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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST FRANCIS MEDICAL CENTER TRENTON NJ Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 601 HAMILTON AVENUE City or town, state or province, country, and ZIP or foreign postal code TRENTON, NJ 08629 F Name and address of principal officer CHRISTINE STEPHENSON 601 HAMILTON AVENUE TRENTON, NJ 08629	D Employer identification number 22-3431049 E Telephone number (609) 599-5000 G Gross receipts \$ 124,435,910
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928
J Website: ▶ STFRANCISMEDICAL.ORG		L Year of formation 1874 M State of legal domicile NJ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities HEALTH CARE SERVICES				
2	Check this box <input type="checkbox"/> 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		12	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		9	
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		1,311	
6	Total number of volunteers (estimate if necessary)	6		70	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		430,281	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		241,596	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	295,300		730,986	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,634,349		120,932,260	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,613		61,830	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,275,325		2,650,660	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,126,993		52,646,958	
	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)	36,996,489		83,429,481	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	64,123,482		136,076,439		
19 Revenue less expenses Subtract line 18 from line 12	-4,852,895		-11,700,703		
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	85,015,045		89,482,370	
	21 Total liabilities (Part X, line 26)	75,268,497		87,161,960	
22 Net assets or fund balances Subtract line 21 from line 20	9,746,548		2,320,410		

Part II Signature Block

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

Sign Here	***** Signature of officer	2015-05-12 Date			
	MARK KELLY CFO, TREASURER Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
WE, ST FRANCIS MEDICAL CENTER AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A
COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES

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 \$ 124,165,118 including grants of \$) (Revenue \$ 122,086,442)
THE ST FRANCIS MEDICAL CENTER IS A MEDICAL, SURGICAL AND TEACHING HOSPITAL LOCATED IN TRENTON, NEW JERSEY IT OPERATES 238 LICENSED BEDS
AND PROVIDES THE ONLY STATE RECOGNIZED CARDIAC SURGERY PROGRAM IN MERCER COUNTY ST FRANCIS MEDICAL CENTER IS DEDICATED TO PROVIDING
THE HIGHEST QUALITY HEALTHCARE TO THE MANY DIFFERENT COMMUNITIES OF THE GREATER TRENTON AREA AND BEYOND ST FRANCIS MEDICAL CENTER IS A
PARTNER IN THE TRENTON HEALTH TEAM, AS PART OF A COLLABORATIVE EFFORT WITH OTHER HEALTHCARE ORGANIZATIONS IN THE TRENTON AREA TO IMPROVE
THE HEALTH STATUS OF THE POPULATION AS WELL AS TO FURTHER THE EFFORTS OF THE HEALTH INSURANCE EXCHANGE

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

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

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

4e Total program service expenses 124,165,118

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 213		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,311		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	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		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ MARK KELLY 601 HAMILTON AVENUE
 TRENTON, NJ 08629 (609) 599-5119

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			
(1) CHRISTINE STEPHENSON INTERIM PRESIDENT & CEO AS OF 9/13	40 00 10 00	X		X			276,111	0	7,610	
(2) GERARD JABLONOWSKI PRESIDENT & CEO THROUGH 9/13	40 00 10 00	X		X			0	921,348	358,084	
(3) DAVID KNOWLTON CHAIR	1 00 0 00	X		X			0	0	0	
(4) BRIAN BENNETT VICE CHAIR	1 00 1 00	X		X			0	0	0	
(5) SIMI BAKSHI DIRECTOR	1 00 1 00	X					0	0	0	
(6) SAMUEL FRISBY DIRECTOR	1 00 0 00	X					0	0	0	
(7) MARY GEARY DIRECTOR	1 00 0 00	X					0	0	0	
(8) SR LILLIAN HARRINGTON DIRECTOR	1 00 0 00	X					0	0	0	
(9) ZAKARIA MANIYA DIRECTOR	1 00 0 00	X					0	0	0	
(10) WALTER NOLAN DIRECTOR	2 00 0 00	X					11,620	0	0	
(11) DENNIS NUGENT DIRECTOR	1 00 0 00	X					160	0	0	
(12) JOSEPH YOUNGBLOOD IIPHD DIRECTOR	1 00 0 00	X					0	0	0	
(13) COLLEEN WOODS DIRECTOR	1 00 0 00	X					0	0	0	
(14) MARK KELLY VP FINANCE, CFO, TREASURER	40 00 10 00			X			252,922	0	29,889	
(15) ELIZABETH JOVOVICH ASST TO THE PRESIDENT, SECRETARY	40 00 2 00			X			68,829	0	9,534	
(16) JUDITH DIBARTOLO VP EMERG/AMB SVCS	40 00 0 00				X		197,125	0	21,479	
(17) MARY ANNE SUTTLES SR VP/CNO	40 00 0 00				X		186,701	0	18,351	

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			
(18) JUDITH ROTTKAMP VP CLINICAL/PROF SVCS	40 00 0 00				X			181,812	0	29,790
(19) C JAMES ROMANOMD VP MEDICAL AFFAIRS	40 00 0 00				X			313,589	0	20,737
(20) FREDRIC SEINFELDMD PHYSICIAN	40 00 0 00					X		493,238	0	26,136
(21) DESPINA TERRISMD PHYSICIAN	40 00 0 00					X		398,609	0	23,459
(22) CHARLES KOSOSKYMD PHYSICIAN	40 00 0 00					X		388,848	0	10,233
(23) SALMAN MUDDASSIRMD PHYSICIAN	40 00 0 00					X		193,315	0	22,021
(24) RAJI GREWAL PHYSICIAN	40 00 0 00					X		180,533	0	26,514
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,143,412	921,348	603,837

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 **57**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CENTER FOR FAMILY GUIDANCE PC PO BOX 306 MARLTON NJ 080560306	PSYCHIATRY SERVICES	1,701,599
SODEXO INC 9801 WASHINGTONIAN BLVD GAITHERSBURG MD 20878	DIETARY & ENVIRONMENTAL	1,292,291
CHAMBERS EMERGENCY ASSOCIATES 66 WEST GILBERT STREET RED BANK NJ 07701	ER PHYSICIANS	1,149,812
RADIOLOGY AFFILIATES 3625 QUAKERBRIDGE ROAD HAMILTON NJ 08619	RADIOLOGY SERVICES	924,524
CENTRAL JERSEY IPA 3131 PRINCETON PIKE TRENTON NJ 08648	THIRD PARTY ADMINISTRATOR	650,000

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 **70**

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	82,132				
	e	Government grants (contributions) 1e	648,854				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		730,986			
Program Service Revenue	2a	NET PATIENT SVC REV	622110	120,660,762	120,660,762		
	b	EDUCATION REVENUE	611600	271,498	271,498		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		120,932,260			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		61,830		61,830	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	527,974			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	527,974			
	d	Net rental income or (loss)		527,974		527,974	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss)					
	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	58,391				
		b Less cost of goods sold b	60,174				
		c Net income or (loss) from sales of inventory		-1,783		-1,783	
Miscellaneous Revenue		Business Code					
11a	GOV'T SUBSIDY-EHR	900099	954,982	954,982			
b	CAFETERIA REVENUE	722514	540,006		540,006		
c	UBI-LAB & PTRSHIP INC	621500	430,281		430,281		
d	All other revenue		199,200	199,200			
e	Total. Add lines 11a-11d		2,124,469				
12	Total revenue. See Instructions		124,375,736	122,086,442	430,281	1,128,027	

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.	2,589,167		2,589,167	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	50,572	50,572		
7	Other salaries and wages.	39,923,081	38,095,573	1,827,508	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	559,639	557,786	1,853	
9	Other employee benefits.	5,948,720	5,453,858	494,862	
10	Payroll taxes.	3,575,779	3,218,201	357,578	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	182,377	164,139	18,238	
c	Accounting.	18,170	16,353	1,817	
d	Lobbying.	45,000		45,000	
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).	30,585,570	27,567,514	3,018,056	
12	Advertising and promotion.	270,595	243,535	27,060	
13	Office expenses.	4,336,443	3,902,799	433,644	
14	Information technology.				
15	Royalties.				
16	Occupancy.	3,793,379	3,414,041	379,338	
17	Travel.	88,937	80,043	8,894	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	924,623	832,161	92,462	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	5,613,893	5,052,504	561,389	
23	Insurance.	1,759,841	1,583,857	175,984	
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	INTERCO PURCHASED SVCS	5,722,961	5,150,665	572,296	
b	BAD DEBT	4,273,440	3,846,096	427,344	
c	UBI TAXES	77,796		77,796	
d	MEDICAL SUPPLIES EXP	17,726,107	17,726,107		
e	All other expenses	8,010,349	7,209,314	801,035	
25	Total functional expenses. Add lines 1 through 24e.	136,076,439	124,165,118	11,911,321	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing		1	37,357
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,430,666	4	11,961,878
	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	227,525	7	319,666
	8 Inventories for sale or use	1,921,909	8	2,385,787
	9 Prepaid expenses and deferred charges	2,548,607	9	2,486,620
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 59,814,142		
	b Less accumulated depreciation	10b 27,721,126	39,446,106	10c 32,093,016
	11 Investments—publicly traded securities	250,258	11	5,820,034
	12 Investments—other securities See Part IV, line 11	2,547,904	12	5,161,162
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	1,716,832	14	1,696,992
	15 Other assets See Part IV, line 11	23,925,238	15	27,519,858
16 Total assets. Add lines 1 through 15 (must equal line 34)	85,015,045	16	89,482,370	
Liabilities	17 Accounts payable and accrued expenses	36,736,066	17	21,726,336
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	16,527,788	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	22,004,643	25	65,435,624
	26 Total liabilities. Add lines 17 through 25	75,268,497	26	87,161,960
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,710,561	27	1,284,423
	28 Temporarily restricted net assets	475,812	28	475,812
	29 Permanently restricted net assets	560,175	29	560,175
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,746,548	33	2,320,410	
34 Total liabilities and net assets/fund balances	85,015,045	34	89,482,370	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	124,375,736
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,076,439
3	Revenue less expenses Subtract line 2 from line 1	3	-11,700,703
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,746,548
5	Net unrealized gains (losses) on investments	5	292,292
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	3,982,273
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,320,410

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST FRANCIS MEDICAL CENTER TRENTON NJ

Employer identification number
22-3431049

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

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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 ST FRANCIS MEDICAL CENTER TRENTON NJ

Employer identification number

22-3431049

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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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													
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-														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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?	Yes		15,992
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		45,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			60,992
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	ST FRANCIS MEDICAL CENTER HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED ST FRANCIS MEDICAL CENTER WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES ST FRANCIS MEDICAL CENTER ALSO PAID A LOBBYIST TO ENGAGE IN PROFESSIONAL LOBBYING ACTIVITES ON BEHALF OF THE HOSPITAL ON RELEVANT HEALTHCARE ISSUES INCLUDING CHARITY CARE, MEDICAID, AND OTHER HEALTHCARE LEGISLATIVE ISSUES ST FRANCIS MEDICAL CENTER MADE NO CONTRIBUTIONS TO ANY LEGISLATORS OR CANDIDATES

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization ST FRANCIS MEDICAL CENTER TRENTON NJ

Employer identification number 22-3431049

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Year (2a-2d). Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a-2 regarding art and historical treasures.

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

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

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

Table with 3 columns: Description (3a(i), 3a(ii)), Yes, No

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	1,098,120	F
(B) HEDGE FUNDS	1,647,179	F
(C) EQUITY METHOD INVESTMENTS	2,415,863	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	5,161,162	

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) INTERCOMPANY ACCOUNTS RECEIVABLE	23,534,733
(2) OTHER LONG-TERM ASSETS	2,710,678
(3) INVESTMENT IN UNCONSOL AFFILIATES	1,274,447
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	27,519,858

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	
INTERCOMPANY ACCOUNTS PAYABLE	801,278
INTERCOMPANY OTHER LT LIABILITIES	872,372
INTERCOMPANY NOTES PAYABLE	60,536,469
OTHER CURRENT LIABILITIES	1,756,746
LT ASSET RETIREMENT OBLIGATION	1,308,150
MISC PAYABLES	160,609
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	65,435,624

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	ENDOWMENTS HELD BY ST FRANCIS MEDICAL CENTER FOUNDATION, INC FOR THE BENEFIT OF ST FRANCIS MEDICAL CENTER ARE REPORTED ON THE FORM 990 OF THE FOUNDATION

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ST FRANCIS MEDICAL CENTER TRENTON NJ

Employer identification number 22-3431049

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? 1b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy... 3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? 3b Did the organization use FPG as a factor in determining eligibility for providing 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c 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 eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Financial Assistance and Means-Tested Government Programs (a-k) and Other Benefits (e-k).

Part II Community Building Activities Complete this table 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						
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						

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 Healthcare Financial Management Association Statement No. 15?	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		
			677,446
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		
			0
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	29,622,382
6	Enter Medicare allowable costs of care relating to payments on line 5	6	32,148,732
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-2,526,350
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	Yes	
9b	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	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 1 CENTRAL NEW JERSEY HEART SERVICES LLC	CARDIAC CATH LAB MANAGEMENT	59.760 %		25.440 %
2 2 RENAL CENTER OF TRENTON LLC	RENAL DIALYSIS SERVICES	29.000 %	15.000 %	
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

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)

SAINT FRANCIS MEDICAL CENTER TRENTON NJ

Name of hospital facility or facility reporting group _____

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 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
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	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	Yes	
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>HTTP://WWW.TRENTONHEALTHTEAM.ORG/THT/</u>		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> 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		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)?		No
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	11 Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12 Yes	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input checked="" type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14 Yes	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
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	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> 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

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?

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)

	Yes	No
19	Yes	

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?

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?

If "Yes," explain in Part VI

21		No
22		No

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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
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 3C	IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS

Form and Line Reference	Explanation
PART I, LINE 6A	SAINT FRANCIS MEDICAL CENTER 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, SAINT FRANCIS MEDICAL CENTER INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND 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 IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE FOLLOWING NUMBER, \$4,273,440, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25 PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F)

Form and Line Reference	Explanation
PART III, LINE 2	METHODOLOGY USED FOR LINE 2 - BAD DEBT EXPENSE REPORTED ON LINE 2 IS SHOWN AT COST AND WAS CALCULATED USING A COST TO CHARGE RATIO METHODOLOGY 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	SAINT FRANCIS MEDICAL CENTER USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR CHARITY (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED SAINT FRANCIS MEDICAL CENTER IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL THEREFORE, SAINT FRANCIS MEDICAL CENTER IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL

Form and Line Reference	Explanation
PART III, LINE 4	SAINT FRANCIS MEDICAL CENTER 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 REGIONAL HEALTH MINISTRY 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	SAINT FRANCIS MEDICAL CENTER 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 PART III, LINE 8 COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT

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	ST FRANCIS MEDICAL CENTER 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	<p>ST FRANCIS MEDICAL CENTER 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, ST FRANCIS MEDICAL CENTER 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 OBLIGATIONS ST FRANCIS MEDICAL CENTER COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT 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 ST FRANCIS MEDICAL CENTER 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, REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL ST FRANCIS MEDICAL CENTER HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS ST FRANCIS MEDICAL CENTER 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</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>ST FRANCIS MEDICAL CENTER IS LOCATED IN TRENTON, NEW JERSEY AND SERVES ALL OF MERCER COUNTY. MERCER COUNTY IS COMPRISED OF THIRTEEN MUNICIPALITIES. THE COUNTY HAS A BROAD RANGE OF SOCIOECONOMIC STATUSES AND RACIAL/ETHNIC IDENTITIES. IT IS THE ELEVENTH LARGEST COUNTY IN NEW JERSEY WITH A POPULATION OF 366,513. ST FRANCIS MEDICAL CENTER SERVES NOT ONLY MERCER COUNTY BUT ITS SERVICE AREA EXTENDS INTO PARTS OF HAMILTON, EWING AND LAWRENCE TOWNSHIP. IN ORDER TO BETTER UNDERSTAND THE DIFFERENCES OF THE POPULATION OF TRENTON WHEN COMPARED TO MERCER COUNTY, THE CLARITAS REPORT BECAME A VALUABLE TOOL. CLARITAS, INC IS A MARKET RESEARCH COMPANY THAT DETERMINES A COMMUNITY NEEDS SCORE FOR EVERY ZIP CODE UNIFORMLY ACROSS THE ENTIRE UNITED STATES. THE COMMUNITY NEEDS SCORE IS A COMPOSITE VALUE DERIVED FROM SCORES ON THE FOLLOWING FIVE PERCEIVED BARRIERS TO HEALTH STATUS: INCOME BARRIER, CULTURAL BARRIER, EDUCATION BARRIER, INSURANCE BARRIER, AND HOUSING BARRIER. EACH OF THESE FIVE BARRIERS WAS ASSESSED FOR ALL MERCER COUNTY ZIP CODES, ON A ONE TO FIVE SCALE, WHERE ONE REPRESENTS THE LOWEST NEED AND FIVE REPRESENTS THE HIGHEST. WHEN COMPARED WITH OTHER MERCER COUNTY COMMUNITIES, TRENTON RATED THE HIGHEST ON EACH OF THE FIVE HEALTH STATUS INDICATORS. THERE IS A LARGE MINORITY POPULATION IN TRENTON. BLACKS COMPRISE 46.33 PERCENT OF THE SIX ZIP CODES AND HISPANICS COMPRISE 18.54 PERCENT. IN TRENTON, PEOPLE ARE GENERALLY YOUNGER THAN IN THE REST OF THE COUNTY AND THE STATE. THE HIGHEST PERCENTAGE OF THE POPULATION IS 25-44 YEARS OLD. TWENTY-FIVE PERCENT ARE UNDER 18 YEARS OF AGE. THE INCOME LEVEL OF TRENTON RESIDENTS ARE FAR BELOW THOSE FOUND IN THE REMAINING AREAS OF MERCER COUNTY. IT IS ESTIMATED THAT 25.6 PERCENT OF THE RESIDENTS OF TRENTON LIVE BELOW THE NATIONAL POVERTY LEVEL (NATIONAL LEVEL = 9.5 PERCENT). EDUCATION WITHIN MERCER COUNTY HAS BEEN DESCRIBED AS A MAJOR ASSET. THERE ARE SIX NATIONALLY RECOGNIZED COLLEGES AND UNIVERSITIES LOCATED WITHIN THE COUNTY. EQUAL ACCESS DOES NOT OCCUR AND IS RECOGNIZED AS A MAJOR DISPARITY. IN TRENTON, APPROXIMATELY ELEVEN PERCENT OF THE POPULATION IS A COLLEGE GRADUATE. IN MERCER COUNTY THE PERCENTAGE IS CLOSER TO FORTY. THE PERCENTAGE OF HIGH SCHOOL GRADUATES FOR EACH OF THE SIX ZIP CODES RANGE FROM 52.93 PERCENT TO 73.84 PERCENT. LANGUAGE BARRIERS IN TRENTON ARE DIVERSE AND COMPLEX. IN NEW JERSEY, 29.2 PERCENT OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME, IN TRENTON THE PERCENTAGE INCREASES TO 35.4.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ACCESS TO COORDINATED PRIMARY HEALTH CARE FOR ALL AGE GROUPS IS A SERIOUS SERVICE GAP IN THE CITY OF TRENTON LANGUAGE, SOCIO-ECONOMIC AND CULTURAL BARRIERS FURTHER EXACERBATE THIS ACCESS DILEMMA ADDITIONALLY, LACK OF PAID SICK TIME ALSO SERVES AS AN ACCESS BARRIER TO CARE MANY INDIVIDUALS IN THE COMMUNITY CANNOT SCHEDULE DAY TIME MEDICAL APPOINTMENTS BECAUSE THEY CANNOT AFFORD TIME-OFF FROM WORK HEARING THE VOICE OF THE COMMUNITY, ST FRANCIS MEDICAL CENTER EXPANDED ITS CLINIC HOURS TO INCLUDE EVENING AND WEEKEND HOURS, THEREBY IMPROVING ACCESS TO CARE SFMC HAS DUALY PARTNERED WITH THE TRENTON SCHOOL DISTRICT AND HEALTHTEACHER IN AN EFFORT TO IMPROVE THE HEALTH OF THE CITIES SCHOOL AGE CHILDREN HEALTHTEACHER IS AN ONLINE RESOURCE OF HEALTH EDUCATION CURRICULA INCLUDING LESSONS, INTERACTIVE PRESENTATIONS AND RESOURCES TO INTEGRATE HEALTH INTO THE CLASSROOM LAST YEAR 1,900 SCHOOL AGE CHILDREN, GRADES K-5, BENEFITED FROM THE PROGRAM ST FRANCIS MEDICAL CENTER OFFERS FREE SCREENINGS AT A VARIETY OF COMMUNITY AND FAITH-BASED EVENTS WITHIN TRENTON AND THE SURROUNDING COMMUNITIES THE CENTER OFFERS COMMUNITY EDUCATIONAL SESSIONS ON A VARIETY OF MEDICAL TOPICS AS PART OF OUR FOCUS ON WELLNESS AND PREVENTION THIS PAST YEAR OUR EDUCATION SESSIONS HAVE FOCUSED ON DIABETES, HEART HEALTH, AND CHOLESTEROL AND BREAST CANCER STAFF CONTINUALLY ASSESS THE EDUCATIONAL NEEDS OF THE COMMUNITY AND DEVELOP ADDITIONAL TOPICS AS NEEDED SUBSTANCE ABUSE IS A SPECIFIC HEALTH CHALLENGE FOR THE CITY OF TRENTON TO HELP IDENTIFY INDIVIDUALS IN NEED OF TREATMENT, IN COLLABORATION WITH THT PARTNERS, SFMC INTRODUCED THE SBRT (SCREEN, BRIEF INTERVENTION AND REFERRAL FOR TREATMENT) PROGRAM INTO ITS CLINIC AND EMERGENCY ROOM THE PROGRAM HAS BEEN SUCCESSFUL IN IDENTIFYING AND LINKING INDIVIDUALS TO NEEDED SERVICES LIFE ST FRANCIS IS A PROGRAM FOR THE ALL INCLUSIVE CARE OF THE ELDERLY (PACE) THE PROGRAM IS DESIGNED TO ASSIST SENIORS WITH RESIDING IN THE COMMUNITY BY COORDINATING ALL OF THEIR MEDICAL CARE WITH THE ASSISTANCE OF A TEAM OF HEALTH CARE PROFESSIONALS THIS PROGRAM IMPROVES THE HEALTH OF ITS PARTICIPANTS AND ENHANCES THE OVERALL HEALTH OF THE COMMUNITY THROUGH COLLABORATION WITH A LARGE NUMBER OF FAITH-BASED COMMUNITIES, SFMC FAITH COMMUNITY NURSING INITIATIVE HAS PROVIDED HEALTH SCREENINGS AND EDUCATION TO A VARIETY OF FAITH-COMMUNITIES WITHIN THE CITY OF TRENTON WE ARE ALSO LOOKING TO ASSIST THESE COMMUNITIES WITH IDENTIFYING AND TRAINING CONGREGANTS TO BE FAITH COMMUNITY NURSES AS AN ORGANIZATION, ST FRANCIS HAS COMMITTED RESOURCES FOR MEMBERSHIP FOR BOTH THE EXECUTIVE BOARD OF THT AND MEMBERSHIP ON THE CAB AND REPRESENTATION ON THE PRIORITY TEAMS FOR CHRONIC DISEASE, BEHAVIORAL HEALTH/SUBSTANCE ABUSE AND HEALTH DISPARITIES/LITERACY</p>

Form and Line Reference	Explanation
PART VI, LINE 6	ST FRANCIS MEDICAL CENTER TRENTON NJ 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: 22-3431049

Name: ST FRANCIS MEDICAL CENTER TRENTON NJ

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
SAINT FRANCIS MEDICAL CENTER TRENTON NJ	PART V, SECTION B, LINE 3 RECOGNIZING THE UNIQUE NATURE OF THE CITY OF TRENTON, AND UTILIZING THE DATA FROM THE CLARITAS REPORT, THE TRENTON HEALTH TEAM (THT), OF WHICH ST FRANCIS MEDICAL CENTER IS A LEADING MEMBER, WAS TO LOOK SPECIFICALLY AT THE SIX ZIP CODES THAT LIE WITHIN THE CITY BOUNDARIES (08608, 08609, 08611, 08618, 08629, AND 08634) THT'S COLLABORATIVE APPROACH HAS ALLOWED FOR A MORE COMPLETE PICTURE OF THE CITY'S HEALTH NEEDS UTILIZING BOTH QUANTITATIVE AND QUALITATIVE DATA TO DEFINE THE EMERGING PRIORITIES OF TRENTON RESOURCES AVAILABLE INCLUDED MANY ROBUST PUBLISHED REPORTS AVAILABLE FOR REVIEW, AND COMMUNITY ADVISORY BOARD (CAB) MEMBERS PREVIOUSLY WRITTEN CHNA REPORTS WERE ADDITIONAL TOOLS UTILIZED TO ASSESS NEW, OLD AND ONGOING PRIORITIES ONCE THE AVAILABLE QUALITATIVE AND QUANTITATIVE DATA WAS AGGREGATED, THT CONTRACTED PEOPLE IMPROVING COMMUNITIES THROUGH ORGANIZING (PICO) TO ASSIST IN THE NEXT PHASE OF THE PROCESS ASSURING COMMUNITY ENGAGEMENT DATA FROM THE 30 FORUMS (REPRESENTING OVER 200 PEOPLE) HELD THROUGHOUT THE CITY AND OVER 300 ONE-ONE INTERVIEWS WERE ANALYZED FOR VERIFICATION AND VALIDATION WHEN THE DATA FOR THE SIX ZIP CODES WAS COMBINED, PRIORITIES BEGAN TO EMERGE MEMBERS OF THE COMMUNITY ADVISORY BOARD, BOARD OF DIRECTORS FOR THREE OF THE PARTNERS AND CITY COUNCIL WERE CONSULTED AND APPROVED IDENTIFICATION OF THE PRIORITIES THE IDENTIFIED PRIORITIES WERE SHARED WITH THE COMMUNITY AT A CITY-WIDE FORUM THAT WAS OPEN TO ALL BUT FOCUSING ON THE COMMUNITY RESIDENTS WHO PARTICIPATED IN THE INTERVIEWS AND FORUMS WITH THE ENGAGEMENT OF MULTIPLE STAKEHOLDERS, IT WAS FELT THAT BY COMPLETING A UNIFIED CHNA FOR THE CITY OF TRENTON, THE DISPARITIES AND POOR HEALTH OUTCOMES EXPERIENCED BY THE CITY HAD A BETTER CHANCE OF IMPROVING RESULTS FROM THE CHNA WERE USED BY THE TRENTON HEALTH TEAM TO DRIVE THE DEVELOPMENT OF THE COMMUNITY HEALTH IMPROVEMENT PLAN EACH CHNA HEALTH PRIORITY WAS ASSIGNED TO A COMMUNITY LEADER WHO WILL LEAD THAT PRIORITY'S IMPROVEMENT INITIATIVE, GUIDED BY THE CHIP STEERING TEAM METRICS FOR EACH OF THE CHIP PRIORITIES HAVE BEEN DEVELOPED AND CAN BE FOUND IN THE UNIFIED CHIP PLAN, WHICH IS AVAILABLE ON THE TRENTON HEALTH TEAM AND ST FRANCIS MEDICAL CENTER WEBSITE ST FRANCIS MEDICAL CENTER HAS BEGUN TO IMPLEMENT PROGRAMS AND STRATEGIES RELATED TO THE ESTABLISHED GOALS AND OBJECTIVES OF THE CHIP PLAN IT HAS AN ACTIVE ROLE IN INCLUDING CHRONIC DISEASE AND OBESITY, SUBSTANCE ABUSE AND BEHAVIORAL HEALTH, AND HEALTH LITERACY AND DISPARITIES

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
SAINT FRANCIS MEDICAL CENTER TRENTON NJ	PART V, SECTION B, LINE 4 CAPITAL HEALTH REGIONAL MEDICAL 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
SAINT FRANCIS MEDICAL CENTER TRENTON NJ	PART V, SECTION B, LINE 5D THT HELD A PRESS CONFERENCE WITH MEMBERS OF THE LOCAL NEWSPAPERS ON 7/24/13NEWSPAPER ARTICLES APPEARED IN ALL THE LOCAL PUBLICATIONS NJ SPOTLIGHTTHT'S WEB SITEST FRANCIS MEDICAL CENTER'S WEB SITECOPIES WERE DISTRIBUTED TO THE COMMUNITY ADVISORY MEMBERSCOPIES TO AGENCIES REPRESENTING THE MERCER COUNTY CHNACOPIES ARE LOCATED IN THE ST FRANCIS MEDICAL CENTER LIBRARY, ADMINISTRATION, AND THE MARKETING DEPARTMENT

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
SAINT FRANCIS MEDICAL CENTER TRENTON NJ	PART V, SECTION B, LINE 7 AS NOTED IN THE CHNA, TRENTON'S HEALTH CHALLENGES ARE NUMEROUS SOME OF THOSE CHALLENGES, WHILE BEYOND THE SCOPE OF THE CURRENT CHNA AND THEREFORE NOT A PRIMARY FOCUS OF THE CHIP, BEAR MENTIONING IN ORDER TO FULLY UNDERSTAND THE PICTURE OF HEALTH IN TRENTON ADDITIONAL FACTORS IMPACTING HEALTH OUTCOMES IN THE CITY INCLUDE -HIV/AIDS AND HEPATITIS C -TEEN PREGNANCY AND POOR BIRTH OUTCOMES -SEXUALLY TRANSMITTED DISEASES -LEAD POISONING -OTHER CHRONIC CONDITIONS SUCH AS ASTHMA -TRANSPORTATION EFFORTS ARE CURRENTLY UNDER WAY TO ADDRESS THESE ISSUES, WHICH MAY ULTIMATELY OVERLAP WITH SOME OF OUR CHIP INITIATIVES WE WILL CONTINUE TO ACKNOWLEDGE THE IMPACT OF THESE ISSUES, AS APPLICABLE, WHILE WE FOCUS ON THE EMERGING PRIORITIES IDENTIFIED BY OUR QUANTITATIVE DATA AND COMMUNITY ENGAGEMENT EFFORTS

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
SAINT FRANCIS MEDICAL CENTER TRENTON NJ	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 EXAMPLES OF PRESUMPTIVE CASES INCLUDE DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS

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
SAINT FRANCIS MEDICAL CENTER TRENTON NJ	PART V, SECTION B, LINE 14G DUE TO THE COMPLEXITY OF THE POLICY, COPIES OF THE FULL POLICY ARE ONLY PROVIDED ON REQUEST STATEMENTS PROVIDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THE NUMBER(S) TO CALL ARE PROVIDED TO PATIENTS AT PRE-REGISTRATION, REGISTRATION, ON THE HOSPITAL WEBSITE, POSTINGS IN REGISTRATION AREAS AND ADMISSIONS OFFICES, AND INCLUDED ON ALL BILLING STATEMENTS SENT TO THE PATIENT

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
SAINT FRANCIS MEDICAL CENTER-PART V,SECTION B,LINE 5A	HTTP //WWW STFRANCISMEDICAL ORG/ABOUT/COMMUNITY-OUTREACH ASPX

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ST FRANCIS MEDICAL CENTER TRENTON NJ

Employer identification number

22-3431049

Part I Questions Regarding Compensation

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

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	ST FRANCIS MEDICAL CENTER TRENTON NJ'S FORMER CEO WAS PAID DIRECTLY BY A RELATED ORGANIZATION, CATHOLIC HEALTH EAST. CATHOLIC HEALTH EAST USED ONE OR MORE OF THE METHODS DESCRIBED BELOW TO ESTABLISH THE COMPENSATION OF ST FRANCIS MEDICAL CENTER TRENTON NJ'S FORMER CEO - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT IN CALENDAR 2013. THIS AMOUNT IS INCLUDED IN COLUMN B(III) GERARD JABLONOWSKI - \$316,521. IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES \$316,524 OF SEVERANCE FOR GERARD JABLONOWSKI WHICH WAS UNPAID AS OF 12/31/13. OF THE \$316,524 TOTAL, \$85,218 WAS PAID AND INCLUDED IN GERARD JABLONOWSKI'S TAXABLE INCOME IN 2014, AND \$231,306 WILL BE PAID AND INCLUDED IN HIS TAXABLE INCOME IN 2015. PART II THE FOLLOWING INDIVIDUAL IS VESTED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING VESTED SERP AMOUNT IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II GERARD JABLONOWSKI - \$94,440

Additional Data

Software ID:
Software Version:
EIN: 22-3431049
Name: ST FRANCIS MEDICAL CENTER TRENTON NJ

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				
CHRISTINE STEPHENSON INTERIM PRESIDENT & CEO AS OF 9/13	(i)	232,846	0	43,265	6,824	786	283,721	0
	(ii)	0	0	0	0	0	0	0
GERARD JABLONOWSKI PRESIDENT & CEO THROUGH 9/13	(i)	0	0	0	0	0	0	0
	(ii)	282,586	201,037	437,725	335,499	22,585	1,279,432	0
MARK KELLY VP FINANCE, CFO, TREASURER	(i)	251,988	0	934	6,803	23,086	282,811	0
	(ii)	0	0	0	0	0	0	0
JUDITH DIBARTOLO VP EMERG/AMB SVCS	(i)	196,490	0	635	8,989	12,490	218,604	0
	(ii)	0	0	0	0	0	0	0
MARY ANNE SUTTLES SR VP/CNO	(i)	185,648	0	1,053	5,464	12,887	205,052	0
	(ii)	0	0	0	0	0	0	0
JUDITH ROTTKAMP VP CLINICAL/PROF SVCS	(i)	180,837	0	975	9,005	20,785	211,602	0
	(ii)	0	0	0	0	0	0	0
C JAMES ROMANOMD VP MEDICAL AFFAIRS	(i)	311,530	0	2,059	7,430	13,307	334,326	0
	(ii)	0	0	0	0	0	0	0
FREDRIC SEINFELDMD PHYSICIAN	(i)	490,184	0	3,054	2,500	23,636	519,374	0
	(ii)	0	0	0	0	0	0	0
DESPINA TERRISMD PHYSICIAN	(i)	396,777	0	1,832	7,625	15,834	422,068	0
	(ii)	0	0	0	0	0	0	0
CHARLES KOSOSKYMD PHYSICIAN	(i)	383,727	0	5,121	2,500	7,733	399,081	0
	(ii)	0	0	0	0	0	0	0
SALMAN MUDDASSIRMD PHYSICIAN	(i)	193,188	0	127	1,489	20,532	215,336	0
	(ii)	0	0	0	0	0	0	0
RAJI GREWAL PHYSICIAN	(i)	179,804	0	729	4,211	22,303	207,047	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization ST FRANCIS MEDICAL CENTER TRENTON NJ

Employer identification number

22-3431049

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ALAN JOVOVICH	FAMILY MEMBER OF ELIZABETH JOVOVICH, OFFICER	50,572	EMPLOYMENT ARRANGEMENT		No
(2) RENAL CENTER OF TRENTON LLC (RCT)	ZAKARIA MANIYA, DIRECTOR IS A >5% OWNER OF RCT	182,700	PARTNERSHIP DISTRIBUTIONS MADE BY RCT TO ST FRANCIS MED CTR (SFMC IS A 29% PARTNER IN RCT)		No
(3) RENAL CENTER OF TRENTON LLC (RCT)	ZAKARIA MANIYA, DIRECTOR IS A >5% OWNER OF RCT	380,480	PAYMENTS MADE BY ST FRANCIS MED CTR TO RCT FOR MEDICAL SERVICES RENDERED		No
(4) RENAL CENTER OF TRENTON LLC (RCT)	ZAKARIA MANIYA, DIRECTOR IS A >5% OWNER OF RCT	103,496	RENTAL INCOME RECEIVED BY SFMC FROM RCT		No

Part V Supplemental Information

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

Return Reference	Explanation
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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.

2013

Open to Public Inspection

Name of the organization
ST FRANCIS MEDICAL CENTER TRENTON NJ

Employer identification number

22-3431049

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF ST FRANCIS MEDICAL CENTER TRENTON NJ IS CATHOLIC HEALTH EAST SEE LINE 7 FOR ADDITIONAL INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CATHOLIC HEALTH EAST IS THE SOLE MEMBER OF ST FRANCIS MEDICAL CENTER TRENTON NJ CATHOLIC HEALTH EAST HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF ST FRANCIS MEDICAL CENTER TRENTON NJ

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, CATHOLIC HEALTH EAST MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN AND ANNUAL OPERATING BUDGET. CATHOLIC HEALTH EAST MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A DISSOLUTION, A MATERIAL CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING, THE FORM 990 FOR SAINT FRANCIS MEDICAL CENTER IS REVIEWED BY SENIOR MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE FINANCE COMMITTEE. MEMBERS OF THE FINANCE COMMITTEE AND THE BOARD RECEIVE A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ST FRANCIS MEDICAL CENTER TRENTON NJ HAS ADOPTED CATHOLIC HEALTH EAST'S POLICY 103, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. ANNUALLY, ALL THOSE SERVING SAINT FRANCIS MEDICAL CENTER 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 BOARD CHAIR. SUMMARY INFORMATION IS REPORTED TO THE ENTIRE BOARD AND IS AVAILABLE TO THE BOARD THROUGHOUT THE YEAR AS BUSINESS COMES BEFORE THE BOARD OR MANAGEMENT FOR ACTION. THE POLICY CONTAINS A CONTINUING AFFIRMATIVE OBLIGATION ON ALL AFFECTED INDIVIDUALS TO DISCLOSE COMPENSATION OR OTHER CIRCUMSTANCES THROUGHOUT THE YEAR WHICH MAY RISE TO THE LEVEL OF AN ACTUAL OR APPARENT CONFLICT. THE DETERMINATION OF WHETHER A DISCLOSED FINANCIAL OR OTHER INTEREST CONSTITUTES A CONFLICT OF INTEREST IS MADE BY THE BOARD OR AN APPROPRIATE COMMITTEE THEREOF COMPRISED OF DISINTERESTED PERSONS AND WITHOUT THE PARTICIPATION OF THE AFFECTED INDIVIDUAL EXCEPT TO RESPOND TO QUESTIONS ABOUT THE DISCLOSURE. THE POLICY FURTHER ADDRESSES THE PROCEDURE FOR THE BOARD'S FURTHER CONSIDERATION OF THE PROPOSED TRANSACTION/MATTER WITHOUT THE PARTICIPATION OF THE AFFECTED PERSON AND THE DOCUMENTATION OF THE PROCEEDINGS. LASTLY, THE POLICY ADDRESSES POTENTIAL DISCIPLINARY ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE COMPENSATION FOR SAINT FRANCIS MEDICAL CENTER'S FORMER CHIEF EXECUTIVE OFFICER WAS ESTABLISHED BY CATHOLIC HEALTH EAST'S COMPENSATION COMMITTEE USING ONE OR MORE OF THE METHODS DESCRIBED IN SCHEDULE J, PART III FOR OTHER EMPLOYEES, SAINT FRANCIS MEDICAL CENTER HAS ADOPTED CATHOLIC HEALTH EAST'S PROCESS FOR DETERMINING COMPENSATION WHICH INCLUDES THE FOLLOWING THE BOARD HAS AN INDEPENDENT COMMITTEE REVIEW AND APPROVE ALL ELEMENTS OF REMUNERATION FOR ALL DISQUALIFIED PARTIES, AS WELL AS OTHER KEY MANAGEMENT THE BOARD/COMMITTEE HAS AN ESTABLISHED COMPENSATION PHILOSOPHY WHICH DETAILS THE OBJECTIVES OF MARKET POSITIONING AND PAY ELEMENTS THE COMMITTEE ENGAGES WITH EXTERNAL CONSULTANTS TO PROVIDE MARKET DATA COMPARING THE 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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	SAINT FRANCIS MEDICAL CENTER TRENTON NJ IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, SAINT FRANCIS MEDICAL CENTER TRENTON NJ INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE. SAINT FRANCIS MEDICAL CENTER'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>MEDICAL PROF FEES PROGRAM SERVICE EXPENSES 6,203,171 MANAGEMENT AND GENERAL EXPENSES 689,241 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,892,412 CONSULTING FEES PROGRAM SERVICE EXPENSES 1,881,642 MANAGEMENT AND GENERAL EXPENSES 209,071 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,090,713 COLLECTION SERVICES PROGRAM SERVICE EXPENSES 55,795 MANAGEMENT AND GENERAL EXPENSES 6,199 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 61,994 OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 19,402,248 MANAGEMENT AND GENERAL EXPENSES 2,110,805 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,513,053 RECRUITING EXPENSES PROGRAM SERVICE EXPENSES 24,658 MANAGEMENT AND GENERAL EXPENSES 2,740 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 27,398</p>

Return Reference	Explanation
FORM 990, PART XI, LINE 9	POOLING OF INTEREST 2,717,261 NET ASSETS RELEASED FROM RESTRICTIONS 271,729 EQUITY TRANSFERS FROM AFFILIATES 872,336 OTHER TRANSACTIONS 120,947

Return Reference	Explanation
FORM 990, PART XII, LINE 2	ST FRANCIS MEDICAL CENTER'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY 14 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ST FRANCIS MEDICAL CENTER TRENTON NJ

Employer identification number

22-3431049

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
(1) ST FRANCIS CENTER FOR DIGESTIVE DISEASES LLC 601 HAMILTON AVE TRENTON, NJ 08629 46-4021558	AMBULATORY SURGERY CENTER	NJ	0	0	ST FRANCIS MEDICAL CENTER TRENTON NJ

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

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

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p	Yes	
1q		No
1r	Yes	
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 VII Supplemental Information

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

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 22-3431049
Name: ST FRANCIS MEDICAL CENTER TRENTON NJ

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(1) ALLEGANY FRANCISCAN MINISTRIES INC 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	MANAGEMENT & SUPPORT SERVICES	FL	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH EAST	Yes	
(2) AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	PROVIDE HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(3) AUXILIARY OF HOLY ROSARY HOSPITAL 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	SUPPORTS SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
(4) BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	ACUTE/AMBULATORY HEALTHCARE SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(5) BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	LINE 11A, I	BAUM HARMON MERCY HOSPITAL	Yes	
(6) BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563	REAL ESTATE HOLDING	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
(7) BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	INDEPENDENT/ASSISTED LIVING RETIREMENT COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(8) BRIGHTSIDE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	BEHAVIORAL CARE	MA	501(C)(3)	LINE 9	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(9) CAPITAL REGION GERIATRIC CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597	NURSING HOME	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(10) CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES	MI	501(C)(3)	LINE 11B, II	TRINITY HEALTH-MICHIGAN	Yes	
(11) CATHOLIC HEALTH EAST 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 23-2929748	MANAGEMENT SERVICES	PA	501(C)(3)	LINE 11C, III-FI	CHE TRINITY INC	Yes	
(12) CHE TRINITY INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 90-0931907	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	N/A		No
(13) COLUMBUS ACQUISITION CORP 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAELS MEDICAL CENTER	Yes	
(14) 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	
(15) 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	
(16) 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	
(17) 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	
(18) 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	
(19) 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	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 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	
(1) 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	
(2) EMPIRE HOME INFUSION SERVICES INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME CARE	NY	501(C)(3)	LINE 9	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	
(3) 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	
(4) FRANCISCAN ELDERCARE CORPORATION PO BOX 2500 WILMINGTON, DE 19805 22-3008680	ELDERCARE	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	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) 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	
(7) 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	
(8) 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	
(9) 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
(10) 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	
(11) 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	
(12) HACKLEY HOSPITAL 1700 CLINTON ST PO BOX 3302 MUSKEGON, MI 49443 38-1358196	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	MERCY HEALTH PARTNERS	Yes	
(13) HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST PO BOX 3302 MUSKEGON, MI 49443 38-2299878	SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY	MI	501(C)(3)	LINE 11C, III-FI	MERCY HEALTH PARTNERS	Yes	
(14) HACKLEY LIFE COUNSELING 1352 TERRACE ST MUSKEGON, MI 49442 38-1386362	COUNSELING, EDUCATION, AND SUPPORT	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
(15) HAWTHORNE RIDGE INC 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	INDEPENDENT/ASSISTED LIVING RETIREMENT COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(16) HERITAGE HOUSE NURSING CENTER INC 2920 TIBBITS AVE TROY, NY 12180 14-1725101	NURSING HOME	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(17) HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48333 52-1945054	LONG-TERM CARE AND REHABILITATION FOR THE ELDERLY	MD	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
(18) HOLY CROSS HEALTH FOUNDATION INC 11801 TECH ROAD SILVER SPRING, MD 20904 20-8428450	CHARITABLE FUNDRAISING	MD	501(C)(3)	LINE 11A, I	HOLY CROSS HEALTH INC	Yes	
(19) HOLY CROSS HEALTH INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41) HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HOSPITAL-HEALTHCARE PROVIDER	FL	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(1) HOLY CROSS LONG TERM CARE INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0787320	MEDICAL SERVICES	FL	501(C)(3)	LINE 3	HOLY CROSS HOSPITAL INC	Yes	
(2) HOLY CROSS MEDICAL CENTER 20555 VICTOR PARKWAY LIVONIA, MI 48152 95-1985442	HEALTHCARE SERVICES (FORMERLY)	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(3) HOLY CROSS MEDICAL PROPERTIES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283	MEDICAL BUILDING REAL ESTATE MANAGEMENT	FL	501(C)(2)	N/A	HOLY CROSS HOSPITAL INC	Yes	
(4) HOME AIDE SERVICE OF EASTERN NEW YORK 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(5) HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE HEALTH CARE SERVICES	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(6) HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 11A, I	N/A		No
(7) HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(8) IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	PROVIDES OFFICE-BASED MEDICAL CARE	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(9) INTRACOASTAL HEALTH SYSTEMS INC 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 65-0556413	MANAGEMENT & SUPPORT SERVICES	PA	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH EAST	Yes	
(10) 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	
(11) 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	
(12) 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	
(13) 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	
(14) 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	
(15) 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	
(16) 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	
(17) 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	
(18) 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	
(19) 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	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(61) LOURDES 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	
(1) 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	
(2) 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	
(3) 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	
(4) 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	
(5) 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	
(6) 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	
(7) 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	
(8) 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	
(9) 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	
(10) MAXIS FOUNDATION 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 23-2330090	FUNDRAISING	PA	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM	Yes	
(11) MAXIS HEALTH SYSTEM 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTH CARE SYSTEM	PA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH EAST	Yes	
(12) MAXIS MEDICAL SERVICES 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 23-2577185	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	Yes	
(13) MCAULEY CENTER INC 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	INDEPENDENT LIVING	CT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC	Yes	
(14) MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTHCARE SERVICES (FORMERLY)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
(15) MCAULEY MINISTRIES 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	MANAGEMENT & SUPPORT SERVICES	PA	501(C)(3)	LINE 11A, I	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
(16) MEMORIAL HOSPITAL ALBANY NY 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	GENERAL HOSPITAL	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	
(17) MERCY AMICARE HOME HEALTHCARE OAKLAND 1111 WLONG LAKE RD STE 102 TROY, MI 48098 38-3320698	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(18) MERCY AMICARE HOME HEALTHCARE PORT HURON 505 HURON AVENUE PORT HURON, MI 48060 38-3320701	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(19) MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FUNDRAISING	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	

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						Yes
(81) MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1352191	ACUTE CARE HOSPITAL	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes
(1) MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	MANAGEMENT & SUPPORT SERVICES	CT	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH EAST	Yes
(2) MERCY COMMUNITY HOMECARE SERVICES 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1488137	IN HOME HEALTH CARE	CT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC	Yes
(3) MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH	PA	501(C)(3)	LINE 9	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes
(4) MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	SUPPORTS THE SERVICES OF RELATED HEALTH CARE SYSTEM	IL	501(C)(3)	LINE 11A, I	MERCY HEALTH SYSTEM OF CHICAGO	Yes
(5) MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 684 HARVEY STREET MUSKEGON, MI 49442 38-3321856	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes
(6) MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2829864	FUNDRAISING	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes
(7) MERCY HEALTH NETWORK 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTHCARE MANAGEMENT	DE	501(C)(3)	LINE 11A, I	N/A	No
(8) MERCY HEALTH PARTNERS 1415 LEAHY STREET MUSKEGON, MI 49442 38-2589966	HEALTHCARE SYSTEM SUPPORT	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes
(9) MERCY HEALTH PLAN C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 22-2483605	HEALTH PLANS	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes
(10) MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes
(11) MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes
(12) MERCY HEALTH SYSTEM OF CHICAGO LIABILITY SELF INSURANCE TRUST BK OF AMERICA 231 S LASALLE CHICAGO, IL 60697 91-2092113	SELF INSURANCE FOR PROFESSIONAL AND COMPREHENSIVE LIABILITY	IL	501(C)(3)	LINE 11C, III-FI	MERCY HEALTH SYSTEM OF CHICAGO	Yes
(13) MERCY HEALTH SYSTEM OF MAINE 144 STATE STREET PORTLAND, ME 04101 01-0484074	MANAGEMENT & SUPPORT SERVICES	ME	501(C)(3)	LINE 11C, III-FI	CATHOLIC HEALTH EAST	Yes
(14) MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2212638	MANAGEMENT & SUPPORT SERVICES	PA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH EAST	Yes
(15) MERCY HEALTHCARE CENTER 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	IN DISSOLUTION	NY	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes
(16) MERCY HEALTHCARE FOUNDATION-CLINTON 1410 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
(17) MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH	PA	501(C)(3)	LINE 9	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes
(18) MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	HOME HEALTH	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes
(19) MERCY HOSPITAL 144 STATE STREET PORTLAND, ME 04101 01-0211534	HOSPITAL	ME	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF MAINE	Yes

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						Yes	No
(101) MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTHCARE SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
(1) MERCY HOSPITAL CADILLAC FOUNDATION 400 HOBART CADILLAC, MI 49601 20-3357131	SUPPORT THE SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(2) MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	VOLUNTEER SERVICE AUXILIARY	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(3) MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	ACUTE CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(4) MERCY HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791034	HOSPITAL	FL	501(C)(3)	LINE 11C, III-FI	CATHOLIC HEALTH EAST	Yes	
(5) MERCY JEANNETTE HOSPITAL 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 25-1310602	INACTIVE ENTITY	PA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
(6) MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY TREATMENT	PA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
(7) MERCY LIFE OF ALABAMA PO BOX 1090 101 VILLA DRIVE DAPHNE, AL 36526 27-3163002	HOSPITAL	AL	501(C)(3)	LINE 3	MERCY MEDICAL CORPORATION	Yes	
(8) MERCY LIFE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	ACUTE CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(9) MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2627944	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(10) 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	
(11) MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(12) MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	LINE 11C, III-FI	N/A		No
(13) MERCY MEDICAL CORPORATION PO BOX 1090 101 VILLA DRIVE DAPHNE, AL 36526 63-6002215	HOSPITAL	AL	501(C)(3)	LINE 9	CATHOLIC HEALTH EAST	Yes	
(14) MERCY MEDICAL DEVELOPMENT INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-2789194	OUTPATIENT SERVICES	FL	501(C)(3)	LINE 9	MERCY HOSPITAL INC	Yes	
(15) MERCY MISSION SERVICES INC 3661 SOUTH MIAMI AVENUE MIAMI, FL 33133 65-0435764	HEALTH CARE	FL	501(C)(3)	LINE 3	MERCY HOSPITAL INC	Yes	
(16) MERCY NORTH HOMECARE AND HOSPICE 7985 MACKINAW TRAIL CADILLAC, MI 49601 38-3313897	HOME HEALTH AND HOSPICE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(17) MERCY ONCOLOGY SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	ONCOLOGY MEDICAL SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(18) MERCY OUTPATIENT SERVICES INC DBA SISTER EMMANUEL HOSPITAL 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 51-0461511	HOSPITAL	FL	501(C)(3)	LINE 9	MERCY HOSPITAL INC	Yes	
(19) 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	

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						Yes	No
(121) MERCY SERVICES CORPORATION 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1453323	SUPPORT SERVICES	CT	501(C)(3)	LINE 1	MERCY COMMUNITY HEALTH INC	Yes	
(1) 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	
(2) 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	
(3) 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	
(4) 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	
(5) 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	
(6) MERCYKNOLL INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0757380	SKILLED NURSING	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(7) MIDWEST MEDFLIGHT 1300 VICTORS WAY ANN ARBOR, MI 48108 38-2684671	AEROMEDICAL TRANSPORT	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(8) 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
(9) 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	
(10) 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	
(11) 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	
(12) 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	
(13) 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	
(14) 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	
(15) 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	
(16) 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	
(17) 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	
(18) 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	
(19) NAZARETH PHYSICIAN SERVICES INC ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 20-3261266	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	

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						Yes	No
(141) NE PHYSICIAN SERVICES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2497355	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 9	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(1) 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	
(2) 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	
(3) 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
(4) 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
(5) 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	
(6) 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	
(7) 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	
(8) 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	
(9) 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	
(10) 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	
(11) 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	
(12) 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	
(13) 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	
(14) 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	
(15) 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	
(16) 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	
(17) 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	
(18) 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	
(19) 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	

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						Yes	No
(161) 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	
(1) 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	
(2) 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	
(3) 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	
(4) 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	
(5) 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	
(6) 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	
(7) 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	
(8) 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	
(9) 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	
(10) 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	
(11) 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	
(12) 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	
(13) 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	
(14) 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	
(15) 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	
(16) 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	
(17) SAINT MICHAELS MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HOSPITAL	NJ	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(18) 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	
(19) SAMARITAN HOSPITAL OF TROY NEW YORK 2215 BURDETT AVE TROY, NY 12180 14-1338544	GENERAL HOSPITAL	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	

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						Yes	No
(181) SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(1) SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	SUPPORTING ORGANIZATION	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
(2) 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	
(3) SETON HEALTH FOUNDATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416	SUPPORTING ORGANIZATION	NY	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM INC	Yes	
(4) 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	
(5) 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	
(6) SISTERS OF PROVIDENCE HEALTH SYSTEM INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398374	MANAGEMENT & SUPPORT SERVICES	MA	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH EAST	Yes	
(7) 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	
(8) SSJ HEALTH FOUNDATION INC 3661 SOUTH MIAMI AVENUE MIAMI, FL 33133 59-1709438	FUNDRAISING	FL	501(C)(3)	LINE 7	MERCY HOSPITAL INC	Yes	
(9) 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	
(10) ST AGNES CONTINUING CARE CENTER ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2840137	CONTINUING CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(11) ST AGNES CONTINUING CARE CENTER FOUNDATION ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2415137	FUNDRAISING	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(12) ST FRANCIS FOUNDATION PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 11B, II	ST FRANCIS HOSPITAL	Yes	
(13) ST FRANCIS HOSPITAL PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HOSPITAL	DE	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(14) 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	
(15) 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	
(16) ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HOSPITAL	NJ	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST		No
(17) 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	
(18) 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	
(19) ST JAMES MERCY HOSPITAL 411 CANISTEO STREET HORNELL, NY 14843 16-0743310	HOSPITAL	NY	501(C)(3)	LINE 3	ST JAMES MERCY HEALTH SYSTEM INC	Yes	

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						Yes	No
(201) 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	
(1) 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	
(2) 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	
(3) 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	
(4) ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HOSPITAL	PA	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(5) 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	
(6) 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	
(7) 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	
(8) 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	
(9) 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	
(10) 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	
(11) ST PETER'S AUXILIARY 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2843206	AUXILIARY	NY	501(C)(3)	LINE 11A, I	ST PETER'S HEALTH CARE SERVICES	Yes	
(12) 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	
(13) 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	
(14) 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	
(15) 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	
(16) ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BLVD SUITE 114 ALBANY, NY 12208 22-2262982	FUNDRAISING & PUBLIC RELATIONS	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH CARE SERVICES	Yes	
(17) 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	
(18) SUNNYVIEW HOSPITAL & REHABILITATION CTR 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	REHABILITATION HOSPITAL	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	
(19) 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	

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						Yes	No
(221) 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	
(1) 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	
(2) THE MARJORIE DOYLE ROCKWELL CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	ADULT HOME/ALZHEIMERS	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(3) 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	
(4) 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	
(5) 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
(6) 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	
(7) 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	
(8) 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	
(9) TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(10) 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	
(11) 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	
(12) 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	
(13) 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	
(14) 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	
(15) 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	
(16) 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	
(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 IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
AFFILIATED MANAGEMENT SERVICES CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
CARBONDALE AREA PHYSICIANS' ASSOCIATION PC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801677	MEDICAL INSURANCE CONTRACTING	PA	N/A	C				Yes	
CARBONDALE AREA PHYSICIANS' PHO INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801676	INACTIVE	PA	N/A	C				Yes	
CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C				Yes	
GEORGIA HEALTH ENTERPRISES LLC 1230 BAXTER STREET ATHENS, GA 30606 54-1806329	HEALTHCARE	GA	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	
GHE PHYSICIANS PC 3500 PIEDMONT ROAD ATLANTA, GA 30305 58-2277939	PRACTICE MANAGEMENT	GA	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	
ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	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	
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	

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								Yes	No
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	
DIVERSIFIED COMMUNITY SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	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	
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST 1221 MAIN STREET ROOM 108 HOLYOKE, MA 01040 04-6608649	PROPERTY MANAGEMENT	MA	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	
SYSTEM COORDINATED SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-2938181	LAB SERVICES	MA	N/A	C				Yes	
LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629 26-1649038	HEALTH CARE SERVICES	NJ	ST FRANCIS MEDICAL CENTER TRENTON NJ	C	-2,297,234	3,328,749	100 000 %	Yes	

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								Yes	No
LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C				Yes	
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	OUTPATIENT PHARMACY	ID	N/A	C				Yes	
JEANNETTE MEDICAL PROVIDERS 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 25-1787334	HOLDING COMPANY	PA	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	
JEANNETTE OBGYN GROUP 1 INC 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 23-2890748	HOLDING COMPANY	PA	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	
JEANNETTE PRIMARY CARE GROUP 1 INC 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 23-2890743	HOLDING COMPANY	PA	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	

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 ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	PHYSICIANS	ID	N/A	C				Yes	
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI 49546 38-3450733	ATHLETIC CLUB	MI	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	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	
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS,	PA	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
CATHOLIC HEALTH EAST	M	5,722,961	PER BOOKS
CATHOLIC HEALTH EAST	P	121,669	PER BOOKS
LIFE ST FRANCIS CORPORATION	L	1,308,106	PER BOOKS
OUR LADY OF LOURDES HEALTH CARE SERVICES	M	1,058,659	PER BOOKS
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	M	418,120	PER BOOKS
ST FRANCIS MEDICAL CENTER FOUNDATION INC	C	82,132	PER BOOKS
TRINITY HEALTH CORPORATION	B	224,814	PER BOOKS
TRINITY HEALTH CORPORATION	E	45,500,000	PER BOOKS
TRINITY HEALTH CORPORATION	R	567,707	PER BOOKS

CHE Trinity Inc.

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

CHE TRINITY INC.

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
CHE Trinity Inc.
Livonia, Michigan

We have audited the accompanying consolidated financial statements of CHE Trinity Inc. and its subsidiaries (the "Corporation"), which comprise the consolidated balance sheet as of June 30, 2014, and the related consolidated statement of operations 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 did not audit the consolidated financial statements of Baycare Health System, the Corporation's investment in which is accounted for by the use of the equity method. The accompanying consolidated financial statements of the Corporation include its investment in the net assets of Baycare Health System of \$1,770,927 as of June 30, 2014, respectively, and its equity method income from Baycare Health System of \$288,196 for the year then ended. The consolidated financial statements of Baycare Health System for the year ended December 31, 2013, were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Baycare Health System, is based on the report of the other auditors and the procedures that we considered necessary in the circumstances with respect to the inclusion of the Corporation's equity investment and equity method income in the accompanying consolidated financial statements taking into consideration the differences in fiscal years.

We conducted our audits 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, based on our audits and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of CHE Trinity Inc. 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.

Deloitte & Touche LLP

October 3, 2014

CHE TRINITY INC.

CONSOLIDATED BALANCE SHEET

JUNE 30, 2014

(In thousands)

ASSETS

CURRENT ASSETS

Cash and cash equivalents	\$	901,282
Investments		3,231,318
Security lending collateral		187,882
Assets limited or restricted as to use - current portion		274,202
Patient accounts receivable, net of allowance for doubtful accounts of \$545.3 million		1,475,579
Estimated receivables from third-party payors		155,527
Other receivables		269,110
Inventories		206,226
Assets held for sale		207,989
Prepaid expenses and other current assets		140,359
Total current assets		<u>7,049,474</u>

ASSETS LIMITED OR RESTRICTED AS TO USE - Noncurrent portion

Held by trustees under bond indenture agreements		53,652
Self-insurance, benefit plans and other		672,537
By Board		2,891,790
By donors		308,572
Total assets limited or restricted as to use - noncurrent portion		<u>3,926,551</u>

PROPERTY AND EQUIPMENT - Net 6,592,913

INVESTMENTS IN UNCONSOLIDATED AFFILIATES 2,257,555

GOODWILL 153,773

OTHER ASSETS 452,923

TOTAL ASSETS \$ 20,433,189

LIABILITIES AND NET ASSETS**CURRENT LIABILITIES**

Commercial paper	\$	239,961
Short-term borrowings		1,123,620
Current portion of long-term debt		96,038
Accounts payable		685,748
Accrued expenses		275,960
Salaries, wages and related liabilities		656,467
Current portion of self-insurance reserves		197,040
Payable under security lending agreements		187,882
Liabilities held for sale		257,991
Estimated payables to third-party payors		323,546
		<hr/>
Total current liabilities		4,044,253

LONG-TERM DEBT - Net of current portion 3,619,237

SELF-INSURANCE RESERVES - Net of current portion 920,799

ACCRUED PENSION AND RETIREE HEALTH COSTS 727,873

OTHER LONG-TERM LIABILITIES

577,565

Total liabilities

9,889,727

NET ASSETS

Unrestricted net assets	10,125,003
Noncontrolling ownership interest in subsidiaries	38,090
Total unrestricted net assets	<hr/> 10,163,093
Temporarily restricted net assets	293,306
Permanently restricted net assets	87,063
Total net assets	<hr/> 10,543,462

TOTAL LIABILITIES AND NET ASSETS \$

20,433,189

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

CHE TRINITY INC.

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

UNRESTRICTED REVENUE:	
Patient service revenue, net of contractual and other allowances	\$ 12,395,306
Provision for bad debts	(620,011)
Net patient service revenue less provision for bad debts	11,775,295
Capitation and premium revenue	689,053
Net assets released from restrictions	28,366
Other revenue	1,093,765
Total unrestricted revenue	13,586,479
EXPENSES:	
Salaries and wages	5,870,246
Employee benefits	1,202,093
Contract labor	102,504
Total labor expenses	7,174,843
Supplies	2,153,313
Purchased services	1,494,036
Depreciation and amortization	707,707
Occupancy	581,579
Medical claims	284,449
Interest	159,228
Other	649,186
Total expenses	13,204,341
OPERATING INCOME BEFORE OTHER ITEMS	382,138
Pension curtailment gain	149,734
Pension settlement loss	(195,987)
Asset impairment charges	(91,279)
Restructuring costs	(45,720)
Consolidation costs	(42,856)
Litigation accrual	(36,448)
OPERATING INCOME	119,582
NONOPERATING ITEMS:	
Investment income	609,010
Equity in earnings of unconsolidated affiliates	265,815
Change in market value and cash payments of interest rate swaps	(25,514)
Other, including income taxes	(17,488)
Total nonoperating items	831,823
EXCESS OF REVENUE OVER EXPENSES	951,405
EXCESS OF REVENUE OVER EXPENSES ATTRIBUTABLE TO NONCONTROLLING INTEREST	(14,135)
EXCESS OF REVENUE OVER EXPENSES, net of noncontrolling interest	\$ 937,270

	Controlling Interest	Noncontrolling Interest	Total
UNRESTRICTED NET ASSETS			
Excess of revenue over expenses	\$ 937,270	\$ 14,135	\$ 951,405
Net assets released from restrictions for capital acquisitions	25,739	-	25,739
Net change in retirement plan related items - consolidated organizations	28,402	-	28,402
Net change in retirement plan related items - unconsolidated organizations	44,219	-	44,219
Other	13,934	(7,079)	6,855
Increase in unrestricted net assets before discontinued operations	1,049,564	7,056	1,056,620
Discontinued operations			
Loss from operations	(39,199)	-	(39,199)
Losses on substitutions of membership interests	(85,883)	-	(85,883)
Increase in unrestricted net assets	924,482	7,056	931,538
TEMPORARILY RESTRICTED NET ASSETS			
Contributions	68,354	-	68,354
Net investment gain	15,757	-	15,757
Net assets released from restrictions	(54,105)	-	(54,105)
Other	(6,354)	-	(6,354)
Increase in temporarily restricted net assets	23,652	-	23,652
PERMANENTLY RESTRICTED NET ASSETS			
Contributions for endowment funds	3,621	-	3,621
Net investment gain	2,858	-	2,858
Other	(12,094)	-	(12,094)
Increase in permanently restricted net assets	(5,615)	-	(5,615)
INCREASE IN NET ASSETS	942,519	7,056	949,575
NET ASSETS - July 1, 2013	9,562,853	31,034	9,593,887
NET ASSETS - June 30, 2014	\$ 10,505,372	\$ 38,090	\$ 10,543,462

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

CHE TRINITY INC.

CONSOLIDATED STATEMENT OF CASH FLOWS YEAR ENDED JUNE 30, 2014

(In thousands)

OPERATING ACTIVITIES

Increase in net assets	\$	949,575
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization		707,707
Provision for bad debts		620,011
Asset impairment charges		91,279
Asset impairment charge and other non-cash items - discontinued operations		37,022
Restructuring costs		30,892
Litigation accrual		36,448
Losses on substitutions of membership interests		85,883
Equity in earnings of unconsolidated affiliates		(320,639)
Deferred retirement items - consolidated organizations		(28,402)
Deferred retirement items - unconsolidated organizations		(44,219)
Change in net unrealized and realized gains on investments		(571,787)
Change in market values of interest rate swaps		13,359
Restricted contributions and investment income received		(26,510)
Other adjustments		11,657
Changes in		
Patient accounts receivable		(691,299)
Other assets		(59,010)
Accounts payable and accrued expenses		(30,734)
Estimated receivables from third-party payors		13,258
Estimated payables to third-party payors		(69,534)
Self-insurance reserves		73,341
Accrued pension and retiree health costs		(28,990)
Other liabilities		(600)
Net cash provided by operating activities of discontinued operations		(24,155)
Total adjustments		(175,022)
Net cash provided by operating activities		<u>774,553</u>

INVESTING ACTIVITIES:	
Purchases of investments	(3,107,406)
Proceeds from sales of investments	3,056,208
Purchases of property and equipment	(1,013,473)
Proceeds from disposal of property and equipment	14,047
Acquisitions	(3,768)
Dividends received from unconsolidated affiliates	39,551
Increase in assets limited as to use and other changes	(18,290)
Net cash used in investing activities of discontinued operations	(12,961)
Net cash used in investing activities	<u>(1,046,092)</u>
FINANCING ACTIVITIES:	
Proceeds from issuance of debt	664,194
Repayments of debt	(379,241)
Net decrease in commercial paper	(128,961)
Increase in financing costs and other	(3,655)
Proceeds from restricted contributions and restricted investment income	26,510
Net cash used in investing activities of discontinued operations	(4,395)
Net cash provided by financing activities	<u>174,452</u>
NET DECREASE IN CASH AND CASH EQUIVALENTS	(97,087)
CASH AND CASH EQUIVALENTS - Beginning of year	<u>998,369</u>
CASH AND CASH EQUIVALENTS - End of year	<u>\$ 901,282</u>
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:	
Cash paid for interest (net of amounts capitalized)	\$ 155,268
New capital lease obligations for buildings and equipment	4,388
Accruals for purchases of property and equipment and other long-term assets	92,001
Unsettled investment trades, purchases	120,562
Unsettled investment trades, sales	135,756
Decrease in security lending collateral	34,299
Decrease in payable under security lending agreements	(34,299)

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

CHE TRINITY INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS YEAR ENDED JUNE 30, 2014

1. ORGANIZATION AND MISSION

Effective May 1, 2013, CHE Trinity Inc. (the “Corporation”) became the sole member of Catholic Health East, a Pennsylvania nonprofit corporation (“CHE”), and Trinity Health Corporation, an Indiana nonprofit corporation (“Trinity Health”) 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 the Corporation’s balance sheet was recorded at its historical basis under the carryover method. Transition and integration are ongoing with the Corporation incurring \$42.9 million of expenses for the year ended June 30, 2014, as a result of the transaction, which are included in consolidation costs in the statement of operations and changes in net assets.

The Corporation has adopted a fiscal year end of June 30. Effective July 1, 2013, CHE changed its fiscal year end from December 31 to June 30 in order to align CHE’s year end with the Corporation. These statements reflect the adoption of a June 30 fiscal year end.

The Corporation is sponsored by Catholic Health Ministries, a Public Juridic Person of the Holy Roman Catholic Church. The Corporation operates a comprehensive integrated network of health services including inpatient and outpatient services, physician services, managed care coverage, home health care, long-term care, assisted living care, and rehabilitation services located in 20 states. The operations are organized into Regional Health Ministries (“RHMs”). The mission statement for the Corporation is as follows:

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

Community Benefit Ministry – Consistent with its mission, the Corporation provides medical care to all patients regardless of their ability to pay. In addition, 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’, *A Guide for Planning and Reporting Community Benefit*, 2013 Edition.

The quantifiable costs of the Corporation's 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	\$ 242,064
Unpaid cost of Medicaid and other public programs	325,575
Programs for the poor and the underserved	
Community health services	21,345
Subsidized health services	46,962
Financial contributions	9,707
Community building activities	1,221
Community benefit operations	2,880
Total programs for the poor and underserved	<u>82,115</u>
Ministry for the poor and underserved	<u>649,754</u>
Ministry for the broader community:	
Community health services	13,914
Health professions education	102,401
Subsidized health services	43,543
Research	4,407
Financial contributions	28,301
Community building activities	2,306
Community benefit operations	2,491
Ministry for the broader community	<u>197,363</u>
Community benefit ministry	<u>\$ 847,117</u>

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 (determined using a cost-to-charge ratio applied to the provision for bad debts) of \$196.1 million.

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 healthcare 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 asset 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 in nonoperating equity gains in unconsolidated affiliates in the consolidated statement of operations and changes in net assets. All material intercompany transactions and account balances have been eliminated in consolidation.

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 consolidated 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, provisions for bad debts and charity care; recorded values of investments, derivatives, and goodwill; reserves for losses and expenses related to health care professional and general liabilities; 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 judgments 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 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. Investments also include investments in commingled funds, hedge funds and other investments structured as limited liability corporations or partnerships. Commingled funds and hedge funds that hold securities directly are stated at the fair value of the underlying securities, as determined by the administrator, based on readily determinable market values or based on net asset value, which is calculated using the most recent fund financial statements. Limited liability corporations and partnerships are accounted for under the equity method.

Investment Earnings – Investment earnings include interest, dividends, realized gains and losses on investments, holding gains and losses, and equity earnings. Investment earnings on assets held by trustees under bond indenture agreements, assets designated by the Board for debt redemption, assets held for borrowings under the intercompany loan program, assets held by grant-making foundations and assets deposited in trust funds by a captive insurance company for self-insurance purposes in accordance with industry practices are included in other revenue in the consolidated statement of operations and changes in net assets. Investment earnings from all other investments and board designated funds are included in nonoperating investment income unless the income or loss is restricted by donor or law.

Derivative Financial Instruments – The Corporation periodically utilizes various financial instruments (e.g., options and swaps) to hedge interest rates, 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 on the consolidated balance sheet at fair value.

Securities Lending – The Corporation participates in securities lending transactions whereby a portion of its investments are loaned, through its agent, to various parties in return for cash and securities from the parties as collateral for the securities loaned. Each business day the Corporation, through its agent, and the borrower determine the market value of the collateral and the borrowed securities. If on any business day the market value of the collateral is less than the required value, additional collateral is obtained as appropriate. The amount of cash collateral received under securities lending is reported as an asset and a corresponding payable in the consolidated balance sheet and is up to 105% of the market value of securities loaned. At June 30, 2014, the Corporation had securities loaned of \$207.1 million, and received collateral (cash and noncash) totaling \$212.7 million, relating to the securities loaned. The fees received for these transactions are recorded in investment income on the consolidated statement of operations and changes in net assets.

Assets Limited as to Use – Assets set aside by the Board for future capital improvements, future funding of retirement programs and insurance claims, retirement of debt, held for borrowings under the intercompany loan program, 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 statement 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.

Assets and Liabilities Held for Sale – The Corporation has classified certain long-lived assets as assets held for sale in the consolidated balance sheet when the assets have met applicable criteria for this classification. The Corporation has also classified as held for sale those liabilities related to assets held for sale.

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 either the straight-line or an accelerated method and includes capital lease and internal-use software amortization. The useful lives of these assets range from 2 to 50 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 – Goodwill represents the future economic benefits arising from assets acquired in a business combination that are not individually identified and separately recognized.

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. If the carrying amount of the reporting unit goodwill exceeds the implied fair value of that goodwill, an impairment loss is recognized in an amount equal to that excess. Estimates of fair value are based on appraisals, established market prices for comparable assets or internal estimates of future net cash flows and presume stable, improving or, in some cases, declining results at our hospitals, depending on their circumstances.

As of July 1, 2013, the consolidated balance sheet included goodwill of \$151.6 million. Additional goodwill of \$2.2 million was recorded during the year ended June 30, 2014 related to acquisitions.

Other Assets – Other assets includes long-term notes receivable, reinsurance recovery receivables, definite and indefinite-lived intangible assets, deferred financing costs, and prepaid pension and retiree health costs. The majority of the net balances of definite-lived intangible assets include noncompete agreements and physician guarantees with finite lives amortized using the straight-line method over their estimated useful lives, which generally range from 5 to 22 years and 2 to 12 years, respectively. Indefinite-lived intangible assets primarily include trade names.

Short-Term Borrowings – Short-term borrowings include puttable variable rate demand bonds supported by self liquidity or liquidity facilities considered short-term in nature.

Other Long-Term Liabilities – Other long-term liabilities include deferred compensation, asset retirement obligations, interest rate swaps and deferred revenue from entrance fees. Deferred revenue from entrance fees are fees paid by residents of facilities for the elderly upon entering into continuing care contracts (net of the portion that is refundable to the resident) which are recorded as deferred revenue and amortized to income using the straight-line method over the estimated remaining life expectancy of the resident.

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 by the Corporation in perpetuity.

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 RHMs 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.

Self-Insured Employee Health Benefits – The Corporation administers self-insured employee health benefit plans for employees. The majority of the Corporation's employees participate in the programs. The provisions of the plans permit employees and their dependents to elect to receive medical care at either the Corporation's RHMs or other health care providers. Gross patient service revenue has been reduced by an allowance for self-insured employee health benefits which represents revenue attributable to medical services provided by the Corporation to its employees and dependents in such years.

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 by RHM and for each type of payor. A significant portion of the Corporation's provision for doubtful accounts RHM relates to self-pay patients, as well as co-payments and deductibles owed to the Corporation by patients with insurance.

Premium and Capitation Revenue – The Corporation has certain RHMs that arrange for the delivery of health care services to enrollees through various contracts with providers and common provider entities. Enrollee contracts are negotiated on a yearly basis. Premiums are due monthly and are recognized as revenue during the period in which the Corporation is obligated to provide services to enrollees. Premiums received prior to the period of coverage are recorded as deferred revenue and included in accrued expenses in the consolidated balance sheet.

Certain of the Corporation’s RHMs have entered into capitation arrangements whereby they accept the risk for the provision of certain health care services to health plan members. Under these agreements, the Corporation’s RHMs are 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 RHM 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 premium and capitation arrangements. The premium and 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 nonoperating items in the consolidated statement 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, include the effective portion of the change in market value of derivatives that meet hedge accounting requirements, 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), net change in retirement plan related items, discontinued operations, 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 Financial Accounting Standards Board ("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,*" which requires entities to measure obligations within the scope of this guidance 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 2014-08, "*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 AND DISCONTINUED OPERATIONS

Investments in Unconsolidated Affiliates – The Corporation and certain of its RHMs 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 ranging from 0.7% to 51.0%. The Corporation’s share of equity earnings from entities accounted for under the equity method was \$320.6 million for the year ended June 30, 2014, of which \$54.8 million is included in other revenue and \$265.8 million is included in nonoperating items in the consolidated statement of operations and changes in net assets. The most significant of these investments include the following:

BayCare Health System – The Corporation has a 50.4% interest in BayCare Health System Inc. and Affiliates (“BayCare”), a Florida not-for-profit corporation exempt from state and federal income taxes. BayCare was formed in 1997 pursuant to a Joint Operating Agreement (“JOA”) among the not-for-profit, tax-exempt members of the CHE BayCare Participants, Morton Plant Mease Health Care, Inc., and South Florida Baptist Hospital, Inc. (collectively, the “Members”). BayCare consists of three community health alliances located in the Tampa Bay area of Florida including St. Joseph’s Baptist Healthcare Hospital, St. Anthony’s Health Care, and Morton Plant Mease Health Care. The Corporation has the right to appoint nine of the twenty-one voting members of the Board of Directors of BayCare, therefore the Corporation accounts for BayCare under the equity method of accounting. At June 30, 2014, the Corporation’s investment in BayCare totaled \$1,770.9 million.

Gateway Health Plan – The Corporation has a 50.0% interest in Gateway Health Plan, L.P. and Subsidiaries (“GHP”), a Pennsylvania limited partnership. GHP has two general partners, Highmark Ventures Inc. formerly known as Alliance Ventures, Inc., and Mercy Health Plan, each owning 1%. In addition to the general partners, there are two limited partners, Highmark Inc. and Mercy Health Plan, each owning 49%. At June 30, 2014, the Corporation’s investment in GHP totaled \$178.9 million.

Catholic Health System, Inc. – The Corporation has a one-third interest in Catholic Health System, Inc. and Subsidiaries (“CHS”). CHS, formed in 1998, is a not-for-profit integrated delivery healthcare system in western New York jointly sponsored by the Sisters of Mercy, Ascension Health System, the Franciscan Sisters of St. Joseph, and the Diocese of Buffalo. CHE, Ascension Health System, and the Diocese of Buffalo are the corporate members of CHS. CHS operates several organizations, the largest of which are four acute care hospitals located in Buffalo, New York: Mercy Hospital of Buffalo, Kenmore Mercy Hospital, Sisters of Charity Hospital, and St. Joseph Hospital. At June 30, 2014, the Corporation’s investment in CHS totaled \$68.0 million.

Emory Healthcare/St. Joseph’s Health System – The Corporation has a 49% interest in Emory Healthcare/St. Joseph’s Health System (“EH/SJHS”). EH/SJHS operates several organizations, including two acute care hospitals, St. Joseph’s Hospital of Atlanta and John’s Creek Hospital. At June 30, 2014, the Corporation’s investment in EH/SJHS totaled \$60.3 million.

Condensed consolidated balance sheets of BayCare, GHP, CHS and EH/SJHS as of June 30, 2014 are as follows (in thousands):

	<u>Baycare</u>	<u>GHP</u>	<u>CHS</u>	<u>EH/SJHS</u>
Total assets	\$5,390,589	\$643,593	\$872,106	\$430,434
Total liabilities	\$1,676,157	\$285,835	\$662,733	\$289,101

Condensed consolidated statements of operations of BayCare, GHP, CHS and EH/SJHS for the year ended June 30, 2014 are as follows (in thousands):

	<u>Baycare</u>	<u>GHP</u>	<u>CHS</u>	<u>EH/SJHS</u>
Revenue, net	\$2,591,325	\$1,849,055	\$939,581	\$368,190
Excess (deficiency) of revenue over expenses	\$576,392	\$32,377	\$42,821	(\$33,832)

The following amounts have been recognized in the accompanying consolidated statement of operations and changes in net assets related to the investments in BayCare, GHP, CHS and EH/SJHS for the year ended June 30, 2014 (in thousands):

	<u>Baycare</u>	<u>GHP</u>	<u>CHS</u>	<u>EH/SJHS</u>
Other revenue	\$ -	\$ 15,996	\$ -	\$ -
Equity in earnings of unconsolidated organizations	288,196	-	14,260	(26,446)
Other changes in unrestricted net assets	9,282	(3,948)	36,781	(7,382)
Changes in restricted net assets	462	-	-	-
	<u>\$ 297,940</u>	<u>\$ 12,048</u>	<u>\$ 51,041</u>	<u>\$ (33,828)</u>

The unaudited summarized financial position and results of operations for the entities accounted for under the equity method excluding BayCare, GHP, CHS and EH/SJHS as of and for the period ended June 30, 2014 are as follows (in thousands):

	<u>Medical Office Buildings</u>	<u>Outpatient and Diagnostic Services</u>	<u>Ambulatory Surgery Centers</u>	<u>Physician Hospital Organizations</u>	<u>Other Investees</u>	<u>Total</u>
Total assets	\$ 87,931	\$ 106,813	\$ 72,113	\$ 26,845	\$ 512,647	\$ 806,349
Total liabilities	\$ 69,872	\$ 38,732	\$ 42,502	\$ 21,609	\$ 280,263	\$ 452,978
Net assets	\$ 18,059	\$ 68,081	\$ 29,611	\$ 5,236	\$ 232,384	\$ 353,371
Revenue, net	\$ 18,103	\$ 145,907	\$ 134,207	\$ 35,474	\$ 682,900	\$ 1,016,591
Excess of revenue over expenses	\$ 3,454	\$ 16,245	\$ 40,508	\$ (421)	\$ 20,080	\$ 79,866

Discontinued Operations –

The Corporation has several entities that met the criteria for being presented as discontinued operations for the year ended June 30, 2014, the most significant of which include the following:

Mercy Health System of Maine (“Mercy Maine”) – Effective October 1, 2013, membership of Mercy Maine was assumed by Eastern Maine Health System (“EMHS”) via a membership substitution. Substantially all assets and liabilities transferred to EMHS on that date. As a result of the transfer, a loss on membership transfer of \$80.7 million was recorded in unrestricted net assets. The consolidated financial statements present the operations of Mercy Maine as a discontinued operation. For the year ended June 30, 2014, the Corporation reported revenue of \$55.5 million and loss on operations of \$0.4 million in discontinued operations in the consolidated statement of operations and changes in net assets.

Saint Michael's Medical Center – On February 8, 2013, Saint Michael's Medical Center entered into an asset purchase agreement under which the hospital would be acquired by Prime Healthcare Services. The majority of assets and liabilities of Saint Michael's Medical Center have been classified as held for sale on the consolidated balance sheet. The transaction is pending subject to approval by the state of New Jersey. The consolidated financial statements present the operations of Saint Michael's Medical Center as a discontinued operation. For the year ended June 30, 2014, the Corporation reported revenue of \$194.2 million and losses on operations of \$15.0 million in discontinued operations in the consolidated statement of operations and changes in net assets. As of June 30, 2014, assets held for sale of \$127.9 million and liabilities held for sale of \$257.9 million and consisted of (in thousands):

Patient accounts receivable	\$ 21,475	Current portion of long-term debt	\$ 4,490
Other current assets	9,418	Accounts payable & accrued expenses	17,085
Property and equipment	81,465	Other current liabilities	8,546
Other assets	<u>15,559</u>	Long-term debt, net of current portion	<u>227,799</u>
Total assets	<u>\$ 127,917</u>	Total liabilities	<u>\$ 257,920</u>

Saint James Mercy Hospital ("SJM") – During December 2013, the Board of Directors of SJMH approved a plan to undergo a visioning plan and to transfer the majority of the operations of SJMH. Certain assets and liabilities of SJMH have been classified as held for sale on the consolidated balance sheet. The consolidated financial statements present the operations of SJMH as a discontinued operation. For the year ended June 30, 2014, the Corporation reported revenue of \$40.3 million and loss on operations of \$6.2 million in discontinued operations in the consolidated statement of operations and changes in net assets. As of June 30, 2014, assets held for sale were \$12.1 million. The majority of assets held for sale consist of property and equipment.

Mercy Health Partners, North ("North") – On May 8, 2014, the Corporation entered into a non-binding letter of intent with Munson Health under which substantially all of the healthcare operations located in Cadillac, Michigan and Grayling, Michigan would be acquired by Munson Healthcare. Discussions are subject to a definitive agreement. The letter of intent will remain in effect until the execution of a definitive agreement or the letter of intent is terminated by either party. Certain assets and liabilities of North have been classified as held for sale on the consolidated balance sheet. The consolidated financial statements present the hospital operations of North as a discontinued operation. For the year ended June 30, 2014, the Corporation reported revenue of \$150.2 million and loss on operations of \$13.4 million impairment, which includes a \$13.0 million asset impairment, in discontinued operations in the consolidated statement of operations and changes in net assets. As of June 30, 2014, assets held for sale of \$44.7 million consisted of (in thousands):

Inventories	\$ 3,369
Assets limited or restricted as to use	2,313
Property and equipment	36,710
Investments in unconsolidated affiliates	<u>2,314</u>
Total assets	<u>\$ 44,706</u>

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.

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	\$	4,690,876
Blue Cross		2,538,707
Medicaid		1,609,374
Uninsured		489,355
Commercial and Other		3,066,994
Total	\$	<u>12,395,306</u>

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	\$ 17,030,436
Outpatient, nonacute inpatient, and other	19,025,984
Gross patient service revenue	<u>36,056,420</u>
Less:	
Contractual and other allowances	(22,695,773)
Charity care charges	<u>(965,341)</u>
Net patient service revenue before provision for bad debts	<u><u>\$ 12,395,306</u></u>

5. PROPERTY AND EQUIPMENT

A summary of property and equipment at June 30, 2014 is as follows (in thousands):

Land	\$ 318,368
Buildings and improvements	7,655,128
Equipment	5,190,900
Capital leased assets	<u>192,754</u>
Total	13,357,150
Accumulated depreciation	(7,324,759)
Construction in progress	<u>560,522</u>
Property and equipment, net	<u><u>\$ 6,592,913</u></u>

At June 30, 2014, commitments to purchase property and equipment of approximately \$424 million were outstanding. Significant commitments are primarily for facility expansion at existing campuses and related infrastructures at the following RHMs: Holy Cross Hospital in Silver Spring, Maryland - \$153 million; Mercy Health System of Chicago (“MHSC”) in Chicago, Illinois - \$56 million; and Loyola University Health System (“LUHS”) in Chicago, Illinois - \$53 million. Costs of these projects are expected to be financed by proceeds from bond issuances, available funds, future operations of the hospitals and contributions.

As part of the acquisition of LUHS that occurred in fiscal year 2012, the Corporation has committed to spend at least \$300 million on capital projects for LUHS through fiscal year ending June 30, 2018. This amount may be increased to \$400 million if certain operating thresholds are met. Through June 30, 2014, approximately \$154 million of capital expenditures have been accrued on capital projects for LUHS. In addition, as part of the acquisition of MHSC that occurred in fiscal year 2012, the Corporation has committed to spend at least \$140 million for capital, information systems and equipment needs to support the operations of MHSC through the fiscal year ending June 30, 2017. This amount may be increased to \$150 million if certain operating thresholds are met. Through June 30, 2014, approximately \$65 million of capital expenditures have been accrued on such MHSC projects.

During the year ended June 30, 2014, the Corporation recorded total impairment charges of \$91 million included in asset impairment charges in the consolidated statement of operations and changes in net assets. Material adverse trends in the most recent estimates of future undiscounted cash flows of certain hospitals indicated that the carrying value of the long-lived assets was not recoverable from the estimated future cash flows. The Corporation believes the most significant factors contributing to the

continuing adverse financial trends include reductions in volumes of insured patients and shifts in payor mix. Fair value was determined using a third party valuation. Impairments were recorded at the following locations because fair value estimates were lower than carrying value: Mercy Suburban Hospital, Pennsylvania – \$32.7 million; Mount Carmel West, Columbus, Ohio – \$19.2 million; St. Francis, Wilmington, Delaware – \$15.5 million; St. Francis, Trenton, New Jersey – \$5.9 million; and other Southeast Michigan locations – \$17.2 million.

6. LONG-TERM DEBT AND OTHER FINANCING ARRANGEMENTS

A summary of short-term borrowings and long-term debt at June 30, 2014 is as follows (in thousands):

Short-term borrowings:		
Variable rate demand bonds with contractual maturities through 2048	Interest payable monthly at rates ranging from 0.02% to 0.19% during 2014	\$ 1,123,620
Long-term debt:		
Tax-exempt revenue bonds and refunding bonds		
Fixed rate term and serial bonds, payable at various dates through 2048	Interest rate ranges from 2.0% to 7.62% during 2014	\$ 2,922,513
Variable rate term bonds, payable at various dates through 2048	Interest rate ranges from 0.48% to 4.1% during 2014	465,410
Notes payable to banks	Interest payable at rates ranging from 0.03% to 6.7%, fixed and variable, payable in varying monthly installments through 2032	11,675
Capital lease obligations (excluding imputed interest of \$64.6 million at June 30, 2014)		132,985
Mortgage obligations	Interest payable at rates ranging from 1.0% to 11.0% during 2014	111,161
Other		35,299
Total long-term debt		3,679,043
Less current portion, net of current discounts		(96,038)
Unamortized premiums, net		36,232
Long-term debt, net of current portion		<u>\$ 3,619,237</u>

Contractually obligated principal repayments on short-term borrowings and long-term debt are as follows (in thousands):

Years ending June 30	<u>Short-Term Borrowings</u>	<u>Long-Term Debt</u>
2015	\$ 24,910	\$ 96,038
2016	26,215	102,434
2017	27,890	93,778
2018	30,200	95,081
2019	29,400	104,007
Thereafter	985,005	3,187,705
Total	<u>\$ 1,123,620</u>	<u>\$ 3,679,043</u>

A summary of interest costs on borrowed funds primarily under the revenue bond indentures during the year ended June 30, 2014 is as follows (in thousands):

Interest costs incurred	\$ 174,203
Less capitalized interest	<u>(14,975)</u>
Interest expense included in operations	<u>\$ 159,228</u>

Obligated Group and Other Requirements – The Corporation has debt outstanding under a Master Trust Indenture dated October 3, 2013, as amended and supplemented, the Amended and Restated Master Indenture (“ARMI”). The ARMI permits the Corporation to issue obligations to finance certain activities. Obligations issued under the ARMI are joint and several obligations of the Corporation, CHE and Trinity Health (the “Obligated Group”). Proceeds from tax-exempt bonds and refunding bonds are to be used to finance the construction, acquisition and equipping of capital improvements. Certain RHMs of the Corporation constitute designated affiliates and the Corporation 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. The Obligated Group and the designated affiliates are referred to as the Credit Group.

The Credit Group does not include certain Affiliates that borrow on their own or are members of a separate New York obligated group, but which are included in the Corporation’s consolidated financial statements. St. Peter’s Hospital of the City of Albany (“St. Peter’s”) currently is a member and the Obligated Group Agent of an obligated group created under that certain Master Trust Indenture dated as of January 1, 2008, between St. Peter’s and Manufacturers and Traders Trust Company, as Master Trustee. St. Peter’s received approval from the New York State Department of Health to permit the entry into that obligated group of additional entities within St. Peter’s Health Care Services, Northeast Health, Inc. and Seton Health System, 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) were \$4,264 million at June 30, 2014.

There are several conditions and covenants required by the ARMI with which the Corporation must comply, including covenants that require the Corporation 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 the Corporation or any material designated affiliate (a designated affiliate whose total revenues for the most recent fiscal year exceed 5% of the combined total revenues of the Corporation 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.

MHSC has obtained a mortgage loan in the amount of approximately \$66 million that is insured by the U.S. Department of Housing and Urban Development (“HUD”) under the Federal Housing Administration’s Section 242 Hospital Mortgage Insurance Program. Final closing of this HUD-insured loan occurred on June 30, 2014, at which time the remaining proceeds of this loan were disbursed to MHSC. At June 30, 2014, the unpaid principal balance of this loan was \$63.1 million. The loan collateral includes MHSC’s main hospital campus, two MHSC satellite facilities and personal property (including deposit accounts) of both MHSC and its affiliate Mercy Foundation, Inc. MHSC’s payment obligations under the two mortgage notes evidencing this loan are guaranteed by Trinity Health. The

mortgage loan agreements with HUD contain various covenants including: those relating to limitations on incurring additional debt; transactions with affiliates; transferring or disposing of designated property; use of funds and other assets of the mortgaged property; financial performance; required reserves; insurance coverage; timely submission of specified financial reports; and restrictions on prepayment of the mortgage loan. Mercy Health System of Chicago and Trinity Health provided covenants to HUD not to interfere in the performance of MHSC's obligations under the HUD-insured loan documents.

The Corporation issued \$627 million in tax-exempt variable rate hospital revenue bonds (the "Series 2013 Bonds") and remarketed \$89 million in CHE tax-exempt, variable rate hospital revenue bonds under the ARMI. Proceeds were used to retire \$44 million of CHE's then outstanding fixed rate hospital revenue bonds, \$120 million of CHE's then outstanding variable rate hospital revenue bonds and \$269 million of Trinity Health's then outstanding taxable commercial paper obligations. The remaining proceeds of the Series 2013 Bonds will be used to finance, refinance and reimburse a portion of the costs of acquisition, construction, renovation and equipping of health facilities, and to pay related costs of issuance. These transactions resulted in a loss from extinguishment of debt of \$1.6 million recorded in other nonoperating items in the consolidated statement of operations and changes in net assets.

Commercial Paper – The Corporation's commercial paper program is authorized for borrowings up to \$600 million. At June 30, 2014, the total amount of commercial paper outstanding was \$240 million. Proceeds from this program are to be used for general purposes of the Corporation. The notes are payable from the proceeds of subsequently issued notes and from other funds available to the Corporation, including funds derived from the liquidation of securities held by the Corporation in its investment portfolio. The interest rate charged on borrowings outstanding during the year ended June 30, 2014 ranged from 0.06% to 0.17%.

Liquidity Facilities – In July 2013, the Corporation renewed the Trinity Health credit agreements (collectively, the "Credit Agreements") previously entered into between Trinity Health and U.S. Bank National Association, which acts as an administrative agent for a group of lenders thereunder. The Credit Agreements establish a revolving credit facility for the Corporation, under which that group of lenders agree to lend to the Corporation amounts that may fluctuate from time to time. In October 2013, the Corporation exercised its option to increase by \$200 million the 2013 Credit Agreements from \$731 million to \$931 million. Amounts drawn under the 2013 Credit Agreements can only be used to support the Corporation's obligation to pay the purchase price of bonds which are subject to tender and that have not been successfully remarketed, and the maturing principal of and interest on commercial paper notes. Of the \$931 million available balance, \$150 million expires in July 2014, \$175 million expires in July 2015, \$321 million expires in July 2016 and \$285 million expires in July 2017. The Credit Agreements are secured by Obligations under the Master Indenture. As of June 30, 2014, there were no amounts outstanding on these credit agreements. In July 2014, the Corporation renewed and extended the Credit Agreements for an additional year through an amendment and restatement of the 2013 Credit Agreements.

The Corporation also maintains a CHE general purpose facility of \$300 million, of which \$42 million is related to letters of credit. At the Corporation's direction, this general purpose facility was reduced to \$45 million effective March 14, 2014. As of June 30, 2014, there were no draws on this general purpose credit facility.

In addition, in July 2013, the Corporation renewed a Trinity Health three year general purpose credit facility of \$200 million. As of June 30, 2014, there were no amounts outstanding under this credit facility.

Standby Letters of Credit – The Corporation entered into various standby letters of credit totaling approximately \$17.3 million at June 30, 2014. These standby letters of credit are renewed annually and are available to the Corporation as necessary under its insurance programs and for unemployment liabilities. There were no draws on these letters of credit during the year ended June 30, 2014.

7. PROFESSIONAL AND GENERAL LIABILITY PROGRAMS

The Corporation operates a wholly owned insurance company, Venzke Insurance Company, Ltd. (“Venzke”) that qualifies as a captive insurance company and provides certain insurance coverage to the Corporation’s RHM’s under a centralized program. The Corporation is self-insured for certain levels of general and professional liability, workers’ compensation and certain other claims. The Corporation has limited its liability by purchasing reinsurance and commercial coverage from unrelated third-party insurers.

Effective January 1, 2014, all assets and liabilities of Stella Maris Insurance Company, Ltd. (“Stella Maris”), which qualified as a captive insurance company, merged into Venzke. Policies issued and reinsurance purchased by Stella Maris prior to January 1, 2014 and all losses previous to January 1, 2014 have been assumed by Venzke.

The Corporation’s current self-insurance program includes \$20 million per occurrence for the first layers of professional liability, as well as \$10 million per occurrence for hospital government liability, \$5 million per occurrence for errors and omission liability, and \$1 million 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 million in aggregate. The Corporation 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 billion.

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 the Corporation’s premium structure. Independent consulting actuaries determined these factors from estimates of the Corporation’s expenses and available industry-wide data. The Corporation 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 the Corporation. 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 nonqualified deferred compensation plans at certain RHM locations that permit eligible employees to defer a portion of their compensation. The deferred amounts are distributable in cash after retirement or termination of employment. As of June 30, 2014, the assets under these plans totaled \$137.8 million and liabilities totaled \$145.1 million.

Defined Contribution Benefits – The Corporation sponsors defined contribution pension plans covering substantially all of its employees. These programs vary by location and are funded by employee voluntary contributions, subject to legal limitations. Employer contributions to these plans include varying levels of matching and non-elective contributions. The employees direct their voluntary contributions and employer contributions among a variety of investment options. Trinity Health suspended the majority of employer matching contributions for the fiscal year 2014. Contribution expense under the plans totaled \$68.8 million for the year ended June 30, 2014.

Noncontributory Defined Benefit Pension Plans (“Pension Plans”) – Substantially all of the Corporation’s employees participate in qualified, noncontributory defined benefit pension plans. Certain non-qualified, supplemental plan arrangements also provide retirement benefits to specified groups of participants.

CHE maintains several defined benefit pension plans. One of the plans is subject to the provisions of the Employee Retirement Security Act of 1974 (“ERISA”). The remaining plans have Church Plan status as determined by the Internal Revenue Service and are not governed by ERISA. The majority of the CHE qualified defined benefit plans are frozen and participants are no longer accruing benefits in those plans. Funding for the ERISA plan is made in accordance with ERISA requirements. Funding for the Church Plans varies by plan but generally is based on plan liabilities with amortization of any under or over funding, over a seven year period.

Trinity Health maintains three defined benefit pension plans, two of which have frozen benefits and are subject to the provisions of ERISA. The third plan, the Trinity Health Pension Plan, has church plan status. For the majority of plan participants in the Trinity Health Pension Plan, prior to June 30, 2010, benefits were based on years of service and employees’ highest five years of compensation at which time an accrued frozen benefit was calculated for all active participants. As of July 1, 2010, participants accrue benefits based on a cash balance formula, which credits participants annually with a percentage of eligible compensation based on age and years of service, as well as an interest credit based on a benchmark interest rate. A transition adjustment was provided to participants who were vested as of June 30, 2010, whose age and service met certain requirements at that date. The transition adjustment applies to the pension benefit earned through June 30, 2010 and increased compensation under the final average pay formula over a five-year period. Effective June 2014, the Trinity Health Pension Plan was amended to freeze all future benefit accruals as of December 31, 2014. As a result of this amendment, the Trinity Health Pension Plan projected benefit obligation decreased \$49.5 million, and the Corporation recognized a curtailment gain of \$149.7 million in the consolidated statement of operations and changes in net assets. Because this plan has Church Plan status, funding in accordance with ERISA is not required. The Corporation’s adopted funding policy for its qualified plan, which is reviewed annually, is to fund the current normal cost based on the accumulated benefit obligation at the plans’ December 31 year-end, and amortization of any under or over funding over a ten-year period.

Effective December 2013, the majority of the CHE and Trinity Health Plans were amended to implement a voluntary lump sum distribution window. The amendments provided the opportunity for certain eligible participants to elect to receive a full distribution of their pension benefits as a lump sum during the program window period from March 24, 2014 to May 2, 2014. To be eligible a participant

must have terminated employment on or before December 31, 2013. As a result of this program, the Plans' projected benefit obligations decreased \$698.4 million for benefits paid, and the Corporation recognized a settlement loss of \$196 million in the consolidated statement of operations and consolidated statement of operations and changes in net assets.

Postretirement Health Care and Life Insurance Benefits (“Postretirement Plans”) – The Corporation sponsors both funded and unfunded contributory plans to provide health care benefits to certain of its retirees. All of the Postretirement Plans are closed to new participants. The plans cover certain hourly and salaried employees who retire from certain RHMs. Medical benefits for these retirees are subject to deductibles and co-payment provisions. Effective January 1, 2011, the funded plans provide benefits to certain retirees at fixed dollar amounts in Health Reimbursement Account arrangements for Medicare eligible participants.

The following table sets forth the changes in projected benefit obligations, accumulated postretirement obligations, and changes in plan assets and funded status of the plans for both the Pension and Postretirement Plans for the year ended June 30, 2014 (in thousands):

	<u>Pension Plans</u>	<u>Postretirement Plans</u>
Change in Benefit Obligation:		
Benefit obligation, beginning of year	\$ 6,244,763	\$ 107,865
Service cost	149,138	628
Interest cost	331,554	5,297
Actuarial loss (gain)	448,872	(302)
Benefits paid	(198,505)	(5,081)
Medicare Part D reimbursement	-	111
Curtailments	(49,449)	-
Settlements	(698,354)	-
Benefit obligation, end of year	<u>6,228,019</u>	<u>108,518</u>
Change in Plan Assets:		
Fair value of plan assets, beginning of year	5,491,447	84,523
Actual return on plan assets	699,893	15,338
Employer contributions	230,360	1,329
Benefits paid	(198,505)	(5,081)
Settlements	(698,354)	-
Fair value of plan assets, end of year	<u>5,524,841</u>	<u>96,109</u>
Unfunded amount recognized June 30	<u>\$ (703,178)</u>	<u>\$ (12,409)</u>
Recognized in other long-term assets	\$ 8,258	\$ 4,028
Recognized in accrued pension and retiree health costs	\$ (711,436)	\$ (16,437)

Actuarial losses incurred in the pension plans during the year ended June 30, 2014 are primarily related to changes in discount rates used to measure the plans' liabilities.

The accumulated benefit obligation and fair value of plan assets for the qualified defined benefit pension plans for the year ended June 30, 2014 are as follows (in thousands):

	<u>Pension Plans</u>
Accumulated benefit obligation	\$ 6,182,463
Fair value of plan assets	<u>5,524,841</u>
Funded status	<u><u>\$ (657,622)</u></u>

Components of net periodic benefit cost for the year ended June 30, 2014 consisted of the following (in thousands):

	<u>Pension Plans</u>	<u>Postretirement Plans</u>
Service cost	\$ 149,138	\$ 627
Interest cost	331,554	5,297
Expected return on assets	(398,683)	(6,008)
Amortization of prior service cost	(27,345)	(5,763)
Recognized net actuarial loss	<u>104,089</u>	<u>(167)</u>
Net periodic benefit cost (income) before curtailments/settlements	\$ 158,753	\$ (6,014)
Curtailment gain	(149,734)	-
Settlement loss	<u>195,987</u>	<u>-</u>
Net periodic benefit cost (income)	<u><u>\$ 205,006</u></u>	<u><u>\$ (6,014)</u></u>

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):

	Pension Plans			
	Net Loss (Gain)	Prior Service Cost	Total	
Balance at July 1, 2013	\$ 1,813,218	\$ (221,844)	\$ 1,591,374	
Curtailments	100,285		100,285	
Settlements	(195,987)		(195,987)	
Reclassified into net periodic benefit cost	(104,089)	27,345	(76,744)	
Arising during the year	147,643	-	147,643	
Balance at June 30, 2014	<u>\$ 1,761,070</u>	<u>\$ (194,499)</u>	<u>\$ 1,566,571</u>	

	Postretirement Plans			All Plans
	Net Loss (Gain)	Prior Service Credit	Total	Grand Total
Balance at July 1, 2013	\$ 3,287	\$ (10,159)	\$ (6,872)	\$ 1,584,502
Curtailments	-	-	-	100,285
Settlements	-	-	-	(195,987)
Reclassified into net periodic benefit cost	167	5,763	5,930	(70,814)
Arising during the year	(9,529)	-	(9,529)	138,114
Balance at June 30, 2014	<u>\$ (6,075)</u>	<u>\$ (4,396)</u>	<u>\$ (10,471)</u>	<u>\$ 1,556,100</u>

The following are estimated amounts to be amortized from unrestricted net assets into net periodic benefit cost during fiscal year 2015 (in thousands):

	Pension Plans	Postretirement Plans
Amortization of prior service credit	\$ (5,877)	\$ (564)
Recognized net actuarial loss (gain)	31,580	(261)
Total	<u>\$ 25,703</u>	<u>\$ (825)</u>

Assumptions used to determine benefit obligations and net periodic benefit cost as of and for the year ended June 30, 2014 were as follows:

	Pension Plans	Postretirement Plans
Benefit Obligations:		
Discount rate	4.60% - 5.20%	4.00% - 4.75%
Rate of compensation increase in 2014		
Graduated to 4% by 2017	2.50%	N/A
Net Periodic Benefit Cost:		
Discount rate	4.95% - 5.70%	4.40% - 5.20%
Expected long-term return on plan assets	7.00% - 7.50%	7.50%
Rate of compensation	3.0%	N/A

Approximately 93% of the Corporation's pension plan liabilities are measured using the 4.90% discount rate at June 30, 2014.

The Corporation utilizes a pension liability driven investment strategy in determining its asset allocation and long-term rate of return for plan assets. This risk management strategy uses a glide path methodology based on funded status to initiate asset allocation changes across the efficient frontier. Efficient frontier analysis models the risk and return trade-offs among asset classes while taking into consideration the correlation among the asset classes. Historical market returns and risks are examined as part of this process, but risk-based adjustments are made to correspond with modern portfolio theory. Long-term historical correlations between asset classes are used, consistent with widely accepted capital markets principles. Current market factors, such as inflation and interest rates, are evaluated before long-term capital market assumptions are determined. The long-term rate of return is established using the efficient frontier analysis approach with proper consideration of asset class diversification and rebalancing. Peer data and historical returns are reviewed to check for reasonableness and appropriateness.

Health Care Cost Trend Rates – Assumed health care cost trend rates have a significant effect on the amounts reported for the postretirement plans. The postretirement benefit obligation includes assumed health care cost trend rates as of June 30, 2014 as follows:

Medical and drugs, pre-age 65	7.5%
Medical and drugs, post-age 65	7.5%
Ultimate trend rate	5.0%
Year rate reaches the ultimate rate	2023

A one-percentage point change in assumed health care cost trend rates would have the following effects at June 30, 2014 (in thousands):

	<u>One-Percentage- Point Increase</u>	<u>One-Percentage- Point Decrease</u>
Effect on postretirement benefit obligation	\$ 3,358	\$ (2,861)
Effect on total of service cost and interest cost components	\$ 209	\$ (176)

The Corporation's investment allocations at June 30, 2014 by investment category are as follows:

Investment Category:	Pension Plans	Postretirement Plans
Cash and cash equivalents	5%	1%
Marketable securities		
U S and non-U S equity securities	10%	-
Equity mutual funds	7%	-
Debt securities	33%	32%
Other investments		
Commingled funds	14%	67%
Hedge funds	24%	-
Private equity funds	6%	-
Other	1%	-
Total	<u>100%</u>	<u>100%</u>

The Corporation employs a total return investment approach whereby a mix of equities and fixed income investments are used to maximize the long-term return of plan assets for a prudent level of risk. Risk tolerance is established through careful consideration of plan liabilities, plan funded status, and corporate financial condition. The investment portfolio contains a diversified blend of equity and fixed-income investments. Furthermore, equity investments are diversified across U.S. and non-U.S. stocks, as well as growth, value, and small and large capitalizations. Other investments, such as hedge funds, interest rate swaps, and private equity are used judiciously to enhance long-term returns while improving portfolio diversification. Derivatives may be used to gain market exposure in an efficient and timely manner; however, derivatives may not be used to leverage the portfolio beyond the market value of the underlying investments. Investment risk is measured and monitored on an ongoing basis through quarterly investment portfolio reviews, annual liability measurements, and periodic asset/liability studies. For the majority of the Corporation's pension plan investments, the combined target investment allocation at June 30, 2014 was global and traditional equity securities 30%; long/short equity 10%; fixed income obligations 40%; hedge funds 15%; and alternative debt 5%.

The following table summarizes the Pension and Postretirement Plans' assets measured at fair value at June 30, 2014 (in thousands). See Note 10 for definitions of Levels 1, 2 and 3 of the fair value hierarchy.

	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	\$ 294,057	\$ 602	\$ -	\$ 294,659
Equity securities	551,831	1,897	-	553,728
Debt securities				
Government and government agency obligations	-	538,138	-	538,138
Corporate bonds	-	1,132,025	-	1,132,025
Asset backed securities	-	69,621	2,467	72,088
Mutual funds				
Equity mutual funds	369,515	6,954	-	376,469
Fixed income mutual funds	107,318	-	-	107,318
Commingled funds				
Equity commingled funds	-	716,472	-	716,472
Fixed income commingled funds	-	66,950	-	66,950
Hedge funds	-	671,757	672,245	1,344,002
Private equity	-	-	309,163	309,163
Other	13,803	26	-	13,829
Total pension plans' assets at fair value	<u>\$ 1,336,524</u>	<u>\$ 3,204,442</u>	<u>\$ 983,875</u>	<u>\$ 5,524,841</u>
Postretirement Plans:				
Mutual funds				
Short term investment mutual funds	\$ 1,188	\$ -	\$ -	\$ 1,188
Fixed income mutual fund	30,862	-	-	30,862
Equity commingled fund	-	63,819	-	63,819
Other	240	-	-	240
Total postretirement plans' assets at fair value	<u>\$ 32,290</u>	<u>\$ 63,819</u>	<u>\$ -</u>	<u>\$ 96,109</u>

Unfunded capital commitments related to Level 3 private equity investments totaled \$119.5 million at June 30, 2014.

The Corporation's policy is to recognize transfers between all levels as of the beginning of the reporting period. There were no significant transfers to or from Levels 1 and 2 during the year ended June 30, 2014.

See Note 10 for the Corporation's methods and assumptions to estimate the fair value of equity and debt securities, mutual funds, commingled funds, and hedge funds.

Private Equity – These assets include several private equity funds that invest primarily in the United States, Asia and Europe, both directly and on the secondary market, pursuing distressed opportunities and natural resources, primarily energy. These funds are valued at net asset value, which is calculated using the most recent fund financial statements.

Other – Represents unsettled transactions relating primarily to purchases and sales of plan assets, accrued income, and derivatives. Due to the short maturity of these assets and liabilities, the fair value is equal to the carrying amounts. Concerning derivatives, the Pension Plans are party to certain agreements, which are designed to manage exposures to equities and interest rate risks. These instruments are used for the purpose of hedging changes in the fair value of assets and actuarial present value of accumulated plan benefits that result from interest rate changes, or as an efficient substitute for traditional securities. The fair value of the derivatives is estimated utilizing the terms of the derivative instruments and publicly available market yield curves. The Pension Plans’ investment policies specifically prohibit the use of derivatives for speculative purposes.

The following table summarizes the changes in Level 3 Pension Plan assets for the year ended June 30 (in thousands):

	Asset Backed			
	<u>Securities</u>	<u>Hedge Funds</u>	<u>Private Equity</u>	<u>Total</u>
Balance at July 1, 2013	\$ -	\$ 767,942	\$ 251,228	\$ 1,019,170
Realized gain	-	3,787	9,576	13,363
Unrealized (loss) gain	5	70,891	26,584	97,480
Purchases	2,462	-	78,006	80,468
Sales	-	(126,903)	(44,681)	(171,584)
Settlements	-	35,418	(11,550)	23,868
Transfers out to Level 2	-	(78,890)	-	(78,890)
Balance at June 30, 2014	<u>\$ 2,467</u>	<u>\$ 672,245</u>	<u>\$ 309,163</u>	<u>\$ 983,875</u>

Transfers out of Level 3 into Level 2 were made for direct hedge funds where initial lock-up periods expired during fiscal year 2014.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Corporation believes the valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Expected Contributions – The Corporation expects to contribute \$192.2 million to its Pension Plans and \$1.4 million to its Postretirement Plans during the year ended June 30, 2015 under the Corporation’s stated funding policy.

Expected Benefit Payments – The Corporation expects to pay the following for pension benefits, which reflect expected future service as appropriate, and expected postretirement benefits, before deducting the Medicare Part D subsidy (in thousands):

	<u>Pension Plans</u>	<u>Postretirement Plans</u>	<u>Postretirement Medicare Part D Subsidy</u>
2015	\$ 293,899	\$ 7,475	\$ 97
2016	296,896	7,549	93
2017	315,274	7,696	89
2018	334,068	7,789	83
2019	352,511	7,843	76
Years 2020 - 2024	1,959,666	38,456	296

9. COMMITMENTS AND CONTINGENCIES

Operating Leases – The Corporation leases various land, equipment and facilities under operating leases. Total rental expense, which includes provisions for maintenance in some cases, was \$202 million for the year ended June 30, 2014.

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 (in thousands):

Years ending June 30:	
2015	\$ 141,356
2016	113,831
2017	97,093
2018	78,476
2019	61,978
Thereafter	<u>186,425</u>
Total	<u>\$ 679,159</u>

Litigation and Settlements –

Saint Alphonsus Regional Medical Center and its subsidiary Saint Alphonsus Diversified Care, Inc. (together, “Saint Alphonsus”) have been involved in litigation arising out of the withdrawal of Saint Alphonsus from an imaging center partnership. The matter first went to trial in 2007, was appealed and tried a second time in 2011. In the second trial, the jury held against Saint Alphonsus in the amount of \$52 million, which was offset by the value of Saint Alphonsus’ partnership interest, which, together with interest, was approximately \$6.6 million at the time of judgment. Saint Alphonsus appealed the second jury verdict to Idaho Supreme Court. On June 16, 2014, the Idaho Supreme Court affirmed the jury award, which, when combined with attorney fees, costs and interest, is a total judgment of approximately \$56 million. The Corporation recorded management’s estimation for damages of \$20 million in fiscal year 2007. As a result, an additional litigation accrual of \$36 million was recorded in the fiscal year 2014 consolidated statement of operations and statement of changes in net assets. The judgment was paid subsequent to year end.

CHE Trinity, Inc. as successor to CHE is the defendant in a purported class action lawsuit in New York state court brought by Emmet & Co, Inc., and First Manhattan Co, with respect to one series of bonds

issued for the benefit of CHE. Plaintiffs allege that CHE breached the Indenture relating to those bonds and violated the covenant of good faith and fair dealing in the exercise of its optional redemption rights for those bonds in connection with CHE's tender offer for those bonds. This lawsuit is similar to an earlier action by the plaintiffs against CHE and Merrill Lynch, Pierce, Fenner & Smith, one of the Corporation's underwriters, that was dismissed in 2013. The present lawsuit was preceded by plaintiff's unsuccessful 2014 request that the Trustee bring an action against CHE on the bonds in question. The Corporation believes that the tender and redemption process was properly conducted. The Corporation's management does not believe that this matter, if decided adversely, would have a material adverse effect on the financial condition of the Corporation. In June 2013, CHE received a notice from the IRS that these transactions were under audit, asking for information. CHE does not believe it has any direct exposure as these bonds are held by Merrill Lynch and is fully cooperating in the investigation.

On March 29, 2013, the CHE was notified that it is a defendant in a lawsuit which challenges the church plan status of the CHE Employee Pension Plan. In response thereto, CHE has filed a motion to dismiss the complaint which is now pending before the United States District Court for the Eastern District of Pennsylvania. At this point, it is not possible to assess the exposure, if any, related to these claims and no amount has been reserved at this time.

The Corporation is involved in other 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 future consolidated financial position or results of operations.

Health Care Regulatory Environment

The health care industry is subject to numerous and complex laws and regulations of federal, state and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, privacy, government health care program participation requirements, government reimbursement for patient services, and fraud and abuse. Compliance with such laws and regulations is complex and can be subject to future government interpretation as well as regulatory enforcement actions, including fines, penalties and exclusion from government health care programs such as Medicare and Medicaid. The Corporation and its RHM's periodically receive notices from governmental agencies requesting information regarding billing, payment, or other reimbursement matters, or notices of the initiation of government investigations. The healthcare industry in general is experiencing an increase in these activities as federal and state governments increase their enforcement activities and institute new programs designed to identify potential irregularities in reimbursement or quality of patient care. Based on the information received to date, management does not believe the ultimate resolution of these matters will have a material adverse effect on the Corporation's future consolidated financial position or results of operations.

10. 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 in the Corporation's consolidated balance sheet include: cash; cash equivalents; equity securities; debt securities; mutual funds; commingled funds; hedge funds; securities lending collateral; and derivatives. Defined benefit retirement plan assets are measured at fair value on an annual basis. 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.)

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 depend 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 isolation would result in a significantly different fair value measurement. 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 hedge funds. The fair values of Level 3 investments in these securities are predominately valued using a net asset value per share, which is provided by third-party administrators; however, in some cases they are obtained directly from the investment fund manager. The Corporation did not adjust the prices obtained. Third-party administrators 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 administrators and investment fund managers are representative of prices that would be received to sell the assets at June 30, 2014.

In instances where 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 sheet 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 sheet.

Commercial Paper – The fair value of commercial paper is based on amortized cost. Commercial paper is designated as Level 2 investments with significant observable inputs including security cost, maturity and credit rating. Commercial paper is classified as either cash and cash equivalents or marketable securities in the consolidated balance sheet depending upon the length to maturity when purchased and are included in cash and cash equivalents or debt securities in the fair value table.

Security Lending Collateral – The security lending collateral is invested in a Northern Trust sponsored commingled collateral fund, which is comprised primarily of short-term securities. The fair value amounts of the commingled collateral fund are determined using the calculated net asset value per share (or its equivalent) for the fund with the underlying investments valued using techniques similar to those used for marketable securities noted below.

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.

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 95 days, in which case they are categorized as Level 3.

Hedge Funds – The Corporation invests in various hedge fund strategies. These 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 95 days, in which case they are categorized as Level 3.

The Corporation classifies its equity and debt securities, mutual funds, commingled funds and hedge funds as trading securities. The amount of holding gains for fiscal year 2014 included in the excess of revenue over expenses related to securities still held at June 30, 2014 were \$471.6 million.

Equity Method Investments – The Corporation accounts for certain other investments 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 strategies resulting in a diversified multi-strategy, multi-manager investments approach. Some of these funds are developed by investment managers specifically for the Corporation’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 Corporation’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 \$1,416 million. Unfunded capital commitments related to equity method investments totaled \$75.9 million at June 30, 2014.

Cash and cash equivalents, equity and debt securities, mutual funds, commingled funds, hedge funds, and equity method investments totaled \$8,427 million at June 30, 2014.

Interest Rate Swaps – The fair value of the Corporation’s derivatives, which are mainly interest rate swaps, are estimated utilizing the terms of the swaps and publicly available market yield curves along with the Corporation’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 table presents information about the fair value of the Corporation's financial instruments measured at fair value on a recurring basis and recorded at June 30, 2014 (in thousands):

Assets:	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Cash and cash equivalents	\$ 1,585,907	\$ 38,630	\$ -	\$ 1,624,537
Security lending collateral	-	187,882	-	187,882
Equity securities	988,848	5,674	972	995,494
Debt securities				
Government and government agency obligations	-	445,517	1,529	447,046
Corporate bonds	-	350,744	583	351,327
Asset backed securities	-	81,376	100	81,476
Bank loans	-	64,126	-	64,126
Other	-	10,599	-	10,599
Mutual funds				-
Equity mutual funds	847,924	-	-	847,924
Fixed income mutual funds	596,739	-	-	596,739
Real estate investment funds	10,682	-	-	10,682
Other	16,384	-	-	16,384
Commingled funds	-	774,926	-	774,926
Hedge funds	-	657,781	344,544	1,002,325
Interest rate swaps	-	32,258	-	32,258
Total assets	<u>\$ 4,046,484</u>	<u>\$ 2,649,513</u>	<u>\$ 347,728</u>	<u>\$ 7,043,725</u>
Liabilities:				
Interest rate swaps	-	148,885	-	148,885

The Corporation's policy is to recognize transfers between all levels as of the beginning of the reporting period. 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 assets for the year ended June 30, 2014 (in thousands):

	Equity Securities	Government and Government Agency Obligations	Corporate Bonds	Asset Backed Securities	Hedge Funds	Total
Balance at July 1, 2013	<u>\$ 1,449</u>	<u>\$ -</u>	<u>\$ 2,886</u>	<u>\$ -</u>	<u>\$ 376,807</u>	<u>\$ 381,142</u>
Realized gain	-	(2)	(99)	-	2,287	2,186
Unrealized (loss) gain	-	(609)	(96)	-	30,197	29,492
Purchases	-	2,140	1,230	100	14,170	17,640
Settlements	(3)	-	(4,638)	-	(17,243)	(21,884)
Transfers (to) from Level 2	(474)	-	1,300	-	(61,674)	(60,848)
Balance at June 30, 2014	<u>\$ 972</u>	<u>\$ 1,529</u>	<u>\$ 583</u>	<u>\$ 100</u>	<u>\$ 344,544</u>	<u>\$ 347,728</u>

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 company. There were no unfunded commitments as of June 30, 2014. The fair value and redemption rules of these investments are as follows as of June 30, 2014 (in thousands):

	<u>Fair Value</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Commingled funds	\$ 774,926	Daily - Monthly	0 - 60 days
Hedge funds	1,002,325	Monthly, quarterly, semi-annually	30 - 95 days
Total	<u>\$ 1,777,251</u>		

The hedge fund category includes equity long/short hedge funds, multi-strategy hedge funds and relative value hedge funds. Equity long/short hedge funds invest both long and short, primarily in U.S. common stocks. Management of the fund has the ability to shift investments from value to growth strategies, from small to large capitalization stocks, and from a net long position to a net short position. Multi-strategy hedge funds pursue multiple strategies to diversify risks and reduce volatility. Relative value hedge fund's strategy is to exploit structural and technical inefficiencies in the market by investing in financial instruments that are perceived to be inefficiently priced as a result of business, financial or legal uncertainties. Investments representing approximately 6.1% of the value of the investments in this category can only be redeemed bi-annually subsequent to the initial investment date. Investment representing 18.4% of the investments in this category can only be redeemed at the rate of 25% per quarter.

The commingled fund category primarily includes investments in funds that invest in financial instruments of U.S. and non-U.S. entities, primarily bonds, notes, bills, debentures, currencies, and interest rate and derivative products.

The composition of investment returns included in the consolidated statement of operations and changes in net assets for the year ended June 30, 2014 is as follows (in thousands):

Dividend, interest income and other	\$ 130,961
Realized gain, net	196,727
Realized equity gain, other investments	24,528
Change in net unrealized gain on investments	<u>350,532</u>
Total investment return	<u>\$ 702,748</u>
Included in:	
Operating income	\$ 75,123
Nonoperating items	609,010
Changes in restricted net assets	<u>18,615</u>
Total investment return	<u>\$ 702,748</u>

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	\$ 24,359
One to five years	34,761
More than five years	<u>5,840</u>
	64,960
Discount to present value of future cash flows	(2,819)
Allowance for uncollectible amounts	<u>(6,030)</u>
Total unconditional promises to give, net	<u>\$ 56,111</u>

Patient Accounts Receivable, Estimated Receivables from Third-Party Payors and Current Liabilities

– The carrying amounts reported in the consolidated balance sheet approximate their fair value.

Long-Term Debt – The carrying amounts of the Corporation’s variable rate debt approximate their fair values. The fair value of the Corporation’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 revenue and refunding bonds was \$3,195 million at 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 revenue and refunding bonds was \$2,923 million at June 30, 2014. The fair values of the remaining fixed rate capital leases, notes payable to banks, and mortgage loans are not materially different from their carrying values.

11. DERIVATIVE FINANCIAL INSTRUMENTS

Derivative Financial Instruments – In the normal course of business, the Corporation is exposed to market risks, including the effect of changes in interest rates and equity market volatility. To manage these risks the Corporation enters into various derivative contracts, primarily interest rate swaps. Interest rate swaps are used to manage the effect of interest rate fluctuations.

Management reviews the Corporation’s hedging program, derivative position, and overall risk management on a regular basis. The Corporation only enters into transactions it believes will be highly effective at offsetting the underlying risk.

Interest Rate Swaps – The Corporation utilizes interest rate swaps to manage interest rate risk related to the Corporation’s variable interest rate debt, variable rate leases and a fixed income investment portfolio. Cash payments on interest rate swaps totaled \$15.6 million for the year ended June 30, 2014 and are included in nonoperating income.

Certain of the Corporation’s interest rate swaps contain provisions that give certain counterparties the right to terminate the interest rate swap if a rating is downgraded below specified thresholds. If a ratings downgrade threshold is breached, the counterparties to the derivative instruments could demand immediate termination of the swaps. Such termination could result in a payment from the Corporation or a payment to the Corporation depending on the market value of the interest rate swap.

Effect of Derivative Instruments on Excess of Revenue over Expenses – The following table represents the effect derivative instruments had on the Corporation’s financial performance for the year ended June 30, 2014 (in thousands):

<u>Derivatives Not Designated as Hedging Instruments</u>	<u>Location of Net Gain (Loss) Recognized in Excess of Revenue over Expenses or Unrestricted Net Assets</u>	<u>Amount of Net Gain (Loss) Recognized in Excess of Revenue over Expenses</u>
Excess of Revenue over Expenses:		
Interest rate swaps	Change in market value and cash payment on interest rate swaps	\$ (25,514)
Interest rate swaps	Investment income	(593)
		<u>\$ (26,107)</u>

Balance Sheet Effect of Derivative Instruments - The following table summarizes the estimated fair value of the Corporation’s derivative financial instruments at June 30, 2014 (in thousands):

<u>Derivatives Not Designated as Hedging Instruments</u>	<u>Consolidated Balance Sheet Location</u>	<u>Fair Value</u>
Asset Derivatives		
Interest rate swaps	Investments	\$ 5,855
Interest rate swaps	Other assets	26,403
Total asset derivatives		<u>\$ 32,258</u>
Liability Derivatives		
Interest rate swaps	Other long-term liabilities	<u>\$ 148,885</u>

The counterparties to the interest rate swaps expose the Corporation to credit loss in the event of non-performance. At June 30, 2014, an adjustment for non-performance risk reduced derivative assets by \$1.0 million and derivatives liabilities by \$11.2 million.

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. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Temporarily restricted net assets and permanently restricted net assets at June 30, 2014 are available for the following purposes (in thousands):

Temporarily Restricted Net Assets:	
Education and research	\$ 20,252
Building and equipment	103,683
Patient care	47,712
Cancer Center/research	14,753
Services for elderly care	33,767
Other	73,139
	<hr/>
Total	\$ 293,306
	<hr/> <hr/>
Permanently Restricted Net Assets:	
Hospital operations	\$ 25,844
Medical programs	7,465
Scholarship funds	5,033
Research funds	9,787
Community service funds	14,211
Other	24,723
	<hr/>
Total	\$ 87,063
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The Corporation's endowments consist of funds established for a variety of purposes. Endowments include both donor-restricted endowment funds and funds designated by the Board to function as endowments. Net assets associated with endowment funds, including funds designated by the Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The Corporation considers various factors in making a determination to appropriate or accumulate donor-restricted endowment funds.

The Corporation employs a total return investment approach whereby a mix of equities and fixed income investments are used to maximize the long-term return of endowment funds for a prudent level of risk. The Corporation targets a diversified asset allocation to achieve its long-term return objectives within prudent risk constraints. The Corporation can appropriate each year all available earnings in accordance with donor restrictions. The endowment corpus is to be maintained in perpetuity. Certain donor-restricted endowments require a portion of annual earnings to be maintained in perpetuity along with the corpus. Only amounts exceeding the amounts required to be maintained in perpetuity are expended.

The following table summarizes 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	\$ -	\$ 36,340	\$ 87,063	\$ 123,403
Board-designated endowment funds	90,942	-	-	90,942
Total endowment funds	\$ 90,942	\$ 36,340	\$ 87,063	\$ 214,345

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	\$ 78,848	\$ 31,598	\$ 92,678	\$ 203,124
Investment return				
Investment gain	5,522	4,235	1,238	10,995
Change in net realized and unrealized gains	5,200	1,557	1,620	8,377
Total investment return	10,722	5,792	2,858	19,372
Contributions	38	131	3,621	3,790
Transfer to create a board designated endowment	1,161	-	-	1,161
Appropriation of endowment assets for expenditures	(5,601)	(1,606)	-	(7,207)
Other	5,774	425	(12,094)	(5,895)
Endowment net assets, June 30, 2014	\$ 90,942	\$ 36,340	\$ 87,063	\$ 214,345

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:

Term endowment funds	\$ 4,783
The portion of perpetual endowment funds subject a purpose restriction	31,557
Total endowment funds classified as temporarily restricted net assets	\$ 36,340

Permanently Restricted Net Assets:

Investment to be held in perpetuity, the income from which is expendable to support health care services	\$ 62,912
Endowments requiring income to be added to the original gift	13,939
Other	10,212
Total	\$ 87,063

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 requires the Corporation to retain as a fund of perpetual duration. Deficiencies of this nature are reported in unrestricted net assets. These deficiencies result from unfavorable market fluctuations and/or continued appropriation for certain programs that was deemed prudent by the Corporation.

13. RESTRUCTURING CHARGES

During fiscal year 2014, management authorized and committed the Corporation to undertake a comprehensive performance improvement plan to realign its cost structure. The Corporation had a workforce reduction as part of the plan. As a result of these actions, restructuring charges of \$46 million have been included in the consolidated statement of operations and changes in net assets. The restructuring charges are primarily for severance and termination benefits. As of June 30, 2014, \$15 million in benefits have been paid.

14. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 3, 2014, the date the consolidated financial statements were issued. The following subsequent events were noted:

Merger of Entities – CHE Trinity Inc., CHE and Trinity Health were merged into one legal corporation, with Trinity Health being the surviving legal corporation on July 1, 2014.

Consolidation of Siouxland Surgery Center, LLP (“Siouxland”) – Effective July 1, 2014, a joint venture was created between Mercy Health Services – Iowa, Corp. (“Mercy”) and USP Health Ventures, LLC (“USP”), (collectively, “Mercy/USP”). Mercy owns a controlling interest of 55.71% and USP owns the remaining 44.29% interest of the joint venture. Mercy/USP then entered into a Securities Purchase Agreement with SSC Physician Investors, LLC (“Physician Investors”), whereby Mercy contributed 30.9% of their pre-existing ownership of Siouxland and USP contributed their newly acquired 24.6% ownership of Siouxland, resulting in Mercy/USP owning a controlling interest of 55.54% of Siouxland with the remaining 44.46% interest owned by Physician Investors. As a result of the transaction, Mercy reported a gain of \$40.3 million in the consolidated statement of operations and changes in net assets in July, 2014. Siouxland operates a surgical specialty hospital and medical facility in Dakota Dunes, South Dakota and has operating revenue of \$64 million annually. Summarized consolidated balance sheet information for Mercy/USP as of July 1, 2014 is as follows (in thousands):

Cash	\$ 4,178	Accounts payable and accrued expenses	\$ 9,409
Patient accounts receivable	11,191	Current portion of long-term debt	1,031
Other current assets	3,539	Long-term debt, net of current portion	12,075
Property and equipment	24,133	Total liabilities acquired	<u>\$ 22,515</u>
Goodwill	134,947		
Other assets	799	Unrestricted net assets	\$ 57,265
Total assets acquired	<u>\$ 178,787</u>	Unrestricted noncontrolling interest	<u>99,007</u>
		Total net assets	<u>\$ 156,272</u>

Litigation – On July 17, 2014, Trinity Health Corporation (now CHE Trinity Inc.) was notified that it is a defendant in a lawsuit filed in the United States District Court District of Maryland that challenges the church plan status of the Trinity Health Employee Pension Plan. This is similar to other purported class action cases that have been brought against large Catholic health care systems, including one making similar allegations with respect to the Catholic Health East employee pension plan. This is one of six such challenges filed against Catholic health systems across the country. At this point, it is not possible to assess the exposure, if any, related to these claims and CHE Trinity Inc. has not reserved any amounts at this time related to either the existing challenge with respect to the Catholic Health East employee pension plan or the recently filed lawsuit against Trinity Health Corporation.

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