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

OMB No 1545-0047  
**2014**  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: COLUMBUS ACQUISITION CORPORATION  
 % RONALD J NAPIORSKI  
 Doing business as

**D** Employer identification number: 26-2616342

**E** Telephone number: (973) 690-3514

**G** Gross receipts \$ 0

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

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number: 0928

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

**J** Website: WWW.SMMCNJ.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2008 **M** State of legal domicile: NJ

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 THIS ORGANIZATION WAS FORMED IN 2008 IN ORDER TO PURCHASE THE ASSETS OF COLUMBUS HOSPITAL LOCATED IN NEWARK, NEW JERSEY

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	0
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	0	0
<b>19</b> Revenue less expenses Subtract line 18 from line 12	0	0

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	795,525	795,526
<b>21</b> Total liabilities (Part X, line 26)	795,525	795,526
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	0	0

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\*  
 Date: 2015-11-11

RONALD J NAPIORSKI VP FINANCE  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Anthony J Panico  
 Preparer's signature: Anthony J Panico  
 Date: \_\_\_\_\_  
 Check  if self-employed  
 PTIN: P00365556  
 Firm's name: WithumSmithBrown PC  
 Firm's EIN: \_\_\_\_\_  
 Firm's address: 465 South St Ste 200, Morristown, NJ 079606497  
 Phone no: (973) 898-9494

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
THIS ORGANIZATION WAS FORMED IN 2008 IN ORDER TO PURCHASE THE ASSETS OF COLUMBUS HOSPITAL LOCATED IN NEWARK, NEW JERSEY COLUMBUS ACQUISITION CORPORATION SUBSEQUENTLY SOLD THE ASSETS ORIGINALLY PURCHASED FROM CATHEDRAL HEALTH SERVICES IN NOVEMBER 2008

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )  
COLUMBUS ACQUISITION CORPORATION HELD CERTAIN ASSETS OF COLUMBUS HOSPITAL PRIOR TO A SALE OF THOSE ASSETS IN NOVEMBER 2008

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

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

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

**4e Total program service expenses** 0

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

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

Table with columns for question numbers (1a-14b), Yes/No boxes, and input fields. Contains questions about Form 1096, Form W-2G, Form W-3, federal employment tax returns, foreign accounts, prohibited tax shelter transactions, deductible contributions, and Form 990 filings.

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	b Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	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? . . . . .		

**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, address, and telephone number of the person who possesses the organization's books and records  
 ▶RONALD J NAPIORSKI  
 111 CENTRAL AVENUE  
 NEWARK, NJ 07102 (973) 690-3514

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

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

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

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

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

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

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

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

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

List 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) ROOSEVELT N NESMITH ESQ CHAIRMAN - TRUSTEE	1 0 0 0	X		X			0	0	0	
(2) REVEREND MSGR RONALD J ROZNIAK SECRETARY - TRUSTEE	1 0 0 0	X		X			0	0	0	
(3) CECIL B CATES TRUSTEE	1 0 0 0	X					0	0	0	
(4) CATHERINE CUOMO-CECERE TRUSTEE	1 0 0 0	X					0	0	0	
(5) MICHELLE DECILLIS CPA TRUSTEE	1 0 0 0	X					0	0	0	
(6) WILLIAM A DIGIACOMO MD TRUSTEE	1 0 0 0	X					0	0	0	
(7) CLAUDIA A KOMER DO TRUSTEE - PHYSICIAN	55 0 0 0	X					0	302,781	0	
(8) RAYMOND OCASIO TRUSTEE	1 0 0 0	X					0	0	0	
(9) DAVID A RICCI FACHE TRUSTEE - PRESIDENT & CEO	55 0 0 0	X		X			0	828,034	30,754	
(10) DEREK S WARE TRUSTEE	1 0 0 0	X					0	0	0	
(11) MICHAEL CRITCHLEY SR ESQ TRUSTEE (TERM 6/2014)	1 0 0 0	X					0	0	0	
(12) DENNIS A PETTIGREW VP - CFO/COO	55 0 0 0			X			0	332,130	9,488	
(13) RONALD J NAPIORSKI VP FINANCE	55 0 0 0			X			0	282,935	19,929	
(14) DENNIS SPARKS VP HUMAN RESOURCES	55 0 0 0			X			0	192,322	9,180	

**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			

<b>1b</b> Sub-Total . . . . .			
<b>c</b> Total from continuation sheets to Part VII, Section A . . . . .			
<b>d</b> Total (add lines 1b and 1c) . . . . .	0	1,938,202	69,351

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▼	0				
<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____					
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▼	0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▼	0				
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . ▼	0				
	<b>5</b>	Royalties . . . . . ▼	0				
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)	0	0		
	<b>d</b>	Net rental income or (loss) . . . . . ▼	0				
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses				
			<b>c</b> Gain or (loss)				
	<b>d</b>	Net gain or (loss) . . . . . ▼	0				
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
			<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▼			0				
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
		<b>b</b> Less direct expenses . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from gaming activities . . . . . ▼	0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . . ▼	0				
Miscellaneous Revenue		Business Code					
<b>11a</b>	_____						
<b>b</b>	_____						
<b>c</b>	_____						
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▼	0					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▼	0					

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	0			
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
<b>9</b>	Other employee benefits . . . . .	0			
<b>10</b>	Payroll taxes . . . . .	0			
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	0			
<b>c</b>	Accounting . . . . .	0			
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	0			
<b>12</b>	Advertising and promotion . . . . .	0			
<b>13</b>	Office expenses . . . . .	0			
<b>14</b>	Information technology . . . . .	0			
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	0			
<b>17</b>	Travel . . . . .	0			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	0			
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	0			
<b>23</b>	Insurance . . . . .	0			
<b>24</b>	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) . . . . .				
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	0	0	0	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	65,129	<b>1</b>	56,233
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .			
	<b>b</b> Less accumulated depreciation . . . . .		<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	730,396	<b>15</b>	739,293
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	795,525	<b>16</b>	795,526	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	0	<b>17</b>	0
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	795,525	<b>25</b>	795,526
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	795,525	<b>26</b>	795,526
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	0	<b>27</b>	0
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	0	<b>33</b>	0	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	795,525	<b>34</b>	795,526	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	0
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	0
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	0
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	0
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	0

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</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		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
COLUMBUS ACQUISITION CORPORATION

**Employer identification number**  
26-2616342

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2013 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	0	0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public support</b> (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b						0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	0 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17	<b>18</b>	0 %

**19a 33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

**2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

**3** Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . .			
<b>b</b> From 2010. . . . .			
<b>c</b> From 2011. . . . .			
<b>d</b> From 2012. . . . .			
<b>e</b> From 2013. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . .			
<b>b</b> From 2011. . . . .			
<b>c</b> From 2012. . . . .			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization COLUMBUS ACQUISITION CORPORATION

Employer identification number 26-2616342

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

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

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

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

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

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

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

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

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

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

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



**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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

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

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COLUMBUS ACQUISITION CORPORATION

Employer identification number

26-2616342

**Part I Questions Regarding Compensation**

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

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

**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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLAUDIA A KOMER DO, TRUSTEE - PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	300,005	0	2,776	0	0	302,781	0
2 DAVID A RICCI FACHE, TRUSTEE - PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	460,353	271,058	96,623	11,700	19,054	858,788	0
3 DENNIS A PETTIGREW, VP - CFO/COO	(i)	0	0	0	0	0	0	0
	(ii)	326,417	0	5,713	2,375	7,113	341,618	0
4 RONALD J NAPIORSKI, VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	252,902	25,675	4,358	2,587	17,342	302,864	0
5 DENNIS SPARKS, VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	156,675	17,600	18,047	1,210	7,970	201,502	0

**Part III Supplemental Information**

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

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HIS 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES DAVID A RICCI, FACHE, \$88,222
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2014 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization  
COLUMBUS ACQUISITION CORPORATION

**Employer identification number**

26-2616342

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 4, 6 & 7	<p>SAINT MICHAEL'S MEDICAL CENTER ("SMMC") IS THE SOLE MEMBER OF THIS ORGANIZATION AND HAS THE RIGHT TO APPROVE DECISIONS MADE BY THIS ORGANIZATION'S GOVERNING BODY, ITS BOARD OF TRUSTEES Catholic Health East ("CHE") was incorporated as a Pennsylvania nonprofit corporation on October 1, 1997 CHE is a Catholic, multi-facility health system sponsored by fifteen religious congregations and Hope Ministries Each sponsoring congregation appoints a representative to the Sponsors Council which maintains certain reserve powers, including the election of the CHE Board of Directors CHE serves to carry out the health care ministries of the sponsoring congregations The mission of CHE is to be a community of persons committed to being a transforming, healing presence within the communities it serves Previously CHE was the sole member of the medical center Pursuant to a merger with Trinity Health Corporation ("Trinity"), CHE transferred all corporate ownership and authority it holds in its' New Jersey Regional Health Corporations ("RHC") to a Pennsylvania nonprofit corporation known as Maxis Health System, Inc ("Maxis") Maxis is the sole member of the Medical Center Trinity is the sole corporate member of Maxis and retains certain reserved powers and authority over the Medical Center In conjunction with the merger by CHE with Trinity Health Corporation in June of 2014, the Medical Center became an RHC of Maxis With the exception of certain powers reserved by Trinity, including the power to approve recommendations for nominees to the Board of Directors to the Medical Center and the power to approve the annual budget of the Medical Center, all other reserved powers were transferred to Maxis</p>

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

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO SAINT MICHAEL MEDICAL CENTER'S ("SMMC") VICE PRESIDENT CORPORATE COMPLIANCE FOR REVIEW. THEREAFTER, A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS IS PREPARED IN CONJUNCTION WITH SMMC'S GENERAL COUNSEL AND PRESENTED TO SMMC'S AUDIT COMMITTEE FOR REVIEW AND DISCUSSION.

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>FOR THE 2014 YEAR, EXECUTIVE COMPENSATION WAS REVIEWED AND APPROVED AT THE CATHOLIC HEALTH EAST ("CHE") LEVEL. CHE IS A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDED SAINT MICHAEL'S MEDICAL CENTER ("SYSTEM") PRIOR TO CHE'S MERGER WITH TRINITY HEALTH CORPORATION IN JUNE OF 2014. THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION. RATHER THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THIS ORGANIZATION IS EMPLOYED BY TRINITY HEALTH CORPORATION. THE COMPENSATION AND BENEFITS OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER ARE SHOWN ON THIS TAX RETURN BECAUSE HE IS THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND ALSO A BOARD MEMBER OF THIS ORGANIZATION. CHE HAS A COMPENSATION COMMITTEE ("COMMITTEE") AND HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLY TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER. For all other employees reported in part vii and schedule j of this form 990, SAINT MICHAEL'S MEDICAL CENTER has adopted CHE'S policy process for determining compensation which includes the following: The board has an independent committee review and approve all elements of remuneration for all disqualified parties, as well as other key management. The board/committee has an established compensation philosophy which details the objectives of market positioning and pay elements. The committee engages with external consultants to provide market data comparing the organizations roles to similarly sized health systems utilizing both title and job content comparisons. The committee reviews the market analysis, approves any salary adjustments for the executive population, considers both reasonableness and effectiveness of all remunerative programs and establishes the detailed performance expectations which are incorporated into the incentive plan. All of these discussions and decisions are documented through the provision of meeting minutes.</p>

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

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

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

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT MICHAEL'S MEDICAL CENTER ("SMMC") AND RELATED ENTITIES FOR THE YEARS ENDED DECEMBER 31, 2014 AND DECEMBER 31, 2013, RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS EACH YEAR. THE SMMC AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COLUMBUS ACQUISITION CORPORATION

Employer identification number

26-2616342

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved

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

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

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

**Part VII Supplemental Information**

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

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

**Additional Data**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CATHOLIC HEALTH EAST 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 23-2929748	MGMT SVCS	PA	501(c)(3)	11C, III-FI	CHE TRINITY	Yes	
(1) CONTINUING CARE MANAGEMENT SERVICES NTWK 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 35-2336834	MGMT/SUPP SVS	PA	501(c)(3)	11B, II	CATH HLTH E	Yes	
(2) VNA HOME HEALTH & HOSPICE 50 FODEN ROAD SOUTH PORTLAND, ME 04106 01-0246804	HOME HTH/HOSP	ME	501(c)(3)	11A, I	MHS - ME	Yes	
(3) MERCY HOSPITAL 114 STATE STREET PORTLAND, ME 04101 01-0211534	HOSPITAL	ME	501(c)(3)	3	MHS - ME	Yes	
(4) MERCY HEALTH SYSTEM OF MAINE 144 STATE STREET PORTLAND, ME 04101 01-0484074	MGMT/SUPP SVS	ME	501(c)(3)	11C, III-FI	CATH HLTH E	Yes	
(5) SUNNYVIEW HOSPITAL & REHABILITATION CTR 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	SUPPORT FDN	NY	501(c)(3)	11A, I	SUNNY H&R	Yes	
(6) MERCY CARE FOR KIDS INC 310 SOUTH MANNING BLVD ALBANY, NY 12208 14-1717564	DISCONT OPS	NY	501(c)(3)	9	SPHCS	Yes	
(7) OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	NURSING HOME	NY	501(c)(3)	3	SPHCS	Yes	
(8) ST PETER'S AUXILIARY 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2843206	AUXILIARY	NY	501(c)(3)	11A, I	SPHCS	Yes	
(9) ST PETER'S HEALTH CARE SERVICES 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2702507	MGMT/SUPP SVS	NY	501(c)(3)	9	SPHP	Yes	
(10) ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HOSPITAL	NY	501(c)(3)	3	SPHCS	Yes	
(11) ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BLVD SUITE 309 ALBANY, NY 12208 22-2262982	FUNDRAISING	NY	501(c)(3)	7	SPHCS	Yes	
(12) EDDY LICENSED HOME CARE AGENCY 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH	NY	501(c)(3)	3	LTC (EDDY)	Yes	
(13) THE COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940	FUNDRAISING	NY	501(c)(3)	7	COM HOSPICE	Yes	
(14) THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921	HOSPICE	NY	501(c)(3)	3	SPHCS	Yes	
(15) VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	NURSING HOME	NY	501(c)(3)	3	SPH	Yes	
(16) WARDE SERVICE CORPORATION INC 159 WOLF ROAD 3RD FLOOR ALBANY, NY 12205 14-1732097	DISCONT OPS	NY	501(c)(3)	9	SPHCS	Yes	
(17) NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756	SUPPORT ORG	NY	501(c)(3)	11B, II	SPHP	Yes	
(18) MEMORIAL HOSPITAL ALBANY NY 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HOSPITAL	NY	501(c)(3)	3	NE HEALTH	Yes	
(19) SAMARITAN HOSPITAL OF TROY NEW YORK 2215 BURDETT AVE TROY, NY 12180 14-1338544	HOSPITAL	NY	501(c)(3)	3	NE HEALTH	Yes	

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

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(41) LTC (EDDY) INC 2212 BURDETT AVE TROY, NY 12180 22-2564710	SUPPORT ORG	NY	501(c)(3)	11A, I	NE HEALTH	Yes	
(1) ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	MGMT/SUPP SVS	NY	501(c)(3)	11B, II	CATH HLTH E	Yes	
(2) ST PETER'S HEALTH PARTNERS MEDICAL ASSO 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	PHYS PRATICE	NY	501(c)(3)	3	SPHP	Yes	
(3) PROVIDENCE PLACE INC 5 GAMELIN STREET HOLYOKE, MA 01040 04-3404084	RETIRE COMM	MA	501(c)(3)	9	SIST PROVID	Yes	
(4) MARY'S MEADOW AT PROVIDENCE PLACE C/O SPHS 1221 MAIN STREET SUITE 2 HOLYOKE, MA 01040 26-2043754	LT CARE	MA	501(c)(3)	3	SIST PROVID	Yes	
(5) BRIGHTSIDE INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-2182395	BEHAV CARE	MA	501(c)(3)	9	SOP HS	Yes	
(6) FARREN CARE CENTER INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-2501711	LT CARE	MA	501(c)(3)	3	SOP HS	Yes	
(7) MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-3398280	ACUTE CARE	MA	501(c)(3)	3	SOP HS	Yes	
(8) MERCY SPECIALIST PHYSICIANS INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 26-4033168	NEURO MED SVS	MA	501(c)(3)	3	SOP HS	Yes	
(9) SISTERS OF PROVIDENCE CARE CENTERS INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 22-2541103	LT CARE	MA	501(c)(3)	3	SOP HS	Yes	
(10) SISTERS OF PROVIDENCE HEALTH SYSTEM INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-3398374	MGMT/SUPP SVS	MA	501(c)(3)	11A, I	CATH HLTH E	Yes	
(11) MERCY LIFE INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 45-3086711	ACUTE CARE	MA	501(c)(3)	3	SOP HS	Yes	
(12) PIONEER VALLEY CARDIOLOGY ASSOCIATES IN C/O SPHS 1221 MAIN STREET SUITE 2 HOLYOKE, MA 01040 45-4208896	CARDIO SVCS	MA	501(c)(3)	4	SOP HS	Yes	
(13) MERCY ONCOLOGY SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 2 HOLYOKE, MA 01040 45-4884805	ONCOL MED SVS	MA	501(c)(3)	N/A	SOP HS	Yes	
(14) MCAULEY CENTER INC 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	INDEP LIVING	CT	501(c)(3)	9	MERCY C H	Yes	
(15) MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	MGMT/SUPP SVS	CT	501(c)(3)	11A, I	CATH HLTH E	Yes	
(16) MERCY COMMUNITY HOMECARE SERVICES 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1488137	IN-HOME HC	CT	501(c)(3)	9	MERCY C H	Yes	
(17) MERCY SERVICES 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1453323	SUPPORT SVCS	CT	501(c)(3)	1	MERCY C H	Yes	
(18) MERCYKNOLL INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0757380	SKILLED NURS	CT	501(c)(3)	3	MERCY C H	Yes	
(19) SAINT MARY HOME II INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1164104	ELDERLY CARE	CT	501(c)(3)	3	MERCY C H	Yes	

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(61) ST MARY HOME INCORPORATED  2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	SKILLED NURS	CT	501(c)(3)	3	MERCY C H	Yes	
(1) MERCY HEALTHCARE CENTER  114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	DISSOLUTION	NY	501(c)(3)	3	CATH HLTH E	Yes	
(2) MERCY UIHLEIN HEALTH CORPORATION  185 OLD MILITARY ROAD LAKE PLACID, NY 12946 16-1535133	DISSOLUTION	NY	501(c)(3)	11B, II	MERCY HCC	Yes	
(3) UIHLEIN MERCY CENTER  185 OLD MILITARY ROAD LAKE PLACID, NY 12946 15-0532190	DISSOLUTION	NY	501(c)(3)	3	MERCY HCC	Yes	
(4) ST JAMES MERCY FOUNDATION INC  411 CANISTEO STREET HORNELL, NY 14843 16-1486437	FOUNDATION	NY	501(c)(3)	7	SJMHS	Yes	
(5) ST JAMES MERCY HEALTH SYSTEM INC  411 CANISTEO STREET HORNELL, NY 14843 22-3127184	MGMT/SUPP SVS	NY	501(c)(3)	11B, II	CATH HLTH E	Yes	
(6) ST JAMES MERCY HOSPITAL  411 CANISTEO STREET HORNELL, NY 14843 16-0743310	HOSPITAL	NY	501(c)(3)	3	SJMHS	Yes	
(7) MAXIS MEDICAL SERVICES  100 LINCOLN AVE CARBONDALE, PA 18407 23-2577185	PHYS PRACT	PA	501(c)(3)	3	MAXIS HS	Yes	
(8) MARIAN COMMUNITY HOSPITAL  100 LINCOLN AVE CARBONDALE, PA 18407 24-0711230	DISSOLUTION	PA	501(c)(3)	3	MAXIS HS	Yes	
(9) MARIAN COMMUNITY HOSPITAL AUXILIARY  100 LINCOLN AVE CARBONDALE, PA 18407 25-1874733	DISSOLUTION	PA	501(c)(3)	11B, II	MAXIS HS	Yes	
(10) MAXIS FOUNDATION  100 LINCOLN AVE CARBONDALE, PA 18407 23-2330090	DISSOLUTION	PA	501(c)(3)	11B, II	MAXIS HS	Yes	
(11) MAXIS HEALTH SYSTEM  100 LINCOLN AVE CARBONDALE, PA 18407 91-1940902	DISSOLUTION	PA	501(c)(3)	11B, II	MAXIS HS	Yes	
(12) TRI-COUNTY HUMAN SERVICES CENTER INC  PO BOX 517 CARBONDALE, PA 18407 23-1938528	DISSOLUTION	PA	501(c)(3)	7	MAXIS HS	Yes	
(13) SAINT MICHAELS MEDICAL CENTER  111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HOSPITAL	NJ	501(c)(3)	3	CATH HLTH E	Yes	
(14) ST JAMES CARE INC  111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE	NJ	501(c)(3)	9	SMMC	Yes	
(15) ST MICHAEL'S FOUNDATION INC  111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976	FOUNDATION	NJ	501(c)(3)	11A, I	SMMC	Yes	
(16) UNIVERSITY HEIGHTS PROPERTY COMPANY INC  111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	MED PROP HLDG	NJ	501(c)(2)	N/A	SMMC	Yes	
(17) LIFE ST FRANCIS CORPORATION  601 HAMILTON AVENUE TRENTON, NJ 08629 22-2797282	HEALTH SVCS	NJ	501(c)(3)	11A, I	SFMC TRENT	Yes	
(18) ST FRANCIS MEDICAL CENTER FOUNDATION NJ  601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(c)(3)	11A, I	SFMC TRENT	Yes	
(19) ST FRANCIS MEDICAL CENTER TRENTON NJ  601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HOSPITAL	NJ	501(c)(3)	3	CATH HLTH E	Yes	

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(81) LANGHORNE MRI INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	INACTIVE	PA	501(c)(3)	9	ST MARY MC	Yes	
(1) LANGHORNE PHYSICIAN SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	PHYSICIAN SVS	PA	501(c)(3)	9	ST MARY MC	Yes	
(2) LIFE ST MARY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	ELDERLY CARE	PA	501(c)(3)	9	ST MARY MC	Yes	
(3) ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HOSPITAL	PA	501(c)(3)	3	CATH HLTH E	Yes	
(4) ST MARY MEDICAL CENTER FOUNDATION INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(c)(3)	7	ST MARY MC	Yes	
(5) EAST NORRITON PHYSICIAN SERVICES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2515999	PHYSICIAN SVS	PA	501(c)(3)	3	MHS OF SE	Yes	
(6) MERCY CATHOLIC MED CTR OF SOUTHEASTERN P ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1352191	HOSPITAL	PA	501(c)(3)	3	MHS OF SE	Yes	
(7) MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH	PA	501(c)(3)	9	MHS OF SE	Yes	
(8) MERCY HEALTH FOUNDATION OF SOUTHEASTERN ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2829864	FUNDRAISING	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(9) MERCY HEALTH PLAN ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 22-2483605	HEALTH PLANS	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(10) MERCY HEALTH SYSTEM OF SOUTHEASTERN PA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2212638	MGMT/SUPP SVS	PA	501(c)(3)	11B, II	CATH HLTH E	Yes	
(11) MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH	PA	501(c)(3)	9	MHS OF SE	Yes	
(12) MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	HOME HEALTH	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(13) MERCY MANAGEMENT OF SOUTHEASTERN PA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2627944	PHYS PRACT	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(14) MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1396763	HOSPITAL	PA	501(c)(3)	3	MHS OF SE	Yes	
(15) NAZARETH HEALTH CARE FOUNDATION 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FUNDRAISING	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(16) NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HOSPITAL	PA	501(c)(3)	3	MHS OF SE	Yes	
(17) NAZARETH PHYSICIAN SERVICES INC 2601 HOLME AVENUE PHILADELPHIA, PA 19152 20-3261266	PHYS PRACT	PA	501(c)(3)	3	MHS OF SE	Yes	
(18) NE PHYSICIAN SERVICES 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2497355	PHYS PRACT	PA	501(c)(3)	3	MHS OF SE	Yes	
(19) ST AGNES CONTINUING CARE CENTER 1900 S BROAD STREET PHILADELPHIA, PA 19145 23-2840137	CONT CARE SVS	PA	501(c)(3)	3	MHS OF SE	Yes	

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(101) ST AGNES CONTINUING CARE CENTER FOUNDAT 1900 S BROAD STREET PHILADELPHIA, PA 19145 23-2415137	FUNDRAISING	PA	501(c)(3)	11B, II	MHS OF SE	Yes	
(1) LIFE AT LOURDES INC 1600 HADDON AVENUE CAMDEN, NJ 08103 26-1854750	ELDERLY CARE	NJ	501(c)(3)	3	OLOLHCS	Yes	
(2) LOURDES ANCILLARY SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	SUPPORT ORG	NJ	501(c)(3)	11B, II	OLOLHCS	Yes	
(3) LOURDES DIALYSIS AT INNOVA INC 1600 HADDON AVENUE CAMDEN, NJ 08103 26-3237625	HOSPITAL	NJ	501(c)(3)	3	OLOLHCS	Yes	
(4) LOURDES MEDICAL CENTER BURLINGTON COUNTY 218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HOSPITAL	NJ	501(c)(3)	3	OLOLHCS	Yes	
(5) OUR LADY OF LOURDES HEALTH CARE SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	MGMT/SUPP SVS	NJ	501(c)(3)	11B, II	CATH HLTH E	Yes	
(6) OUR LADY OF LOURDES HEALTH FOUNDATION I 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(c)(3)	7	OLOLHCS	Yes	
(7) LOURDES CARDIOLOGY SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	CARDIO SVCS	NJ	501(c)(3)	3	OLOLHCS	Yes	
(8) OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HOSPITAL	NJ	501(c)(3)	3	OLOLHCS	Yes	
(9) FRANCISCAN ELDERCARE CORPORATION PO BOX 2500 WILINGTON, DE 19805 22-3008680	SKILLED NURS	DE	501(c)(3)	9	SFH	Yes	
(10) ST FRANCIS FOUNDATION PO BOX 2500 WILINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(c)(3)	11B, II	SFH	Yes	
(11) ST FRANCIS HOSPITAL PO BOX 2500 WILINGTON, DE 19805 51-0064326	HOSPITAL	DE	501(c)(3)	3	CATH HLTH E	Yes	
(12) LIFE AT ST FRANCIS HEALTHCARE INC PO BOX 2500 WILINGTON, DE 19805 45-2569214	ELDERLY CARE	DE	501(c)(3)	3	SFH	Yes	
(13) MCAULEY MINISTRIES MCAULEY HALL 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	MGMT/SUPP SVS	PA	501(c)(3)	9	PMHS	Yes	
(14) MERCY JEANNETTE HOSPITAL 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 25-1310602	INACTIVE	PA	501(c)(3)	9	PMHS	Yes	
(15) MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMM TREATMT	PA	501(c)(3)	9	PMHS	Yes	
(16) PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	MGMT/SUPP SVS	PA	501(c)(3)	11B, II	CATH HLTH E	Yes	
(17) ST JOSEPH'S OF THE PINES INC 100 GROSSMAN DRIVE SUITE B SOUTHERN PINES, NC 28387 56-0694200	HOSPITAL	NC	501(c)(3)	3	CATH HLTH E	Yes	
(18) LIFE ST JOSEPH OF THE PINES INC 100 GROSSMAN DRIVE SUITE B SOUTHERN PINES, NC 28387 27-2159847	HLTHCARE SVS	NC	501(c)(3)	3	SJ PINES	Yes	
(19) MERCY SENIOR CARE INC 300 CHATILLON ROAD PO BOX 866 ROME, GA 30162 58-1366508	COM OUTREACH	GA	501(c)(3)	7	SJHS	Yes	

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(121) SAINT JOSEPH'S HEALTH SYSTEM INC 424 DECATUR STREET ATLANTA, GA 30312 58-1744848	MGMT/SUPP SVS	GA	501(c)(3)	11B, II	CATH HLTH E	Yes	
(1) SAINT JOSEPH'S MERCY CARE SERVICES INC 424 DECATUR STREET ATLANTA, GA 30312 58-1752700	COM OUTREACH	GA	501(c)(3)	7	SJHS	Yes	
(2) SAINT JOSEPH'S MERCY FOUNDATION INC 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FUNDRAISING	GA	501(c)(3)	11B, II	SJHS	Yes	
(3) MERCY SERVICES DOWNTOWN INC 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	REAL EST HLDG	GA	501(c)(3)	11B, II	SJHS	Yes	
(4) ST MARY'S HEALTH CARE SYSTEM INC 1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HOSPITAL	GA	501(c)(3)	3	CATH HLTH E	Yes	
(5) ST MARY'S FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FUNDRAISING	GA	501(c)(3)	11B, II	ST MARY HCS	Yes	
(6) ST MARY'S HIGHLAND HILLS INC 1230 BAXTER STREET ATHENS, GA 30606 02-0576648	ASST LIVING	GA	501(c)(3)	3	ST MARY HCS	Yes	
(7) ST MARY'S MEDICAL GROUP INC 1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HOSPITAL	GA	501(c)(3)	3	ST MARY HCS	Yes	
(8) GOOD SAMARITAN HOSPITAL INC 1201 SILOAM ROAD GREENSBORO, GA 30462 26-1720984	HOSPITAL	GA	501(c)(3)	3	ST MARY HCS	Yes	
(9) MERCY MEDICAL CORPORATION PO BOX 1090 101 VILLA DRIVE DAPHNE, AL 36526 63-6002215	HOSPITAL	AL	501(c)(3)	3	CATH HLTH E	Yes	
(10) MERCY LIFE OF ALABAMA PO BOX 1090 101 VILLA DRIVE DAPHNE, AL 36526 27-3163002	HOSPITAL	AL	501(c)(3)	3	MMC	Yes	
(11) ALLEGANY FRANCISCAN MINISTRIES INC 33920 US HIGHWAY 19 NORTH SUITE 2 PALM HARBOR, FL 34684 58-1492325	GRANTMKG ORG	FL	501(c)(3)	11B, II	CATH HLTH E	Yes	
(12) ST FRANCIS HOSPITAL INC 33920 US HIGHWAY 19 NORTH SUITE 2 PALM HARBOR, FL 34684 59-0624442	GRANTMKG ORG	FL	501(c)(3)	11A, I	AF MINISTIR	Yes	
(13) HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HOSPITAL	FL	501(c)(3)	3	CATH HLTH E	Yes	
(14) HOLY CROSS LONG-TERM CARE INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0787320	MEDICAL SVCS	FL	501(c)(3)	3	HOLY CR H	Yes	
(15) HOLY CROSS MEDICAL PROPERTIES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283	REAL EST MGMT	FL	501(c)(2)	N/A	HOLY CR H	Yes	
(16) SSJ HEALTH FOUNDATION INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 59-1709438	FUNDRAISING	FL	501(c)(3)	7	MERCY HOSP	Yes	
(17) MERCY HOSPITAL INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 59-0791034	HOSPITAL	FL	501(c)(3)	3	CATH HLTH E	Yes	
(18) MERCY MEDICAL DEVELOPMENT INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 59-2789194	OUTPTNT SVCS	FL	501(c)(3)	9	MERCY HOSP	Yes	
(19) MERCY MISSION SERVICES INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 65-0435764	HEALTH CARE	FL	501(c)(3)	11A, I	MERCY HOSP	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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(141) MERCY OUTPATIENT SERVICES INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 51-0461511	HOSPITAL	FL	501(c)(3)	3	MERCY HOSP	Yes	
(1) GLOBAL HEALTH MINISTRY 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 23-3068656	HEALTH CARE	PA	501(c)(3)	7	CATH HLTH E	Yes	
(2) INTRACOASTAL HEALTH SYSTEMS 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 65-0556413	MGMT/SUPP SVS	PA	501(c)(3)	11A, I	CATH HLTH E	Yes	
(3) ADVANTAGE HEALTHSAINT MARY'S MEDICAL GR 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HLTHCARE SVS	MI	501(c)(3)	9	TRINITY H-MI	Yes	
(4) AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	HOSPICE SVCS	MI	501(c)(3)	9	TRINITY HHS	Yes	
(5) AUXILIARY OF HOLY ROSARY HOSPITAL 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	SUPPORTS SVS	OR	501(c)(3)	9	SAMC-ONTARIO	Yes	
(6) BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	ACUTE/AMB SVS	IA	501(c)(3)	3	MHS-IOWA	Yes	
(7) BAUM HARMON MERCY HOSPITAL & CLINICS FDN 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	SUPPORT SVCS	IA	501(c)(3)	11A, I	BM HARM MH	Yes	
(8) CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	SUPPORT SVCS	MI	501(c)(3)	11B, II	TRINITY H-MI	Yes	
(9) CHE TRINITY INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 90-0931907	MGMT/SUPP SVS	IN	501(c)(3)	11B, II	NA	Yes	
(10) COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440	HLTHCARE SVS	IN	501(c)(3)	3	SJRMC	Yes	
(11) CRANBROOK HOSPICE CARE 1111 WLONG LAKE RD STE 102 TROY, MI 48098 38-3320699	HOSPICE SVCS	MI	501(c)(3)	11A, I	TRINITY HHS	Yes	
(12) DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HOSPITAL	OH	501(c)(3)	3	MT CARMEL HS	Yes	
(13) DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	SUPPORT SVCS	IA	501(c)(3)	11A, I	MHS-IOWA	Yes	
(14) DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	SUPPORT SVCS	IA	501(c)(3)	11A, I	MHS-IOWA	Yes	
(15) GOTTLIEB COMMUNITY HEALTH SERVICES CORP 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	SUPPORT SVCS	IL	501(c)(3)	9	GOTTLIEB MH	Yes	
(16) GOTTLIEB MEMORIAL FOUNDATION 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011	SUPPORT SVCS	IL	501(c)(3)	11C, III-FI	NA	Yes	
(17) GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HLTHCARE SVCS	IL	501(c)(3)	3	LOYOLA UHS	Yes	
(18) HACKLEY HOSPITAL 1700 CLINTON ST PO BOX 3302 MUSKEGON, MI 49443 38-1358196	HLTHCARE SVCS	MI	501(c)(3)	3	MERCY HP	Yes	
(19) HACKLEY HOSPITAL SELF INSURANCE PROF LI PO BOX 3302 MUSKEGON, MI 49443 38-2299878	SELF INSUR	MI	501(c)(3)	11C, III-FI	MERCY HP	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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(161) HACLEY LIFE COUNSELING 1352 TERRACE ST MUSKEGON, MI 49442 38-1386362	COUNS/ED/SUPP	MI	501(c)(3)	9	MERCY HP	Yes	
(1) HACLEY VISITING NURSE SVCS AND HOSPICE 888 TERRACE ST MUSKEGON, MI 49440 38-1359598	HOME HLTH SVS	MI	501(c)(3)	7	MERCY HP	Yes	
(2) HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48333 52-1945054	LT CARE/REHAB	MD	501(c)(3)	9	TRINITY CCS	Yes	
(3) HOLY CROSS HEALTH FOUNDATION INC 11801 TECH ROAD SILVER SPRING, MD 20904 20-8428450	FUNDRAISING	MD	501(c)(3)	11A, I	HOLY CROSS H	Yes	
(4) HOLY CROSS HEALTH INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HLTHCARE SVCS	MD	501(c)(3)	3	TRINITY HC	Yes	
(5) HOLY CROSS MEDICAL CENTER 20555 VICTOR PARKWAY LIVONIA, MI 48152 95-1985442	HLTHCARE SVCS	CA	501(c)(3)	3	TRINITY HC	Yes	
(6) HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SVCS	IA	501(c)(3)	7	MHS-IOWA	Yes	
(7) HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SVCS	IA	501(c)(3)	11A, I	NA	Yes	
(8) HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE SVCS	MI	501(c)(3)	11A, I	TRINITY H-MI	Yes	
(9) IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HLTHCARE SVCS	MI	501(c)(3)	9	TRINITY H-MI	Yes	
(10) LAKESHORE COMMUNITY HOSPITAL INC 72 S STATE STREET SHELBY, MI 49455 38-2549295	HLTHCARE SVCS	MI	501(c)(3)	3	MERCY HP	Yes	
(11) LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	MGMT/SUPP SVC	IL	501(c)(3)	11B, II	TRINITY HC	Yes	
(12) LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HLTHCARE SVCS	IL	501(c)(3)	3	LOYOLA UHS	Yes	
(13) MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HLTH SVS	IA	501(c)(3)	11A, I	MHS-IOWA	Yes	
(14) MARYCREST HEIGHTS PO BOX 9184 FARMINGTON HILLS, MI 48333 27-0291722	ELDRLY HOUS	MI	501(c)(3)	11A, I	TRINITY CCS	Yes	
(15) MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HLTHCARE SVCS	MI	501(c)(3)	3	C MCAULEY HS	Yes	
(16) MERCY AMICARE HOME HEALTHCARE OAKLAND 1111 WLONG LAKE RD STE 102 TROY, MI 48098 38-3320698	HOME HLTH SVS	MI	501(c)(3)	11A, I	TRINITY HHS	Yes	
(17) MERCY AMICARE HOME HEALTHCARE PORT HURO 505 HURON AVENUE PORT HURON, MI 48060 38-3320701	HOME HLTH SVS	MI	501(c)(3)	11A, I	TRINITY HHS	Yes	
(18) MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	SUPPORT SVCS	IL	501(c)(3)	11A, I	MERCY HS CHI	Yes	
(19) MERCY GENERAL HLTH PTNRS AMICARE HOMECA 684 HARVEY STREET MUSKEGON, MI 49442 38-3321856	HOME HLTH SVS	MI	501(c)(3)	11A, I	TRINITY HHS	Yes	

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(181) MERCY HEALTH NETWORK  1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HLTHCARE MGMT	DE	501(c)(3)	11A, I	NA	Yes	
(1) MERCY HEALTH PARTNERS  1415 LEAHY STREET MUSKEGON, MI 49442 38-2589966	SUPPORT SVCS	MI	501(c)(3)	3	TRINITY H-MI	Yes	
(2) MERCY HEALTH SERVICES - IOWA CORP  1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HLTHCARE SVCS	DE	501(c)(3)	3	TRINITY H-MI	Yes	
(3) MERCY HEALTH SYSTEM OF CHICAGO  2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	MGMT/SUPP SVS	IL	501(c)(3)	11A, I	TRINITY HC	Yes	
(4) MERCY HLTH SYST OF CHICAGO LIAB SELF IN  BK OF AMERICA 231 S LASALLE CHICAGO, IL 60697 91-2092113	SELF INSUR	IL	501(c)(3)	11C, III-FI	MERCY HS CHI	Yes	
(5) MERCY HEALTHCARE FOUNDATION  1410 N 4TH ST CLINTON, IA 52732 42-1316126	FUNDRAISING	IA	501(c)(3)	11C, III-FI	NA	Yes	
(6) MERCY HOSPITAL AND MEDICAL CENTER  2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HLTHCARE SVCS	IL	501(c)(3)	3	MERCY HS CHI	Yes	
(7) MERCY HOSPITAL CADILLAC FOUNDATION  400 HOBART CADILLAC, MI 49601 20-3357131	SUPPORT SVCS	MI	501(c)(3)	11A, I	TRINITY H-MI	Yes	
(8) MERCY HOSPITAL GIFT SHOP  2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	AUXILIARY	MI	501(c)(3)	11A, I	TRINITY H-MI	Yes	
(9) MERCY MEDICAL CENTER - CLINTON INC  1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HLTHCARE SVCS	DE	501(c)(3)	3	MHS-IOWA	Yes	
(10) MERCY MEDICAL CENTER - SIOUX CITY FOUNDA  801 5TH STREET SIOUX CITY, IA 51102 14-1880022	SUPPORT SVCS	IA	501(c)(3)	7	MHS-IOWA	Yes	
(11) MERCY MEDICAL CENTER FOUNDATION - NORTH  1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	SUPPORT SVCS	IA	501(c)(3)	11C, III-FI	NA	Yes	
(12) MERCY NORTH HOMECARE AND HOSPICE  7985 MACKINAW TRAIL CADILLAC, MI 49601 38-3313897	HOME HLTH SVS	MI	501(c)(3)	11A, I	TRINITY HHS	Yes	
(13) MERCY PHYSICIAN GROUP INC  1512 12TH AVENUE ROAD NAMPA, ID 83686 20-8192593	HLTHCARE SVCS	ID	501(c)(3)	9	SAMC-NAMPA	Yes	
(14) MERCY SVCS FOR AGING NON-PROFIT HOUSING  PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LT CARE	MI	501(c)(3)	11B, II	TRINITY CCS	Yes	
(15) MIDWEST MEDFLIGHT  1300 VICTORS WAY ANN ARBOR, MI 48108 38-2684671	AERO TRANSP	MI	501(c)(3)	9	TRINITY H-MI	Yes	
(16) MISSION HEALTH CORPORATION  37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	AMBUL CARE	DE	501(c)(3)	11A, I	NA	Yes	
(17) MOUNT CARMEL COLLEGE OF NURSING  6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE	OH	501(c)(3)	2	MT CARMEL HT	Yes	
(18) MOUNT CARMEL HEALTH INSURANCE COMPANY  6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HLTH INSUR	OH	501(c)(4)	N/A	MT CARMEL HS	Yes	
(19) MOUNT CARMEL HEALTH PLAN INC  6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(c)(4)	N/A	MT CARMEL HS	Yes	

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(201) MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	MGMT/SUPP SVS	OH	501(c)(3)	3	TRINITY HC	Yes	
(1) MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	SUPPORT SVCS	OH	501(c)(3)	11A, I	MT CARMEL HS	Yes	
(2) MOUNT CARMEL HOME CARE LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH 43213 26-2729300	HOME HLTH SVS	OH	501(c)(3)	9	TRINITY HHS	Yes	
(3) MRI MOBILE SERVICES OF WEST MICHIGAN 1820-44TH STREET KENTWOOD, MI 49508 38-3073745	MRI SERVICES	MI	501(c)(3)	9	TRINITY H-MI	Yes	
(4) MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	SUPPORT SVCS	MI	501(c)(3)	7	MERCY HP	Yes	
(5) OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HLTHCARE SVCS	NE	501(c)(3)	3	MHS-IOWA	Yes	
(6) OAKLAND MERCY HOSPITAL FOUNDATION 601 EAST 2ND STREET OAKLAND, NE 68045 31-1678345	SUPPORT SVCS	NE	501(c)(3)	11C, III-FI	NA	Yes	
(7) OSUMOUNT CARMEL HEALTH ALLIANCE 793 WEST STATE STREET COLUMBUS, OH 43222 31-1654603	HLTHCARE SVCS	OH	501(c)(3)	11A, I	NA	Yes	
(8) PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647	HLTHCARE SVCS	MI	501(c)(3)	11A, I	TRINITY H-MI	Yes	
(9) PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 49442 38-2638284	HLTHCARE/EDUC	MI	501(c)(3)	9	TRINITY H-MI	Yes	
(10) PROFESSIONAL OFFICE CORPORATION 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HLTHCARE SVCS	CA	501(c)(3)	11A, I	SAMC	Yes	
(11) SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HLTHCARE SVCS	CA	501(c)(3)	3	TRINITY HC	Yes	
(12) SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	SUPPORT SVCS	ID	501(c)(3)	11A, I	SARMC	Yes	
(13) SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	SUPPORT SVCS	ID	501(c)(3)	11A, I	SARMC	Yes	
(14) SAINT ALPHONSUS FOUNDATION-BAKER CITY I 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	SUPPORT SVCS	OR	501(c)(3)	7	SAMC-BAKER C	Yes	
(15) SAINT ALPHONSUS FOUNDATION-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	SUPPORT SVCS	OR	501(c)(3)	11A, I	SAMC-ONTARIO	Yes	
(16) SAINT ALPHONSUS HEALTH SYSTEM INC 1055 NORTH CURTIS RD BOISE, ID 83706 27-1929502	MGMT/SUPP SVS	ID	501(c)(3)	11A, I	TRINITY HC	Yes	
(17) SAINT ALPHONSUS MEDICAL CENTER-BAKER CIT 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HLTHCARE SVCS	OR	501(c)(3)	3	SAHS	Yes	
(18) SAINT ALPHONSUS MEDICAL CENTER-NAMPA IN 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	HLTHCARE SVCS	ID	501(c)(3)	3	SAHS	Yes	
(19) SAINT ALPHONSUS MED CTR-NAMPA HEALTH FDN 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	SUPPORT SVCS	ID	501(c)(3)	7	SAMC-NAMPA	Yes	

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(221) SAINT ALPHONSUS MEDICAL CENTER-ONTARIO  351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HLTHCARE SVCS	OR	501(c)(3)	3	SAHS	Yes	
(1) SAINT ALPHONSUS REGIONAL MEDICAL CENTER  1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HLTHCARE SVCS	ID	501(c)(3)	3	SAHS	Yes	
(2) SAINT JOSEPH REG MED CTR-PLYMOUTH CAMP  1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HLTHCARE SVCS	IN	501(c)(3)	3	SJPMC	Yes	
(3) SAINT JOSEPH REG MED CTR-SOUTH BEND CAMP  PO BOX 1935 SOUTH BEND, IN 46634 35-0868157	HLTHCARE SVCS	IN	501(c)(3)	3	SJPMC	Yes	
(4) SAINT JOSEPH REG MED CTR MISHAWAKA AUX  5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285	AUXILIARY	IN	501(c)(4)	N/A	SJPMC-S BEN	Yes	
(5) SAINT JOSEPH REG MED CTR PLYMOUTH AUX I  1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	AUXILIARY	IN	501(c)(3)	11B, II	SJPMC-PLYM	Yes	
(6) SAINT JOSEPH REGIONAL MEDICAL CENTER IN  801 EAST LASALLE AVE SOUTH BEND, IN 46617 35-1568821	MGMT/SUPP SVS	IN	501(c)(3)	11A, I	TRINITY HC	Yes	
(7) SAINT JOSEPH'S TOWER INC  PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	ELDRLY HOUS	IN	501(c)(3)	9	TRINITY CCS	Yes	
(8) SAINT MARY'S AMICARE HOME HEALTHCARE  1430 MONROE NW GRAND RAPIDS, MI 49505 38-3320700	HOME HLTH SVS	MI	501(c)(3)	11A, I	TRINITY HCS	Yes	
(9) SAINT MARY'S FOUNDATION  200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	SUPPORT SVCS	MI	501(c)(3)	7	TRINITY H-MI	Yes	
(10) ST JOSEPH MERCY OAKLAND FOUNDATION  44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	SUPPORT SVCS	MI	501(c)(3)	11A, I	TRINITY H-MI	Yes	
(11) THE FOUNDATION OF SAINT JOSEPH'S REG MED  4215 EDISON LAKES PARKWAY MISHAWAKA, IN 46545 35-1654543	SUPPORT SVCS	IN	501(c)(3)	11A, I	SJPMC	Yes	
(12) TRI-HOSPITAL EMERGENCY MEDICAL SERVICES  309 GRAND RIVER PORT HURON, MI 48060 38-2485700	AMBUL SVCS	MI	501(c)(3)	11D, III	NA	Yes	
(13) TRI-HOSPITAL MRI CENTER  4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	MRI SERVICES	MI	501(c)(3)	3	TRINITY H-MI	Yes	
(14) TRINITY CONTINUING CARE SERVICES  PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	MGMT SERVICES	MI	501(c)(3)	11A, I	TRINITY HC	Yes	
(15) TRINITY CONTINUING CARE SERVICES-INDIANA  PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LT CARE/HOUS	IN	501(c)(3)	9	TRINITY CCS	Yes	
(16) TRINITY HEALTH-MICHIGAN  20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HLTHCARE SVCS	MI	501(c)(3)	3	TRINITY HC	Yes	
(17) TRINITY HEALTH CORPORATION  20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	MGMT/SUPP SVS	IN	501(c)(3)	11B, II	CHE TRINITY	Yes	
(18) TRINITY HEALTH INTERNATIONAL  20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	SUPPORT SVCS	MI	501(c)(3)	11A, I	TRINITY HC	Yes	
(19) TRINITY HEALTH WELFARE BENEFIT TRUST  20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	MED/LIFE INS	MI	501(c)(9)	N/A	TRINITY HC	Yes	

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						Yes	No
(241) TRINITY HOME HEALTH SERVICES INC  17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-2621935	MGMT SERVICES	MI	501(c)(3)	11A,I	TRINITY HC	Yes	







Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	NA	C CORP				Yes
AFFILIATED MANAGEMENT SVCS CORP INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	NA	C CORP				Yes
CATHERINE HORAN BUILDING INC C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-2938160	BUILDING MGMT	MA	NA	C CORP				Yes
DIVERSIFIED COMMUNITY SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-3128890	HEALTHCARE SVCS	MA	NA	C CORP				Yes
MERCY INPATIENT MEDICAL ASSOC INC C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-3029929	HEALTHCARE SVCS	MA	NA	C CORP				Yes
PROVIDENCE HOME CARE INC C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-3317425	HEALTHCARE SVCS	MA	NA	C CORP				Yes
SYSTEM COORDINATED SERVICES INC C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-2938181	LAB SERVICES	MA	NA	C CORP				Yes
PHYSICIANS MOB CONDOMINIUM TRUST C/O SPHS 1221 MAIN STREET SUITE 10 HOLYOKE, MA 01040 04-6608649	BUILDING MGMT	MA	NA	C CORP				Yes
SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 148482101 16-1294991	BUILDING MGMT	NY	NA	C CORP				Yes
CARBONDALE AREA PHYSICIANS ASSOC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801677	MEDICAL INS	PA	NA	C CORP				Yes
CARBONDALE AREA PHYSICIANS' PHO INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2801676	INACTIVE	PA	NA	C CORP				Yes
CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	NA	C CORP				Yes
CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON HM11 BD	FINANCIAL VEHICLE	BD	NA	C CORP				Yes
LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 086291986 26-1649038	HEALTHCARE SVCS	NJ	NA	C CORP				Yes
MULTICARE PLUS INC 601 HAMILTON AVENUE TRENTON, NJ 086291986 22-3435844	INACTIVE	NJ	NA	C CORP				Yes

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTON ROAD LANGHORNE, PA 19047 25-3795549	REAL ESTATE	PA	NA	C CORP				Yes
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTON ROAD LANGHORNE, PA 19047 23-2625981	REAL ESTATE	PA	NA	C CORP				Yes
ST MARY BUILDING & DEVELOPMENT CO 1201 LANGHORNE-NEWTON ROAD LANGHORNE, PA 19047 46-1827502	REAL ESTATE	PA	NA	C CORP				Yes
GATEWAY HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1505506	HEALTHCARE SVCS	PA	NA	C CORP				Yes
GATEWAY HEALTH PLAN INC OF OHIO 600 GRANT STREET PITTSBURGH, PA 15219 30-0282076	HEALTHCARE SVCS	PA	NA	C CORP				Yes
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2184261	REAL ESTATE	PA	NA	C CORP				Yes
HEALTH MANAGEMENT SVCS ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	HLTHCARE BILLING	NJ	NA	C CORP				Yes
LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	HEALTHCARE SVCS	NJ	NA	C CORP				Yes
GEORGIA HEALTH ENTERPRISES LLC 1230 BAXTER STREET ATHENS, GA 30606 54-1806329	HEALTHCARE SVCS	GA	NA	C CORP				Yes
ST MARY'S HIGHLAND HILLS VILLAGE INC 1660 JENNINGS MILL PKWY BOGART, GA 30622 58-2276801	ASSISTED LIVING	GA	NA	C CORP				Yes
GHE PHYSICIANS PC 3500 PIEDMONT ROAD ATLANTA, GA 30305 58-2277939	PRACTICE MGMT	GA	NA	C CORP				Yes
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE HWY, FL 33308 59-1145192	HEALTHCARE SVCS	FL	NA	C CORP				Yes
STELLA MARIS INSURANCE CO LTD PO BOX 69 GRAND CAYMAN KY1-1102 CJ 98-0078266	FINANCIAL VEHICLE	CJ	NA	C CORP				Yes
CATHOLIC HEALTH EAST SENIOR SVCS 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 37-1572595	SENIOR SERVICES	PA	NA	C CORP				Yes
COMMUNITY HEALTH VENTURES INC 565 W WESTERN AVE MUSKEGON, MI 49440 38-3522260	SOFTWARE MARKT	MI	NA	C CORP				Yes

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

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