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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

C Name of organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Doing Business As
MOUNT CARMEL FOUNDATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6150 EAST BROAD STREET

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, OH 432131574

D Employer identification number
31-1113966

E Telephone number
(614) 546-4300

G Gross receipts $ 9,537,076

F Name and address of principal officer
CLAUS VON ZYCHLIN
6150 EAST BROAD STREET
COLUMBUS, OH 432131574

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW MOUNTCARMELFOUNDATION ORG

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

L Year of formation 1984

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORT MOUNT CARMEL HEALTH SYSTEM

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	16
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,883,238	3,556,049
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,589,728	5,611,388
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	208,484	176,903
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,681,450	9,344,340
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,393,669	2,175,747
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)	1,476,115	1,503,502
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶909,122		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,825,495	2,085,766
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,695,279	5,765,015
19	Revenue less expenses Subtract line 18 from line 12	9,986,171	3,579,325

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	124,825,085	137,932,026
21	Total liabilities (Part X, line 26)	2,971,111	4,245,435
22	Net assets or fund balances Subtract line 21 from line 20	121,853,974	133,686,591

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

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

KEITH COLEMAN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
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 . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION IS TO SOLICIT AND RECEIVE GIFTS, GRANTS, BEQUESTS, AND OTHER FINANCIAL AID FROM THE GENERAL PUBLIC AND OTHER SOURCES FOR THE SUPPORT AND MAINTENANCE OF THE CHARITABLE ACTIVITIES OF MOUNT CARMEL HEALTH SYSTEM

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 $ 4,086,012 including grants of $ 2,175,747) (Revenue $ 92,092)

MOUNT CARMEL HEALTH SYSTEM FOUNDATION IS THE SOLE FUNDRAISING ARM OF THE MOUNT CARMEL HEALTH SYSTEM AND RAISES CHARITABLE DONATIONS THROUGH TARGETED INDIVIDUAL CAMPAIGNS, SPECIAL EVENTS AND FOUNDATION AND CORPORATE GRANTS FOUNDATION STAFF MEMBERS PROCESS AND ACKNOWLEDGE ALL CONTRIBUTIONS, MAINTAIN ONGOING RELATIONSHIPS WITH DONORS, AND ENSURE THAT ALL GIFTS ARE USED ACCORDING TO THE DONORS' WISHES MOUNT CARMEL HEALTH SYSTEM FOUNDATION WAS ESTABLISHED IN 1984 TO PROVIDE ASSISTANCE TO THE MOUNT CARMEL HEALTH SYSTEM AND TO THE HEALTH AND WELL BEING OF THE COMMUNITY WE SERVE THE FOUNDATION PROVIDES QUALITY HEALTH CARE THROUGH COMMUNITY OUTREACH PROGRAMS INCLUDING FREE IMMUNIZATIONS, WELL-BABY CARE, AND PRENATAL INCENTIVE PROGRAMS, AMONG MANY OTHER COMMUNITY PROGRAMS IN ADDITION, THE FOUNDATION LENDS SUPPORT TO HEALTH-CENTERED EDUCATIONAL PROGRAMMING AND RESOURCES TO THE COMMUNITY THE FOUNDATION SUPPORTS MEDICAL EDUCATION FOR PHYSICIANS AND ASSOCIATES, COMMUNITY EDUCATION, THE MOUNT CARMEL COLLEGE OF NURSING AND MOUNT CARMEL HOSPICE AS WELL AS MANY OTHER AREAS OF THE HEALTH SYSTEM THE MOUNT CARMEL HEALTH SYSTEM FOUNDATION MAKES GRANTS TO MOUNT CARMEL ENTITIES AND MOUNT CARMEL HEALTH SYSTEM DEPARTMENTS TO SUPPORT THE FOLLOWING PROGRAMS - SUPPORT OF NURSING CONTINUING EDUCATION AT MOUNT CARMEL EAST- SUPPORT OF PASTORAL CARE AT MOUNT CARMEL FACILITIES- SUPPORT OF COMMUNITY OUTREACH THROUGH THE MOBILE MEDICAL COACH PROGRAM TO PROVIDE HEALTH SCREENINGS, EDUCATION TO EPISODIC AND SOMETIMES URGENT CARE NEEDS FOR NEEDY UNINSURED AND HOMELESS- PROVIDE SCHOLARSHIPS TO COLLEGE OF NURSING STUDENTS- SUPPORT PRESCRIPTION EASE PROGRAM WHICH HELPS PATIENTS AND PHYSICIAN OFFICES NAVIGATE THE MAZE OF PHARMACEUTICAL COMPANY ENROLLMENT REQUIREMENTS AND PAPERWORK TO HELP NEEDY PATIENTS GET THE MEDICATIONS THEY NEED AT LOW OR NO COST- GLUCOMETER SUPPLIES FOR UNINSURED DIABETIC PATIENTS

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** ▶ 4,086,012

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

☐ 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

▶KEITH COLEMAN 6150 EAST BROAD STREET
COLUMBUS, OH 43213 (614) 546-4619

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) LARRY ENGLISH TRUSTEE, CHR THR 12/13	1 00 0 00	X		X				0	0	0
(2) ROBERT RYAN TRUSTEE, TREASURER & SEC	1 00 0 00	X		X				0	0	0
(3) CLAUS VON ZYCHLIN TRUSTEE, MOUNT CARMEL SYS PRES & CEO	1 00 54 00	X		X				0	1,133,349	104,030
(4) SU LOK TRUSTEE, V CHR THR 12/13,CHR AT 1/14	1 00 0 00	X		X				0	0	0
(5) DOUGLAS STEIN TRUSTEE, EXECUTIVE DIRECTOR THR 6/14	45 00 0 00	X		X				0	206,113	32,426
(6) BRENDA STIER TRUSTEE THROUGH 12/13	1 00 0 00	X						0	0	0
(7) WILLIAM ZOX TRUSTEE THROUGH 9/13	1 00 0 00	X						0	0	0
(8) PAT MCCURDY TRUSTEE	1 00 0 00	X						0	0	0
(9) SR BARBARA HAHL TRUSTEE	1 00 54 00	X						0	0	5,507
(10) MILTON SCHOTT TRUSTEE THROUGH 11/13	1 00 0 00	X						0	0	0
(11) LINDA KAUFFMAN TRUSTEE	1 00 0 00	X						0	0	0
(12) ROBERT DUNN TRUSTEE	1 00 0 00	X						0	0	0
(13) CHARLES GEHRING TRUSTEE	1 00 0 00	X						0	0	0
(14) AUGUSTUS PARKER MD TRUSTEE	1 00 39 00	X						0	75,726	3,786
(15) JOHN O'HANDLEY MD TRUSTEE	1 00 54 00	X						0	173,084	29,796
(16) SCOTT GROTELUESCHEN TRUSTEE	1 00 0 00	X						0	0	0
(17) PHILLIP SHUBERT MD TRUSTEE, MEDICAL DIRECTOR, ST ANN'S	1 00 54 00	X						0	525,928	40,565

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) TED ADAMS TRUSTEE	1 00 0 00	X						0	0	0
(19) JOYCE BRAND TRUSTEE	1 00 39 00	X						0	151,750	37,337
(20) MSGR JOSEPH HENDRICKS TRUSTEE	1 00 0 00	X						0	0	0
(21) DAVID MONTGOMERY TRUSTEE	1 00 0 00	X						0	0	0
(22) DENNIS ADAMS TRUSTEE AS OF 1/14	1 00 0 00	X						0	0	0
(23) JOHN TRYDAHL TRUSTEE AS OF 1/14	1 00 0 00	X						0	0	0
(24) KEITH COLEMAN MOUNT CARMEL SYSTEM CFO	1 00 54 00			X				0	517,411	30,926
(25) JACQUELINE PRIMEAU FORMER OFFICER	0 00 50 00						X	0	219,460	30,590
(26) JOHN HEISLER FORMER KEY EMPLOYEE	0 00 0 00						X	0	134,499	14,920
(27) RONALD WHITESIDE FORMER OFFICER	0 00 0 00						X	0	530,663	190,348
(28) HUGH JONES FORMER KEY EMPLOYEE	0 00 50 00						X	0	304,809	34,277

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	0	3,972,792	554,508

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAC CONSTRUCTION 1028 PROPRIETORS RD WORTHINGTON OH 43085	CONSTRUCTION	578,730
BRICKMAN GROUP LTD 2275 RESEARCH BLVD STE 600 ROCKVILLE MD 20850	CONSTRUCTION	191,402
FUND EVALUATION GROUP LLC 201 EAST FIFTH ST STE 1600 CINCINNATI OH 45202	FINANCIAL SERVICES	184,499
MESSER CONSTRUCTION 3705 BUSINESS PARK DR COLUMBUS OH 43204	CONSTRUCTION	158,475

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 ▶4

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	12,500				
	b Membership dues					
	c Fundraising events	299,346				
	d Related organizations	56,228				
	e Government grants (contributions)	816,223				
	f All other contributions, gifts, grants, and similar amounts not included above	2,371,752				
	g Noncash contributions included in lines 1a-1f $	41,085				
	h **Total.** Add lines 1a-1f		3,556,049			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
	3 Investment income (including dividends, interest, and other similar amounts)		3,420,527			3,420,527
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	172,126				
	b Less rental expenses	0				
	c Rental income or (loss)	172,126				
	d Net rental income or (loss)		172,126			172,126
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	2,190,861				
	b Less cost or other basis and sales expenses	0				
	c Gain or (loss)	2,190,861				
	d Net gain or (loss)		2,190,861			2,190,861
Other Revenue	8a Gross income from fundraising events (not including $ 299,346 of contributions reported on line 1c) See Part IV, line 18	a 79,421				
	b Less direct expenses	b 181,457				
	c Net income or (loss) from fundraising events		-102,036			-102,036
	9a Gross income from gaming activities See Part IV, line 19	a 26,000				
	b Less direct expenses	b 11,279				
	c Net income or (loss) from gaming activities		14,721			14,721
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a OTHER RELATED REVENUE	900099	92,092	92,092		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		92,092			
	12 **Total revenue.** See Instructions		9,344,340	92,092	0	5,696,199

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	2,175,747	2,175,747		
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	238,540		119,270	119,270
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,059,593	469,833	110,731	479,029
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	205,369	89,655	23,580	92,134
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	65,590		65,590	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	91,535		91,535	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	797,372	551,207	115,137	131,028
12 Advertising and promotion	59,988	37,500		22,488
13 Office expenses	181,071	122,721	24,510	33,840
14 Information technology				
15 Royalties . .				
16 Occupancy	22,716			22,716
17 Travel	60,409	51,091	9,318	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	176,941	175,842	1,099	
20 Interest	16,219		16,219	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,532		8,532	
23 Insurance	1,662	45	1,617	
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 CORPORATE ALLOCATION	177,079		177,079	
b MEDICAL SUPPLIES	111,835	109,535	36	2,264
c EQUIPMENT MAINTENANCE	80,975	80,975		
d SUBSCRIPTIONS AND DUES	22,506	17,041	5,465	
e All other expenses	211,336	204,820	163	6,353
25 **Total functional expenses.** Add lines 1 through 24e	5,765,015	4,086,012	769,881	909,122
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		3,434,630	2	4,201,840
	3	Pledges and grants receivable, net		1,099,350	3	1,398,692
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	65,886
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 127,510			
	b	Less accumulated depreciation	10b 25,278	48,666	10c	102,232
	11	Investments—publicly traded securities		88,368,074	11	100,426,669
	12	Investments—other securities See Part IV, line 11		31,681,783	12	31,540,408
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		192,582	15	196,299
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		124,825,085	16	137,932,026
Liabilities	17	Accounts payable and accrued expenses		571,416	17	267,285
	18	Grants payable			18	
	19	Deferred revenue		832	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		2,398,863	25	3,978,150
	26	**Total liabilities.** Add lines 17 through 25		2,971,111	26	4,245,435
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		112,899,713	27	125,338,865
	28	Temporarily restricted net assets		6,446,900	28	5,484,592
	29	Permanently restricted net assets		2,507,361	29	2,863,134
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		121,853,974	33	133,686,591
	34	Total liabilities and net assets/fund balances		124,825,085	34	137,932,026

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,344,340
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,765,015
3	Revenue less expenses Subtract line 2 from line 1	3	3,579,325
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	121,853,974
5	Net unrealized gains (losses) on investments	5	10,201,481
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,948,189
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	133,686,591

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	
See Additional Data Table									
Total									2,056,494

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 31-1113966
Name: MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) MOUNT CARMEL HEALTH SYSTEM	311439334	3	Yes		Yes		Yes		1649020
(A) TRINITY HEALTH CORP	351443425	11, TYPE I		No	Yes		Yes		0
(B) DILEY RIDGE MEDICAL CENTER	342032340	3		No	Yes		Yes		0
(C) MOUNT CARMEL COLLEGE OF NURSING	311308555	2		No	Yes		Yes		407474

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	4,184,616	3,693,149	3,445,646	3,213,867	2,676,595
b	Contributions	355,773	462,231	244,073	56,090	523,634
c	Net investment earnings, gains, and losses	65,359	29,236	3,430	410,324	13,638
d	Grants or scholarships					
e	Other expenditures for facilities and programs				234,635	
f	Administrative expenses					
g	End of year balance	4,605,748	4,184,616	3,693,149	3,445,646	3,213,867

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

- a Board designated or quasi-endowment ▶ 33 570 %
- b Permanent endowment ▶ 62 170 %
- c Temporarily restricted endowment ▶ 4 260 %

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,165	2,165	0
c Leasehold improvements				
d Equipment		69,669	23,113	46,556
e Other		55,676		55,676
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				102,232

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	6,710,725	F
(B) EQUITY METHOD INVESTMENTS	14,763,595	C
(C) HEDGE FUNDS	10,066,088	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	31,540,408	

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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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 ACCOUNT PAYABLE	85,980
LONG TERM NOTES PAYABLE	287,998
INTERCOMPANY NOTES PAYABLE	2,000,000
ANNUITIES PAYABLE	5,450
OTHER CURRENT LIABILITIES	16,805
DUE TO AFFILIATES	1,581,917
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,978,150

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

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

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

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

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

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS WILL BE USED AS FOLLOWS HOSPICE, COLLEGE OF NURSING (INCLUDING SCHOLARSHIPS), FACILITIES, GRADUATE MEDICAL EDUCATION, CONTINUING MEDICAL EDUCATION, GENERAL PURPOSE, OPERATIONS, OB/GYN RESIDENCY EDUCATION, INTERN IMPROVEMENT, CHAPLAINCY, MCSA LABOR/DELIVERY STAFF EDUCATION, MCE STAFF EDUCATION, AND RADIATION ONCOLOGY DEPARTMENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENT IN FOREIGN FUND		9,417,023
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			9,417,023
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			9,417,023

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 31-1113966
Name: MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CHAMPAGNE AND DIAMONDS GALA (event type)	(b) Event #2 HARD HATS & HEELS (event type)	(c) Other events ____ (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	269,376	109,391		378,767
	2 Less Contributions	207,905	91,441		299,346
	3 Gross income (line 1 minus line 2)	61,471	17,950		79,421
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	55,846			55,846
	7 Food and beverages	1,794	27,023		28,817
	8 Entertainment		300		300
	9 Other direct expenses	38,541	57,953		96,494
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(181,457)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-102,036

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			26,000	26,000
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			11,279	11,279
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				11,279
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				14,721

9 Enter the state(s) in which the organization operates gaming activities OH

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ PAM MAHANEY

Address ▶ 6150 EAST BROAD STREET
COLUMBUS,OH 432131574

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ PAM MAHANEY

Gaming manager compensation ▶ $

Description of services provided ▶ PART OF PAM MAHANEY'S RESPONSIBILITIES ARE TO OVERSEE ALL FUNCTIONS INVOLVING THE FOUNDATION'S FINANCES PAM DOES NOT RECEIVE A SPECIFIED SALARY FOR GAMING MANAGER

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST GABRIEL RADIO INC 4673 WINTER SET DRIVE COLUMBUS,OH 43220	30-0220140	501(C)(3)	11,305				SPONSORSHIP
(2) MOUNT CARMEL HEALTH SYSTEM 6150 E BROAD ST COLUMBUS,OH 43213	31-1439334	501(C)(3)	1,649,020				EXTERNAL GRANTS RECEIVED AND SUPPORT FOR OUTREACH PROGRAMS
(3) DIOCESE OF COLUMBUS 197 E GAY STREET COLUMBUS,OH 43215	31-4379603	501(C)(3)	5,000				SPONSORSHIP
(4) CENTER FOR FAMILY SAFETY AND HEALING 655 E LIVINGSTON AVE COLUMBUS,OH 43205	02-0627166	501(C)(3)	10,000				SPONSORSHIP
(5) MOUNT CARMEL COLLEGE OF NURSING 6150 E BROAD ST COLUMBUS,OH 43213	31-1308555	501(C)(3)	407,474				SCHOLARSHIP FUNDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	DONATIONS MADE BY MOUNT CARMEL HEALTH SYSTEM FOUNDATION TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	MOUNT CARMEL HEALTH SYSTEM FOUNDATION IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM MOUNT CARMEL HEALTH SYSTEM FOUNDATION'S CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, MOUNT CARMEL HEALTH SYSTEM MOUNT CARMEL HEALTH SYSTEM USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION'S CEO - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINES 4A-B	THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH CASH BALANCE RESTORATION AND RETENTION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETENTION BENEFITS PLUS RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS ($255,000 FOR 2013) THE FOLLOWING ACCRUALS FOR 2013 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II CLAUS VON ZYCHLIN - $63,305 THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2013 THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) RONALD WHITESIDE - $238,151 IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES $158,768 OF SEVERANCE FOR RONALD WHITESIDE WHICH WAS UNPAID AS OF 12/31/13 THE $158,768 WAS PAID AND INCLUDED IN RONALD WHITESIDE'S TAXABLE INCOME IN 2014 PART II, COLUMN B (II) CLAUS VON ZYCHLIN RECEIVED $252,477 IN 2013 FROM A LONG-TERM INCENTIVE PLAN (LTIP) PARTICIPANTS IN THE LTIP (CEO'S AND CERTAIN TRINITY EXECUTIVES) WERE ELIGIBLE TO RECEIVE A PAYMENT UNDER THE PLAN ONLY IF CERTAIN CULTURE OF SAFETY SURVEY SCORE TARGETS WERE ACHIEVED AT THE END OF A THREE-YEAR PERIOD (FY11 THROUGH FY13)

Additional Data

Software ID:
Software Version:
EIN: 31-1113966
Name: MOUNT CARMEL HEALTH SYSTEM FOUNDATION

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				
CLAUS VON ZYCHLIN TRUSTEE, MOUNT CARMEL SYS PRES & CEO	(I)	0	0	0	0	0	0	0
	(II)	539,068	474,686	119,595	76,055	27,975	1,237,379	23,713
DOUGLAS STEIN TRUSTEE, EXECUTIVE DIRECTOR THR 6/14	(I)	0	0	0	0	0	0	0
	(II)	178,018	26,763	1,332	10,547	21,879	238,539	0
JOHN O'HANDLEY MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	169,059	0	4,025	13,549	16,247	202,880	0
PHILLIP SHUBERT MD TRUSTEE, MEDICAL DIRECTOR, ST ANN'S	(I)	0	0	0	0	0	0	0
	(II)	513,046	0	12,882	23,886	16,679	566,493	0
JOYCE BRAND TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	140,064	10,430	1,256	21,033	16,304	189,087	0
KEITH COLEMAN MOUNT CARMEL SYSTEM CFO	(I)	0	0	0	0	0	0	0
	(II)	389,476	72,374	55,561	12,750	18,176	548,337	0
JACQUELINE PRIMEAU FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	217,378	0	2,082	21,231	9,359	250,050	0
JOHN HEISLER FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	116,500	0	17,999	8,789	6,131	149,419	0
RONALD WHITESIDE FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	153,136	89,872	287,655	176,173	14,175	721,011	0
HUGH JONES FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	239,899	64,115	795	14,993	19,284	339,086	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	1	400	DONOR PROVIDED VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		135	DONOR PROVIDED VALUE
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other	X	5	9,975	DONOR PROVIDED VALUE
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MISCELLANEOUS)	X	33	30,575	DONOR PROVIDED VALUE
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MOUNT CARMEL HEALTH SYSTEM FOUNDATION TRUSTEES JOHN O'HANDLEY AND ROBERT RYAN HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION IS MOUNT CARMEL HEALTH SYSTEM SEE LINE 7 FOR ADDITIONAL INFORMATION
FORM 990, PART VI, SECTION A, LINE 7A	MOUNT CARMEL HEALTH SYSTEM IS THE SOLE MEMBER OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION MO UNT CARMEL HEALTH SYSTEM HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF TRUSTEES OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, MOUNT CARMEL HEALTH SYSTEM MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET MOU NT CARMEL HEALTH SYSTEM MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTIO N, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL CHANGE IN MISSION, AND MODIFICAT IONS TO GOVERNING DOCUMENTS
FORM 990, PART VI, SECTION B, LINE 11	MOUNT CARMEL HEALTH SYSTEM FOUNDATION'S FORM 990 WAS REVIEWED BY MANAGEMENT MANAGEMENT RE VIEW TOOK PLACE BEFORE THE FORM 990 WAS FILED WITH THE INTERNAL REVENUE SERVICE A COPY OF THE FORM 990 WAS PROVIDED TO BOARD MEMBERS FOR THEIR REVIEW BEFORE THE FILING OF FORM 990 WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	MOUNT CARMEL HEALTH SYSTEM FOUNDATION HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH CONT AINS THE ELEMENTS IN THE MODEL CONFLICT OF INTEREST POLICY ISSUED BY THE IRS IT APPLIES T O ALL "INTERESTED PERSONS" OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION, WHICH INCLUDES TRUSTE ES, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POW ERS INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH MOUNT CARMEL HEALTH SYSTEM FOUNDATION'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MO UNT CARMEL HEALTH SYSTEM FOUNDATION OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESU LT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE BOARD OF TRUSTEES OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION IS RESPONSIBLE FOR THE REV IEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO MOUNT CARMEL HEALTH SYSTEM FOUNDATION ON AN ANNUA L BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STA TEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISC LOSURE IN ACCORDANCE WITH THE POLICY THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD O F TRUSTEES OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION ON A YEARLY BASIS
FORM 990, PART VI, SECTION B, LINE 15	QUESTION 15A IS ANSWERED "NO" BECAUSE THE COMPENSATION FOR MOUNT CARMEL HEALTH SYSTEM FOUN DATION'S EXECUTIVE DIRECTOR IS ESTABLISHED AND PAID BY MOUNT CARMEL HEALTH SYSTEM, A RELAT ED ORGANIZATION QUESTION 15B IS ANSWERED "NO" BECAUSE THE COMPENSATION FOR MOUNT CARMEL H EALTH SYSTEM FOUNDATION'S OTHER OFFICERS IS ESTABLISHED AND PAID BY TRINITY HEALTH, A RELA TED ORGANIZATION TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR T HE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS AS PART OF THAT PROCESS, THE COMPENSATION AND BE NEFITS OF CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF MOUNT CARMEL HEALTH SYSTEM FOUN DATION ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HU MAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR N OT-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS
FORM 990, PART VI, SECTION C, LINE 19	MOUNT CARMEL HEALTH SYSTEM FOUNDATION IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH S YSTEM TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WE BSITE, WWW TRINITY-HEALTH ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE CONSOLIDATE D AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE MOUNT CARMEL HEALTH SYSTEM FOUNDATI ON'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
FORM 990, PART VII, SECTION A	SR BARBARA HAHL IS A MEMBER OF THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS HAVING TAKEN A VOW OF POVERTY, SR BARBARA DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROV IDED TO MOUNT CARMEL HEALTH SYSTEM EXCEPT FOR INSURANCE BENEFITS ($5,507) INSTEAD, A TOTA L OF $269,481 WAS PAID BY MOUNT CARMEL HEALTH SYSTEM DIRECTLY TO THE SISTERS OF THE HOLY C ROSS FOR SR BARBARA'S SERVICES
FORM 990, PART IX, LINE 11G	MEDICAL SPECIALIST FEES PROGRAM SERVICE EXPENSES 250 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 250 CONSULTING FEES PROGRAM SERVICE EXPENSES 8,196 MANAGEMENT AND GENERAL EXPENSES 96,497 FUNDRAISING EXPENSES 67,500 TOTAL EXPENSES 1 72,193 MISC PURCHASED SERVICES PROGRAM SERVICE EXPENSES 542,761 MANAGEMENT AND GENERA L EXPENSES 18,640 FUNDRAISING EXPENSES 63,528 TOTAL EXPENSES 624,929
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS TO/FROM AFFILIATES -1,948,189
FORM 990, PART XII, LINE 2	MOUNT CARMEL HEALTH SYSTEM FOUNDATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY14 CON SOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUB LIC ACCOUNTING FIRM

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TRINITY HEALTH CORPORATION	M	91,535	PER BOOKS
(2) MOUNT CARMEL HEALTH SYSTEM	B	1,948,189	PER BOOKS
(3) MOUNT CARMEL HEALTH SYSTEM	M	54,682	PER BOOKS
(4) MOUNT CARMEL HEALTH SYSTEM	P	817,184	PER BOOKS
(5) TRINITY HEALTH CORPORATION	C	56,228	PER BOOKS
(6) MOUNT CARMEL COLLEGE OF NURSING	B	407,474	PER BOOKS

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-1113966
Name: MOUNT CARMEL HEALTH SYSTEM FOUNDATION

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

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						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 SERVICE 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

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(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 INC 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	

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						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 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320698	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(18) MERCY AMICARE HOME HEALTHCARE PORT HURON 505 HURON AVENUE PORT HURON, MI 48060 38-3320701	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HOME HEALTH SERVICES INC	Yes	
(19) MERCY 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	No
(81) MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1352191	ACUTE CARE HOSPITAL	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(1) MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	MANAGEMENT & SUPPORT SERVICES	CT	501(C)(3)	LINE 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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(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 PHYSICIAN NETWORK C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 46-1187365	SUPPORTING ORGANIZATION	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	

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(121) 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	
(1) MERCY SERVICES CORPORATION 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1453323	SUPPORT SERVICES	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(2) MERCY SERVICES DOWNTOWN INC 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	REAL ESTATE HOLDING COMPANY	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(3) MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MI	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	Yes	
(4) MERCY SPECIALIST PHYSICIANS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	NEUROSURGERY MEDICAL SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(5) MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1396763	ACUTE CARE HOSPITAL	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(6) MERCY UIHLEIN HEALTH CORPORATION 185 OLD MILITARY ROAD LAKE PLACID, NY 12946 16-1535133	MGT & SUPPORT SERVICES	NY	501(C)(3)	LINE 11B, II	MERCY HEALTHCARE CENTER	Yes	
(7) MERCYKNOLL INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0757380	SKILLED NURSING	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(8) MIDWEST MEDFLIGHT 1300 VICTORS WAY ANN ARBOR, MI 48108 38-2684671	AEROMEDICAL TRANSPORT	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(9) MISSION HEALTH CORPORATION 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	FACILITY USED FOR AMBULATORY CARE	DE	501(C)(3)	LINE 11A, I	N/A		No
(10) MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
(11) MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
(12) MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO FOR SENIORS	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
(13) MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(14) 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		No
(15) MOUNT CARMEL HOME CARE LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH 43215 26-2729300	PROVIDE HOME HEALTH CARE SERVICES	OH	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(16) MRI MOBILE SERVICES OF WEST MICHIGAN 1820 - 44TH STREET KENTWOOD, MI 49508 38-3073745	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(17) MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
(18) NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FUNDRAISING	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(19) NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	ACUTE CARE HOSPITAL	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	

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						Yes	No
(141) NAZARETH PHYSICIAN SERVICES INC ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 20-3261266	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(1) NE PHYSICIAN SERVICES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2497355	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(2) NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756	SUPPORTING ORGANIZATION	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
(3) OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(4) OAKLAND MERCY HOSPITAL FOUNDATION 601 E 2ND STREET OAKLAND, NE 68045 31-1678345	SUPPORTS SERVICES OF RELATED HOSPITAL	NE	501(C)(3)	LINE 11C, III-FI	N/A		No
(5) OSUMOUNT CARMEL HEALTH ALLIANCE 793 WEST STATE STREET COLUMBUS, OH 43222 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 11A, I	N/A		No
(6) OUR LADY OF LOURDES HEALTH CARE SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	MANAGEMENT & SUPPORT SERVICES	NJ	501(C)(3)	LINE 11A, I	CATHOLIC HEALTH EAST	Yes	
(7) OUR LADY OF LOURDES HEALTH FOUNDATION INC 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(8) OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HOSPITAL	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(9) OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	NURSING HOME FACILITY	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH CARE SERVICES	Yes	
(10) PIONEER VALLEY CARDIOLOGY ASSOCIATES INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	CARDIOLOGY SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(11) PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	MANAGEMENT & SUPPORT SERVICES	PA	501(C)(3)	LINE 11C, III-FI	CATHOLIC HEALTH EAST	Yes	
(12) PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(13) PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 49442 38-2638284	MEDICAL CARE, TRANSPORTATION AND EDUCATION	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(14) PROFESSIONAL OFFICE CORPORATION 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	Yes	
(15) 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	
(16) 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	
(17) 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	
(18) 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	
(19) 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	

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(161) 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	
(1) 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	
(2) 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	
(3) 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	
(4) 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	
(5) 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	
(6) 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	
(7) 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	
(8) 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	
(9) 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	
(10) 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	
(11) 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	
(12) 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	
(13) 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	
(14) 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	
(15) 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	
(16) 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	
(17) 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	
(18) SAINT MICHAELS MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HOSPITAL	NJ	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(19) 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	

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(181) 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	
(1) SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(2) SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	SUPPORTING ORGANIZATION	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
(3) 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	
(4) 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	
(5) 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	
(6) 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	
(7) SISTERS OF PROVIDENCE HEALTH SYSTEM INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398374	MANAGEMENT & SUPPORT SERVICES	MA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH EAST	Yes	
(8) 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	
(9) SSJ HEALTH FOUNDATION INC 3661 SOUTH MIAMI AVENUE MIAMI, FL 33133 59-1709438	FUNDRAISING	FL	501(C)(3)	LINE 7	MERCY HOSPITAL INC	Yes	
(10) 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	
(11) 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	
(12) 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	
(13) ST FRANCIS FOUNDATION PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 11B, II	ST FRANCIS HOSPITAL	Yes	
(14) ST FRANCIS HOSPITAL PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HOSPITAL	DE	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(15) 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	
(16) 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	
(17) ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HOSPITAL	NJ	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(18) 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	
(19) 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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(201) 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	
(1) 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	
(2) 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	
(3) 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	
(4) 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	
(5) ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HOSPITAL	PA	501(C)(3)	LINE 3	CATHOLIC HEALTH EAST	Yes	
(6) 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	
(7) 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	
(8) 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	
(9) 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	
(10) 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	
(11) 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	
(12) 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	
(13) 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	
(14) 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	
(15) 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	
(16) 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	
(17) 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	
(18) 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	
(19) SUNNYVIEW HOSPITAL & REHABILITATION CTR 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	REHABILITATION HOSPITAL	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(221) 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	
(1) 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	
(2) 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	
(3) 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	
(4) 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	
(5) TRI-COUNTY HUMAN SERVICES CENTER INC 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 23-1938528	BEHAVIORAL HEALTH ORGANIZATION	PA	501(C)(3)	LINE 7	MAXIS HEALTH SYSTEM	Yes	
(6) TRI-HOSPITAL EMERGENCY MEDICAL SERVICES 309 GRAND RIVER PORT HURON, MI 48060 38-2485700	PROVIDE EMERGENCY AMBULANCE SERVICES	MI	501(C)(3)	LINE 11D, III-O	N/A		No
(7) TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	MRI SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
(8) TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	MANAGEMENT SERVICES FOR LONG TERM CARE AND SENIOR LIVING FACILITIES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(9) TRINITY CONTINUING CARE SERVICES - INDIANA INC PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	PROVIDES LONG-TERM CARE AND RESIDENTIAL HOUSING	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
(10) TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(11) TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	CHE TRINITY INC	Yes	
(12) TRINITY HEALTH INTERNATIONAL 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTHCARE TRAINING AND SUPPORT SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(13) TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE COVERAGE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
(14) TRINITY HOME HEALTH SERVICES INC 17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-2621935	HOME HEALTH CARE SYSTEM MANAGEMENT SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
(15) UIHLEIN MERCY CENTER 185 OLD MILITARY ROAD TUPPER LAKE, NY 12986 15-0532190	IN DISSOLUTION	NY	501(C)(3)	LINE 3	MERCY HEALTHCARE CENTER	Yes	
(16) UNIVERSITY HEIGHTS PROPERTY COMPANY INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	MEDICAL PROPERTY HOLDING COMPANY	NJ	501(C)(2)	N/A	SAINT MICHAELS MEDICAL CENTER	Yes	
(17) 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	
(18) 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	
(19) WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	SUPPORT SERVICES	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVENT REHABILITATION LLC 607 DEWEY AVENUE SUITE 300 GRAND RAPIDS, MI 49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A									
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
CATHERINE HORAN BUILDING LIMITED PARTNERSHIP 1221 MAIN STREET ROOM 108 HOLYOKE, MA 01040 04-2723429	PROPERTY MANAGEMENT	MA	N/A									
CENTENNIAL SURGUNIT LLC 502 CENTENNIAL BLVD SUITE 1 VOORHEES, NJ 08043 22-3580847	HEALTHCARE SERVICES	NJ	N/A									
CENTER FOR DIGESTIVE CARE LLC 5300 ELLIOTT DRIVE YPSILANTI, MI 48197 03-0447062	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A									
CENTRAL NEW JERSEY HEART SERVICES LLC PO BOX 148 BAYONNE, NJ 07002 20-8525458	CARDIAC PROGRAM	NJ	N/A									
CENTRAL OHIO SLEEP MEDICINE LTD 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1701029	SLEEP MEDICINE SERVICES	OH	N/A									
CLINTON IMAGING SERVICES LLC 615 VALLEY VIEW DR STE 202 MOLINE, IL 61265 41-2044739	MRI DIAGNOSTIC SERVICES	IA	N/A									
EAST NORRITON MEDICAL ASSOCIATES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2319531	MEDICAL OFFICE BUILDING	PA	N/A									
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A									
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI 48104 38-2648446	LABORATORY	MI	N/A									
FRESNO IMAGING CENTER 1303 E HERNDON AVE FRESNO, CA 93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A									
GATEWAY HEALTH PLAN 300 GRANT STREET PITTSBURGH, PA 15219 25-1691945	MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE ORGANIZATION	PA	N/A									
HAWARDEN REGIONAL HEALTH CLINICS LLC 1122 AVENUE L HAWARDEN, IA 51023 20-1444339	MEDICAL CLINIC	IA	N/A									
IDAHO ASC HOLDINGS LLC 4400 E FLAMINGO AVE NAMPA, ID 83687 36-4729605	HOLDING COMPANY FOR AMBULATORY SURGERY	ID	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK LP 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 36-4119522	SURGICAL SERVICES	IL	N/A									
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388	MRI SERVICES	IA	N/A									
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA 50401 20-1960348	SURGERY-SAME DAY	IA	N/A									
MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
MCMC POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1392994	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
MEDILUCENT MOB I 793 W STATE STREET COLUMBUS, OH 43222 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
MERCY ADVANCED MRI LLC 2525 SOUTH MICHIGAN AVE CHICAGO, IL 60616 26-2116721	SUBLEASE MRI EQUIPMENT	IL	N/A									
MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A									
MERCYMANOR PARTNERSHIP PO BOX 10086 TOLEDO, OH 43699 52-1931012	NURSING HOME	PA	N/A									
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES LP C/O NAZARETH HOSP 2601 HOLME AVE PHILADELPHIA, PA 19152 23-2388040	MEDICAL OFFICE BUILDING	PA	N/A									
NEWCO AMBULATORY SURGERY CTR LLP 4190 24TH AVENUE FORT GRATIOT, MI 48059 30-0136708	OUTPATIENT SURGERY CENTER	MI	N/A									
PHYSICIANS OUTPATIENT SURGERY CENTER LLC 1000 NE 56TH STREET OAKLAND PARK, FL 33334 35-2325646	AMBULATORY SURGERY CENTER	FL	N/A									
SARMED OUTPATIENT PHARMACY LLC 999 N CURTIS RD STE 102 BOISE, ID 83706 51-0483218	PHARMACY	ID	N/A									
SIXTY FOURTH STREET LLC 2373 64TH ST STE 2200 BYRON CENTER, MI 49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SJV MANAGEMENT LLC 200 CENTURY PKWY STE 200E MOUNT LAUREL, NJ 08054 20-2273476	RADIOLOGY	NJ	N/A									
SMMC MOB II LP 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 36-4559869	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A									
ST AGNES LONG-TERM INTENSIVE CARE LLP C/O MHS ONE WEST ELM ST STE 100 CONSHOHOCKEN, PA 19428 20-0984882	LONG TERM INTENSIVE CARE	PA	N/A									
ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID 83605 82-0526861	RADIATION ONCOLOGY	ID	N/A									
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
ST MARY REHABILITATION HOSPITAL LLP 113 SEABOARD LANE SUITE B201 FRANKLIN, TN 37067 27-3938747	MEDICAL SERVICES	DE	N/A									
ST PETER'S AMBULATORY SURGERY CENTER LLC 1375 WASHINGTON AVENUE STE 201 ALBANY, NY 12206 46-0463892	OUTPATIENT SURGERY	NY	N/A									
TAMARACK MEDICAL CLINIC LLC 402 OLD STATE HWY CASCADE, ID 83611 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A									
THE AMBULATORY SURGERY CENTER AT ST MARY LLC 1203 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2871206	OUTPATIENT SURGERY	PA	N/A									
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1784409	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI 48106 76-0820959	RADIOLOGY/IMAGING	MI	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
CARBONDALE AREA PHYSICIANS' ASSOCIATION PC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801677	MEDICAL INSURANCE CONTRACTING	PA	N/A	C				Yes	
CARBONDALE AREA PHYSICIANS' PHO INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801676	INACTIVE	PA	N/A	C				Yes	
CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C				Yes	
CATHERINE HORAN BUILDING INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
CATHOLIC HEALTH EAST SENIOR SERVICES 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
GATEWAY HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1505506	HEALTH CARE	PA	N/A	C				Yes	
GATEWAY HEALTH PLAN INC OF OHIO 600 GRANT STREET PITTSBURGH, PA 15219 30-0282076	HEALTH CARE	PA	N/A	C				Yes	
GEORGIA HEALTH ENTERPRISES LLC 1230 BAXTER STREET ATHENS, GA 30606 54-1806329	HEALTHCARE	GA	N/A	C				Yes	
GHE PHYSICIANS PC 3500 PIEDMONT ROAD ATLANTA, GA 30305 58-2277939	PRACTICE MANAGEMENT	GA	N/A	C				Yes	
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
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	
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS,	PA	N/A	C				Yes	
LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C				Yes	
LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C				Yes	

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**
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	OUTPATIENT PHARMACY	ID	N/A	C				Yes	
MERCY INPATIENT MEDICAL ASSOCIATES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI 49546 38-2647304	ATHLETIC CLUB	MI	N/A	C				Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA 50401 42-1382308	MEDICAL SERVICES	IA	N/A	C				Yes	
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST 1221 MAIN STREET ROOM 108 HOLYOKE, MA 01040 04-6608649	PROPERTY MANAGEMENT	MA	N/A	C				Yes	
PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C				Yes	
PROVIDENCE HOME CARE INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	PHYSICIANS	ID	N/A	C				Yes	
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI 49546 38-3450733	ATHLETIC CLUB	MI	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**
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	
STELLA MARIS INSURANCE COMPANY LIMITED PO BOX 69 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0632008	INSURANCE	CJ	N/A	C				Yes	
SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C				Yes	
SYSTEM COORDINATED SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-2938181	LAB SERVICES	MA	N/A	C				Yes	
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C				Yes	
WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI 49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

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
TRINITY HEALTH CORPORATION	M	91,535	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	B	1,948,189	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	M	54,682	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	P	817,184	PER BOOKS
TRINITY HEALTH CORPORATION	C	56,228	PER BOOKS
MOUNT CARMEL COLLEGE OF NURSING	B	407,474	PER BOOKS