILITIES AND NET ASSETS	Total Eliminations	Northeast Eliminations	Seton Eliminations	SPHCS Eliminations	SPHP Eliminations	Eddy Affiliates Eliminations
CURRENT LIABILITIES						
Current portion of long-term debt	$ (3,983)	$ -	$ (22)	$ -	$ (3,089)	$ (792)
Accounts payable	(5,377)	-	(1,358)	-	(2,019)	-
Accrued expenses	(7,299)	-	-	-	(7,299)	-
Total current liabilities	(16,659)	-	(1,380)	-	(12,407)	(792)
LONG TERM DEBT - Net of current portion	(89,629)	(1,589)	-	-	(77,693)	(10,347)
OTHER LONG TERM LIABILITIES	(11,710)	231	(3,117)	-	-	(8,824)
Total liabilities	(117,918)	(1,358)	(4,497)	-	(90,100)	(19,963)
NET ASSETS						
Total unrestricted net assets	(7,944)	(2)	(839)	(7,093)	-	-
Temporarily restricted net assets	(16,997)	(12,875)	-	(4,122)	-	-
Permanently restricted net assets	(3,338)	(3,338)	-	-	-	-
Total net assets	(28,279)	(16,215)	(839)	(11,215)	-	-
TOTAL LIABILITIES AND NET ASSETS	$ (146,197)	$ (17,573)	$ (5,336)	$ (11,215)	$ (90,100)	$ (19,963)

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

		Eliminations				
	Total Eliminations	Northeast Eliminations	Seton Eliminations	SPHCS Eliminations	SPHP Eliminations	Eddy Affiliates Eliminations
UNRESTRICTED REVENUE						
Patient service revenue, net of contractual and other allowances	$ (14,646)	$ (991)	$ -	$ -	$ (4,082)	$ (137)
Net patient service revenue less provision for bad debts	(14,646)	(991)	-	-	(4,082)	(137)
Net assets released from restrictions	(2,394)	-	(301)	(2,364)	-	-
Other revenue	(57,226)	(2,068)	(478)	(1,325)	(52,147)	(1,208)
Total unrestricted revenue	(61,266)	(3,059)	(508)	(3,689)	(56,229)	(1,681)
EXPENSES						
Salaries and wages	296	-	296	-	-	-
Employee benefits	(1,239)	(1,124)	(63)	(181)	(21)	150
Total labor expenses	(943)	(1,124)	359	(181)	(21)	150
Supplies	(567)	(523)	-	-	-	(44)
Purchased services	(51,012)	(431)	(354)	(677)	(49,775)	(1,995)
Occupancy	(3,288)	(396)	(478)	-	(1,871)	(643)
Interest	(674)	(77)		-	(334)	(263)
Other	(5,137)	(121)	(101)	(1)	(1,193)	(3,813)
Total expenses	(61,621)	(2,700)	(428)	(859)	(56,175)	(1,944)
OPERATING INCOME (LOSS)	(2,645)	11	(301)	(2,835)	(54)	263
NON-OPERATING ITEMS						
Investment income (losses)—marketable securities	(339)	(77)	-	-	1	(263)
Other, including income taxes	(49)	-	(149)	-	-	100
Total non-operating items	(388)	(77)	(149)	-	1	(263)
DEFICIENCY OF REVENUE OVER EXPENSES	$ (3,033)	$ (66)	$ (79)	$ (2,835)	$ (53)	$ 100

The accompanying notes are an integral part of the consolidated financial statements

(Continued)

ST. PETER'S HEALTH PARTNERS ALBANY, NY
(A Member of CHE Trinity Inc.)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2014

		Eliminations				
	Total Eliminations	Northeast Eliminations	Seton Eliminations	SPHCS Eliminations	SPHP Eliminations	Eddy Affiliates Eliminations
UNRESTRICTED NET ASSETS						
Deficiency of revenue over expenses	$ (13,033)	$ (661)	$ (39)	$ (2,835)	$ (53)	$ -
Transfers to CHE Trinity Inc	6,816	62	30	(6,366)	55	-
Other	(13)	41	-	-	(2)	-
Increase (decrease) in unrestricted net assets	(6,230)	(558)	(9)	(9,201)	-	-
TEMPORARILY RESTRICTED NET ASSETS						
Contributions	(3,823)	(1,429)	(30)	(2,364)	-	-
Net investment loss	(2)	(2)	-	-	-	-
Net assets released from restrictions	2,393	-	30	2,363	-	
Other	(1,575)	(1,051)	-	(524)	-	-
Decrease in temporarily restricted net assets	(3,006)	(2,482)	-	(525)	-	-
PERMANENTLY RESTRICTED NET ASSETS						
Contributions for endowment funds	(31)	(31)	-	-	-	-
Other	(305)	(305)	-	-	-	-
Decrease in permanently restricted net assets	(336)	(336)	-	-	-	-
INCREASE (DECREASE) IN NET ASSETS	(9,572)	(3,376)	(39)	(9,726)	-	-
NET ASSETS—July 1, 2013	(28,707)	(13,395)	(800)	(14,312)	-	-
NET ASSETS—June 30, 2014	$ (38,279)	$ (16,771)	$ (839)	$ (24,038)	$ -	$ -

The accompanying notes are an integral part of the consolidated financial statements

(Concluded)