



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Doing business as

MOUNT CARMEL FOUNDATION

Number and street (or P O box if mail is not delivered to street address)

6150 EAST BROAD STREET NO WD381N

Room/suite

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

COLUMBUS, OH 432131574

D Employer identification number

31-1113966

E Telephone number

(614) 546-4300

G Gross receipts \$ 11,645,111

F Name and address of principal officer

ROGER SPOELMAN

6150 EAST BROAD STREET NO WD381N

COLUMBUS, OH 432131574

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0928

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.MOUNTCARMELFOUNDATION.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1984

M State of legal domicile

OH

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT FOR THE PROGRAMS OF MOUNT CARMEL HEALTH SYSTEM AND ITS AFFILIATES		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
Revenue	6	Total number of volunteers (estimate if necessary)	6	46
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,556,049	3,132,564
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,611,388	8,088,459
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,903	258,815
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,344,340	11,479,838
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,175,747	3,904,451
Net Assets or Fund Balances	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,503,502	1,455,153
	b	Total fundraising expenses (Part IX, column (D), line 25) 906,136	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	0
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,085,766	1,732,252
Signature Block	19	Revenue less expenses Subtract line 18 from line 12	5,765,015	7,091,856
	20	Total assets (Part X, line 16)	3,579,325	4,387,982
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances Subtract line 21 from line 20	137,932,026	134,430,509
			4,245,435	2,593,054

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

2016-05-16

Date

PATRICIA J CALLAHAN VP FINANCE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Firm's name

Firm's EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

WE, MOUNT CARMEL AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES. MOUNT CARMEL HEALTH SYSTEM FOUNDATION IS A MEMBER OF MOUNT CARMEL AND TRINITY HEALTH.

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

If "Yes," describe these changes on Schedule O

4a (Code) (Expenses \$ 5,434,785 including grants of \$ 3,904,451) (Revenue \$ 124,494)

SINCE 1984, MOUNT CARMEL HEALTH SYSTEM FOUNDATION ("FOUNDATION"), LOCATED IN COLUMBUS, OH, HAS SERVED AS THE FUND-RAISING ARM OF MOUNT CARMEL HEALTH SYSTEM AND ITS AFFILIATES. THE FOUNDATION IS DEDICATED TO FUNDING THE MISSION-DRIVEN HEALTH AND EDUCATION PROGRAMS AND SERVICES PROVIDED THROUGH THE MOUNT CARMEL HEALTH SYSTEM. THE FOUNDATION RAISED \$3,091,049 IN FISCAL YEAR 2015 FROM INDIVIDUALS, CORPORATIONS, PRIVATE FOUNDATIONS AND THE FEDERAL AND STATE GOVERNMENT WITH ASSISTANCE FROM DEDICATED VOLUNTEERS AND GENEROUS FRIENDS. DURING FY15, THE FOUNDATION ORGANIZED SEVERAL FUNDRAISING EVENTS INCLUDING THE ANNUAL CHAMPAGNE & DIAMONDS AND THE COLLEGE OF NURSING GOLF INVITATIONAL. THESE CONTRIBUTIONS HELP MOUNT CARMEL HEALTH SYSTEM TO MEET THE VAST MEDICAL, DENTAL AND SOCIAL SERVICE NEEDS OF THE UNINSURED AND UNDERINSURED COMMUNITY AND TO RESPOND TO THE UNMET NEEDS OF OLDER PERSONS IN THE COMMUNITY. PLEASE VISIT OUR WEBSITE FOR ADDITIONAL INFORMATION: WWW.MOUNTCARMELFOUNDATION.ORG

[illegible][illegible]

4e	Total program service expenses	5,434,785
-----------	---------------------------------------	------------------

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

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

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

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEANNA STEWART DIRECTOR, EXECUTIVE DIRECTOR AT 1/15	45 00 0 00	X		X				0	0	0
(2) CLAU VON ZYCHLIN DIRECTOR, MOUNT CARMEL SYS PRES & CEO	1 00 54 00	X		X				0	953,375	49,298
(3) SU LOK DIRECTOR, CHAIR	1 00 0 00	X		X				0	0	0
(4) LINDA KAUFFMANN DIRECTOR, VICE CHAIR	1 00 0 00	X		X				0	0	0
(5) ROBERT RYAN DIRECTOR, TREASURER AND SECRETARY	1 00 0 00	X		X				0	0	0
(6) TED ADAMS DIRECTOR THROUGH 12/14	1 00 0 00	X						0	0	0
(7) DENNIS ADAMS DIRECTOR	1 00 0 00	X						0	0	0
(8) JOYCE BRAND DIRECTOR	1 00 39 00	X						0	33,853	12,415
(9) ROBERT DUNN DIRECTOR	1 00 0 00	X						0	0	0
(10) LARRY ENGLISH DIRECTOR	1 00 0 00	X						0	0	0
(11) CHARLES GEHRING DIRECTOR	1 00 0 00	X						0	0	0
(12) SCOTT GROTELUESCHEN DIRECTOR	1 00 0 00	X						0	0	0
(13) SISTER BARBARA HAHL CSC DIRECTOR	1 00 54 00	X						0	0	6,055
(14) MSGR JOSEPH HENDRICKS DIRECTOR	1 00 0 00	X						0	0	0

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			
(15) PAT MCCURDY DIRECTOR	1 00 0 00	X						0	0	0
(16) DAVID MONTGOMERY DIRECTOR	1 00 0 00	X						0	0	0
(17) JOHN O'HANDLEY MD DIRECTOR	1 00 49 00	X						0	177,679	14,566
(18) AUGUSTUS PARKER MD DIRECTOR	1 00 39 00	X						0	146,445	7,596
(19) PHILLIP SHUBERT MD DIRECTOR, MEDICAL DIRECTOR, ST ANN'S	1 00 49 00	X						0	517,593	36,166
(20) JOHN TRYDAHL DIRECTOR	1 00 0 00	X						0	0	0
(21) KEITH COLEMAN MOUNT CARMEL SYSTEM CFO	1 00 54 00			X				0	484,147	36,762
(22) JACQUELINE PRIMEAU FORMER OFFICER	0 00 50 00						X	0	225,615	29,470
(23) RONALD WHITESIDE FORMER OFFICER	0 00 0 00						X	0	162,281	2,315
(24) HUGH JONES FORMER KEY EMPLOYEE	0 00 50 00						X	0	302,734	33,350
(25) DOUGLAS STEIN FORMER OFFICER	0 00 0 00						X	0	100,646	15,099
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	3,104,368	243,092

2

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

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address		(B) Description of services	(C) Compensation
MILES MCCLELLAN CONSTRUCTION 2100 BUILDERS PLACE COLUMBUS, OH 43204		CONSTRUCTION SERVICES	230,596
FUND EVALUATION GROUP LLC 201 EAST FIFTH ST STE 1600 CINCINNATI, OH 45202		FINANCIAL SERVICES	207,494
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 ▶2		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 25,000	3,132,564			
	b	Membership dues				
	c	Fundraising events 387,560				
	d	Related organizations 41,515				
	e	Government grants (contributions) 778,145				
	f	All other contributions, gifts, grants, and similar amounts not included above 1,900,344				
	g	Noncash contributions included in lines 1a-1f \$ 416,865				
	h	Total. Add lines 1a-1f				
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	3,192,759			3,192,759
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	189,038			189,038
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	4,895,700			4,895,700
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ 387,560 of contributions reported on line 1c) See Part IV, line 18	-61,008			-61,008
	a	104,265				
	b	Less direct expenses 165,273				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	6,291			6,291
	a	6,291				
	b	Less direct expenses 0				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	OTHER RELATED REVENUE	124,494	124,494		
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	124,494			
	12	Total revenue. See Instructions	11,479,838	124,494	0	8,222,780

Part IX

Statement of Functional Expenses

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

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,904,451	3,904,451		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	1,221,884	510,636	195,100	516,148
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	233,269	98,425	46,474	88,370
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	106,075		106,075	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	91,405		91,405	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	778,999	504,238	49,582	225,179
12	Advertising and promotion.	28,378			28,378
13	Office expenses.	101,625	52,894	19,529	29,202
14	Information technology.	12,500	12,500		
15	Royalties.				
16	Occupancy.				
17	Travel.	51,555	44,445	6,995	115
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	149,330	147,900	889	541
20	Interest.	19,562		19,562	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	17,587		17,587	
23	Insurance.	2,748		2,748	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	CORPORATE ALLOCATION	169,646	0	169,646	
b	MEDICAL SUPPLIES EXPENS	58,492	56,456	0	2,036
c	SUBSCRIPTIONS AND DUES	37,629	31,164	2,993	3,472
d	CONTRACT LABOR EXPENSE	20,670	0	20,670	
e	All other expenses	86,051	71,676	1,680	12,695
25	Total functional expenses. Add lines 1 through 24e.	7,091,856	5,434,785	750,935	906,136
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		4,201,840	2	911,070
	3	Pledges and grants receivable, net		1,398,692	3	1,225,462
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		65,886	9	143,962
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a142,988			
	b	Less: accumulated depreciation	10b40,700	102,232	10c	102,288
	11	Investments—publicly traded securities		100,426,669	11	98,081,851
	12	Investments—other securities. See Part IV, line 11.		31,540,408	12	33,709,324
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		196,299	15	256,552
	16	Total assets. Add lines 1 through 15 (must equal line 34).		137,932,026	16	134,430,509
Liabilities	17	Accounts payable and accrued expenses		267,285	17	275,424
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		3,978,150	25	2,317,630
	26	Total liabilities. Add lines 17 through 25.		4,245,435	26	2,593,054
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		125,338,865	27	122,878,928
	28	Temporarily restricted net assets		5,484,592	28	5,612,569
	29	Permanently restricted net assets		2,863,134	29	3,345,958
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		133,686,591	33	131,837,455
	34	Total liabilities and net assets/fund balances		137,932,026	34	134,430,509

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,479,838
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,091,856
3	Revenue less expenses Subtract line 2 from line 1	3	4,387,982
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,686,591
5	Net unrealized gains (losses) on investments	5	-8,158,293
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,921,175
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	131,837,455

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization MOUNT CARMEL HEALTH SYSTEM FOUNDATION	Employer identification number 31-1113966
---	--

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 3

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		
See Additional Data Table						
Total 3					3,612,311	

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

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

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

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

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

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
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 Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a 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.		No
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.		
c 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.		
5a 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).		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 Part VI .	Yes	
7 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).		No
8 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).		No
9a 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 Part VI .		No
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 Part VI .		No
c 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 Part VI .		No
10a 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.		No
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).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		No
b A family member of a person described in (a) above?		No
c 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.		No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
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.	1 Yes	
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.	2 Yes	

Section C. Type II Supporting Organizations

	Yes	No
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).	1	

Section D. All Type III Supporting Organizations

	Yes	No
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?	1	
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).	2	
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.	3	

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 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
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.	2a		
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.	2b		
3 <u>Parent of Supported Organizations</u> 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.	3a		
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.	3b		

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

1 ☐ 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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

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

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

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

Facts And Circumstances Test

Return Reference	Explanation
FORM 990, SCHEDULE A, PART IV, SECTIONS A, LINE 1	MOUNT CARMEL HEALTH SYSTEM IS LISTED IN THE GOVERNING DOCUMENTS OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION. MOUNT CARMEL HEALTH SYSTEM FOUNDATION'S OTHER SUPPORTED ORGANIZATIONS ARE NOT LISTED BY NAME IN THE GOVERNING DOCUMENTS, BUT ARE DESIGNATED BY PURPOSE. THE PURPOSE OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION AS STATED IN ITS GOVERNING DOCUMENTS IS TO ADVANCE, PROMOTE, SUPPORT, AND CARRY OUT THE PURPOSES OF CATHOLIC HEALTH MINISTRIES AND TRINITY HEALTH. ITS SPECIFIC PURPOSES ARE TO ENGAGE IN THE DELIVERY OF AND TO CARRY ON, SPONSOR OR PARTICIPATE, DIRECTLY OR THROUGH ONE OR MORE AFFILIATES, IN ANY ACTIVITIES RELATED TO THE DELIVERY OF HEALTH CARE AND HEALTH CARE RELATED SERVICES AS APPROPRIATE IN CARRYING OUT THE HEALTH CARE MISSION OF CATHOLIC HEALTH MINISTRIES AND TRINITY HEALTH. SUCH ACTIVITIES INCLUDE THE SUPPORT AND ASSISTANCE OF AFFILIATES TO ACCOMPLISH THE FOREGOING PURPOSES. DILEY RIDGE MEDICAL CENTER IS AN AFFILIATE OF TRINITY HEALTH AND QUALIFIES AS A SECTION 509(A)(1) PUBLIC CHARITY BECAUSE IT IS A HOSPITAL AS DESCRIBED UNDER SECTION 170(B)(1)(A)(III). MOUNT CARMEL COLLEGE OF NURSING IS AN AFFILIATE OF TRINITY HEALTH AND QUALIFIES AS A SECTION 509(A)(1) PUBLIC CHARITY BECAUSE IT IS A SCHOOL AS DESCRIBED UNDER SECTION 170(B)(1)(A)(II). BOTH SHARE THE EXEMPT PURPOSES OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION AND TRINITY HEALTH.
FORM 990, SCHEDULE A, PART IV, SECTIONS A, LINE 6	MOUNT CARMEL HEALTH SYSTEM FOUNDATION PROVIDED GRANTS AND MEDICAL EQUIPMENT CONTRIBUTIONS TO UNRELATED CHARITIES AND GOVERNMENTAL ENTITIES THAT CARRY OUT THE CHARITABLE PURPOSES OF ITS SUPPORTED ORGANIZATIONS AND TRINITY HEALTH.
FORM 990, SCHEDULE A, PART IV, SECTIONS B, LINE 2	IN ADDITION TO PROVIDING SUPPORT TO ITS PARENT, MOUNT CARMEL HEALTH SYSTEM, MOUNT CARMEL HEALTH SYSTEM FOUNDATION PROVIDED SUPPORT TO ITS NON-PARENT SUPPORTED ORGANIZATIONS, AS WELL AS TO UNRELATED CHARITIES THAT CARRY OUT THE CHARITABLE PURPOSES OF MOUNT CARMEL HEALTH SYSTEM AND TRINITY HEALTH.

Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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		
(A) MOUNT CARMEL HEALTH SYSTEM	311439334		Yes		3,085,029	0
(A) DILEY RIDGE MEDICAL CENTER	342032340			No	0	0
(B) MOUNT CARMEL COLLEGE OF NURSING	311308555			No	527,282	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization MOUNT CARMEL HEALTH SYSTEM FOUNDATION	Employer identification number 31-1113966
---	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

b

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, 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.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	4,605,748	4,184,616	3,693,149	3,445,646	3,213,867
b Contributions	933,267	355,773	462,231	244,073	56,090
c Net investment earnings, gains, and losses	-9,377	65,359	29,236	3,430	410,324
d Grants or scholarships					
e Other expenditures for facilities and programs	-400				234,635
f Administrative expenses					
g End of year balance	5,530,038	4,605,748	4,184,616	3,693,149	3,445,646

- 2

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

a

Board designated or quasi-endowment ▶ 37 000 %

b

Permanent endowment ▶ 60 510 %

c

Temporarily restricted endowment ▶ 2 490 %

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 142,988 | 40,700 | 102,288 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 102,288 |
- Schedule D (Form 990) 2014

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

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

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

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

Part II

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

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

2

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

3

Enter total number of other organizations or entities ▶

Part III

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

Additional Data

Software ID:

Software Version:

EIN: 31-1113966

Name: MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Part V Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

b☐ Internet and email solicitations

c☐ Phone solicitations

d☐ In-person solicitations

e☐ Solicitation of non-government grants

f☐ Solicitation of government grants

g☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			CHAMPAGNE AND DIAMONDS GALA	CON GOLF INVITATIONAL	1	(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	320,630	92,265	78,930	491,825	
2	Less Contributions	. .	248,265	72,740	66,555	387,560	
3	Gross income (line 1 minus line 2)	. . .	72,365	19,525	12,375	104,265	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .	73,953	19,090		93,043
	7	Food and beverages	.	2,005	550	9,781	12,336
	8	Entertainment	. . .	3,400		17,911	21,311
	9	Other direct expenses	.	29,092	8,144	1,347	38,583
	10	Direct expense summary Add lines 4 through 9 in column (d) ►					(165,273)
	11	Net income summary Subtract line 10 from line 3, column (d) ►					-61,008

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

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

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

\$ and the \$

c

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

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

\$

Part IV

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

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2014

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
31-1113966

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

10

3

Enter total number of other organizations listed in the line 1 table

0

Part III

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

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

Part IV

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

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT CARMEL HEALTH SYSTEM6150 E BROAD ST COLUMBUS,OH 43213	31-1439334	501(C)(3)	3,085,029				EXTERNAL GRANTS RECEIVED AND SUPPORT FOR OUTREACH PROGRAMS
DIOCESE OF COLUMBUS 197 E GAY STREET COLUMBUS,OH 43215	31-4379603	501(C)(3)	5,000				SPONSORSHIP
MOUNT CARMEL COLLEGE OF NURSING6150 E BROAD ST COLUMBUS,OH 43213	31-1308555	501(C)(3)	527,282				SCHOLARSHIP FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS SYMPHONY ORCHESTRA55 E STATE STREET COLUMBUS,OH 43215	31-6402408	501(C)(3)	5,000				SPONSORSHIP
MONROE TOWNSHIP FIRE DEPT EMS24 S OREGON STREET JOHNSTOWN,OH 430310567	31-0885284	GOVERNMENT ENTITY		12,855	FMV	LUCAS CHEST COMPRESSION SYSTEM	COMMUNITY COLLABORATION TO INCREASE QUALITY OF PATIENT CARE
WESTERVILLE FIRE DEPT EMSCITY OF WESTERVILLE 21 SOUTH STATE STREET WESTERVILLE,OH 43081	31-6401113	GOVERNMENT ENTITY		39,444	FMV	LUCAS CHEST COMPRESSION SYSTEM	COMMUNITY COLLABORATION TO INCREASE QUALITY OF PATIENT CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD FIRE DEPT EMS PO BOX 253 CROTON,OH 43013	31-0946873	GOVERNMENT ENTITY		13,654	FMV	LUCAS BATTERY/CHARGERS	COMMUNITY COLLABORATION TO INCREASE QUALITY OF PATIENT CARE
MT STERLING JOINT AMBULANCE DISTRICT24 S LONDON ST PO BOX 51 MT STERLING,OH 43143		GOVERNMENT ENTITY		47,747	FMV	DEFIBRILLATOR	COMMUNITY COLLABORATION TO INCREASE QUALITY OF PATIENT CARE
METROPOLITAN EMERGENCY CONSORTIUM 9500 JOHNSTOWN ROAD NEWALBANY,OH 43054	31-6400736	GOVERNMENT ENTITY		47,980	FMV	TITAN WIRELESS MODEMS	COMMUNITY COLLABORATION TO INCREASE QUALITY OF PATIENT CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON TOWNSHIP FIRE & EMS3650 HOOVER RD GROVE CITY, OH 43123	31-6400585	GOVERNMENT ENTITY		52,000	FMV	CHEST COMPRESSION SYSTEM	COMMUNITY COLLABORATION TO INCREASE QUALITY OF PATIENT CARE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the 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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
1b	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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a	Receive a severance payment or change-of-control payment?	Yes	
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	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.		No
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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:		
5a	The organization?		No
5b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
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:		
6a	The organization?		No
6b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
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.		No
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.		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 CLAUD VON ZYCHLIN, DIRECTOR, MOUNT CARMEL SYS PRES & CE	(i)	0	0	0	0	0	0	0
	(ii)	595,401	185,015	172,959	18,200	31,098	1,002,673	25,703
2 JOHN O'HANDLEY MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	173,654	0	4,025	12,147	2,419	192,245	0
3 AUGUSTUS PARKER MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	145,965	0	480	7,298	298	154,041	0
4 PHILLIP SHUBERT MD, DIRECTOR, MEDICAL DIRECTOR, ST ANN'	(i)	0	0	0	0	0	0	0
	(ii)	514,311	0	3,282	21,093	15,073	553,759	0
5 KEITH COLEMAN, MOUNT CARMEL SYSTEM CFO	(i)	0	0	0	0	0	0	0
	(ii)	406,734	73,420	3,993	13,000	23,762	520,909	0
6 JACQUELINE PRIMEAU, FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	223,782	0	1,833	19,704	9,766	255,085	0
7 RONALD WHITESIDE, FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	162,281	0	2,315	164,596	158,768
8 HUGH JONES, FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	256,424	45,473	837	13,000	20,350	336,084	0
9 DOUGLAS STEIN, FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	88,066	0	12,580	4,666	10,433	115,745	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
PART I, LINE 3	MOUNT CARMEL HEALTH SYSTEM FOUNDATION IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM MOUNT CARMEL HEALTH SYSTEM FOUNDATION'S CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, MOUNT CARMEL HEALTH SYSTEM MOUNT CARMEL HEALTH SYSTEM USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION'S CEO - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT IN CALENDAR 2014 THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II RONALD WHITESIDE - \$158,768 COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS THE FOLLOWING IS A PARTICIPANT IN THE NEW TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) EFFECTIVE JANUARY 1, 2014 THE PLAN WILL PROVIDE RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS THERE WERE NO PAYOUTS IN 2014 CLAUS VON ZYCHLIN THE FOLLOWING IS A PARTICIPANT IN THE TRINITY HEALTH CASH BALANCE RESTORATION AND RETENTION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETENTION BENEFITS PLUS RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$260,000 FOR 2014) THE PLAN WAS FROZEN DECEMBER 31, 2013 THE FOLLOWING PAYOUT FOR 2014 FOR THIS PLAN IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II CLAUS VON ZYCHLIN - \$25,833 COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS

Additional Data

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

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

(A) Name 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				
CLAUS VON ZYCHLIN, DIRECTOR, MOUNT CARMEL SYS PRES & CE	(i)	0	0	0	0	0	0
	(ii)	595,401	185,015	172,959	18,200	31,098	25,703
JOHN O'HANDLEY MD, DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	173,654	0	4,025	12,147	2,419	0
AUGUSTUS PARKER MD, DIRECTOR	(i)	0	0	0	0	0	0
	(ii)	145,965	0	480	7,298	298	0
PHILLIP SHUBERT MD, DIRECTOR, MEDICAL DIRECTOR, ST ANN'	(i)	0	0	0	0	0	0
	(ii)	514,311	0	3,282	21,093	15,073	0
KEITH COLEMAN, MOUNT CARMEL SYSTEM CFO	(i)	0	0	0	0	0	0
	(ii)	406,734	73,420	3,993	13,000	23,762	0
JACQUELINE PRIMEAU, FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	223,782	0	1,833	19,704	9,766	0
RONALD WHITESIDE, FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	0	0	162,281	0	2,315	158,768
HUGH JONES, FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0
	(ii)	256,424	45,473	837	13,000	20,350	0
DOUGLAS STEIN, FORMER OFFICER	(i)	0	0	0	0	0	0
	(ii)	88,066	0	12,580	4,666	10,433	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	4	5,586	DONOR PROVIDED VALUE
20 Drugs and medical supplies	X	40	138,000	DONOR PROVIDED VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	75	273,279	DONOR PROVIDED VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

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

1

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

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

Return Reference	Explanation
------------------	-------------

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization MOUNT CARMEL HEALTH SYSTEM FOUNDATION	Employer identification number 31-1113966
---	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MOUNT CARMEL HEALTH SYSTEM FOUNDATION TRUSTEES JOHN O'HANDLEY AND ROBERT RYAN HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION IS MOUNT CARMEL HEALTH SYSTEM SEE LINE 7 FOR ADDITIONAL INFORMATION
FORM 990, PART VI, SECTION A, LINE 7A	MOUNT CARMEL HEALTH SYSTEM IS THE SOLE MEMBER OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION MO UNT CARMEL HEALTH SYSTEM HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, MOUNT CARMEL HEALTH SYSTEM MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY , INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET MOU NT CARMEL HEALTH SYSTEM MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTIO N, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS
FORM 990, PART VI, SECTION B, LINE 11	MOUNT CARMEL HEALTH SYSTEM FOUNDATION'S FORM 990 WAS REVIEWED BY MANAGEMENT MANAGEMENT RE VIEW TOOK PLACE BEFORE THE FORM 990 WAS FILED WITH THE INTERNAL REVENUE SERVICE A COPY OF THE FORM 990 WAS PROVIDED TO BOARD MEMBERS FOR THEIR REVIEW BEFORE THE FILING OF FORM 990 WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	MOUNT CARMEL HEALTH SYSTEM FOUNDATION HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO 1 , WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES IT APPLIE S TO ALL "INTERESTED PERSONS" OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION, WHICH INCLUDES DIR ECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD- DELEGATED POWERS INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON R EASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF MOUNT CARMEL HEALTH SYSTEM FOUNDATION AN D TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST ON AN ANNUAL BASIS, INTERESTED PER SONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM TH EIR RECEIPT OF THE CONFLICT OF INTEREST POLICY , COMPLIANCE WITH ITS REQUIREMENTS, AND A GRE E TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WI TH THE POLICY THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEG RITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAI R AND CEO A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF MOU NT CARMEL HEALTH SYSTEM FOUNDATION (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BAS IS INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MOUNT CARMEL HEALTH SYSTEM FOUNDATION OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARA NCE OF A CONFLICT OF INTEREST THE BOARD OF DIRECTORS OF MOUNT CARMEL HEALTH SYSTEM FOUNDA TION (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IN THE EVENT OF AN ACTUAL CON FLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF MOUNT C ARMEL HEALTH SYSTEM FOUNDATION INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE POLICY FURTHER ADDR ESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIV E ACTION FOR VIOLATIONS OF THE POLICY THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VI, SECTION B, LINE 15	QUESTION 15A IS ANSWERED "NO" BECAUSE THE COMPENSATION FOR MOUNT CARMEL HEALTH SYSTEM FOUN DATION'S EXECUTIVE DIRECTOR IS ESTABLISHED AND PAID BY MOUNT CARMEL HEALTH SYSTEM, A RELAT ED ORGANIZATION QUESTION 15B IS ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OTHER OFFICERS AND KEY EXECUTIVES IS ESTABLISHED AND PAID BY TRINITY HEALTH, A RELATED ORGANIZAT ION IN ESTABLISHING CEO AND CFO COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PR ESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS AS PART OF THAT PRO CESS, THE COMPENSATION AND BENEFITS OF THE CEO AND CFO OF MOUNT CARMEL HEALTH SYSTEM FOUND ATION ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUM AN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF O F THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS AS PART OF ITS REVIEW PROCESS, T HE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NO T-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE R EASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS
FORM 990, PART VI, SECTION C, LINE 19	MOUNT CARMEL HEALTH SYSTEM FOUNDATION IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH S YSTEM TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WE BSITE, WWW TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE CONSOLIDATE D AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE MOUNT CARMEL HEALTH SYSTEM FOUNDATI ON'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
FORM 990, PART VII, SECTION A	SR BARBARA HAHN IS A MEMBER OF THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS HAVING TAKEN A VOW OF POVERTY, SR BARBARA DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROV IDED TO MOUNT CARMEL HEALTH SYSTEM EXCEPT FOR INSURANCE BENEFITS (\$6,055) INSTEAD, A TOTA L OF \$248,344 WAS PAID BY MOUNT CARMEL HEALTH SYSTEM DIRECTLY TO THE SISTERS OF THE HOLY C ROSS FOR SR BARBARA'S SERVICES
FORM 990, PART IX, LINE 11G	CONSULTING SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 38,236 F UNDRAISING EXPENSES 0 TOTAL EXPENSES 38,236 MISCELLANEOUS PURCHASED SERVICES PROGRAM SE RVICE EXPENSES 493,362 MANAGEMENT AND GENERAL EXPENSES 11,346 FUNDRAISING EXPENSES 225,1 79 TOTAL EXPENSES 729,887 MEDICAL SERVICES PROGRAM SERVICE EXPENSES 10,876 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,876
FORM 990, PART XI, LINE 9	EQUITY TRANSFER FROM AFFILIATE 1,921,175
FORM 990, PART XII, LINE 2	MOUNT CARMEL HEALTH SYSTEM FOUNDATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY 15 CON SOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUB LIC ACCOUNTING FIRM

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Employer identification number
31-1113966

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

No

1r

Yes

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

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
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 31-1113966

Name: MOUNT CARMEL HEALTH SYSTEM FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
(1) ALBANY MEMORIAL HOSPITAL 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	
(2) ALLEGANY FRANCISCAN MINISTRIES INC 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	FL	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(3) AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(4) AUXILIARY OF HOLY ROSARY HOSPITAL 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
(5) BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTHCARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(6) BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 11A, I	BAUM HARMON MERCY HOSPITAL	Yes	
(7) BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
(8) BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(9) BRIGHTSIDE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 9	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(10) CAPITAL REGION GERIATRIC CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(11) CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
(12) CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
(13) COLUMBUS ACQUISITION CORP 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	Yes	
(14) COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440	HEALTHCARE SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
(15) CRANBROOK HOSPICE CARE 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320699	HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(16) DILEY RIDGE MEDICAL CENTER 7911 DILEY ROAD CANAL WINCHESTER, OH 43110 34-2032340	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
(17) DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(18) DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(19) EAST NORRITON PHYSICIAN SERVICES C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2515999	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) EDDY LICENSED HOME CARE AGENCY 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
(1) EMPIRE HOME INFUSION SERVICE INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	
(2) FARREN CARE CENTER INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(3) FRANCISCAN ELDERCARE CORPORATION PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
(4) GLEN EDDY INC ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(5) GLOBAL HEALTH MINISTRY 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 23-3068656	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 7	TRINITY HEALTH CORPORATION	Yes	
(6) GLOBAL HEALTH MINISTRY (FKA TRINITY HEALTH INTERNATIONAL) 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(7) GOOD SAMARITAN HOSPITAL INC 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(8) GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	COMMUNITY OUTREACH	IL	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL	Yes	
(9) GOTTLIEB MEMORIAL FOUNDATION 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 11C, III-FI	N/A		No
(10) GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
(11) GRAND RAPIDS MEDICAL EDUCATION PARTNERS INC 1000 MONROE AVENUE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
(12) HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST PO BOX 3302 MUSKEGON, MI 49443 38-2299878	SELF INSURANCE	MI	501(C)(3)	LINE 11B, II	MERCY HEALTH PARTNERS	Yes	
(13) HACKLEY LIFE COUNSELING 125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
(14) HAWTHORNE RIDGE INC 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(15) HERITAGE HOUSE NURSING CENTER INC 2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(16) HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 9	HOLY CROSS HEALTH INC	Yes	
(17) HOLY CROSS HEALTH FOUNDATION INC 11801 TECH ROAD SILVER SPRING, MD 20904 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
(18) HOLY CROSS HEALTH INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HEALTHCARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(19) HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTHCARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? YesNo	
(41) HOLY CROSS MEDICAL PROPERTIES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283	BUILDING MANAGEMENT SERVICES	FL	501(C)(2)	N/A	HOLY CROSS HOSPITAL INC	Yes	
(1) HOLY CROSS OUTPATIENT SERVICES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTHCARE SERVICES	FL	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL INC	Yes	
(2) HOME AIDE SERVICE OF EASTERN NEW YORK INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(3) HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 9	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(4) HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 11A, I	N/A		No
(5) HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
(6) IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH- MICHIGAN	Yes	
(7) INTRACOASTAL HEALTH SYSTEMS INC 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 65-0556413	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	FL	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
(8) JAMES A EDDY MEMORIAL GERIATRIC CENTER INC 2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(9) LANGHORNE MRI INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
(10) LANGHORNE PHYSICIAN SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
(11) LIFE AT LOURDES INC 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(12) LIFE AT ST FRANCIS HEALTHCARE INC 7TH CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
(13) LIFE ST FRANCIS CORPORATION 1435 LIBERTY STREET HAMILTON, NJ 08629 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 11A, I	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
(14) LIFE ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	ST JOSEPH OF THE PINES INC	Yes	
(15) LIFE ST MARY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
(16) LOURDES ANCILLARY SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SERVICE AUXILIARY	NJ	501(C)(3)	LINE 11B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(17) LOURDES CARDIOLOGY SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTHCARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(18) LOURDES DIALYSIS AT INNOVA INC 3716 CHURCH ROAD MT LAUREL, NJ 08054 26-3237625	HEALTHCARE SERVICES (INACTIVE)	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(19) LOURDES MEDICAL CENTER OF BURLINGTON COUNTY 218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(61) LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
(1) LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
(2) LTC (EDDY) INC 2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 11B, II	NORTHEAST HEALTH INC	Yes	
(3) MARIAN COMMUNITY HOSPITAL 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 24-0711230	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	Yes	
(4) MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(5) MARYCREST HEIGHTS PO BOX 9184 FARMINGTON HILLS, MI 48333 27-0291722	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 11A, I	TRINITY CONTINUING CARE SERVICES	Yes	
(6) MAXIS HEALTH SYSTEM 3805 WEST CHESTER PIKE NO 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(7) MCAULEY CENTER INC 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC	Yes	
(8) MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
(9) MCAULEY MINISTRIES 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 11A, I	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
(10) MERCY AMICARE HOME HEALTHCARE OAKLAND 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(11) MERCY AMICARE HOME HEALTHCARE PORT HURON 505 HURON AVENUE PORT HURON, MI 48060 38-3320701	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(12) MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(13) MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1352191	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(14) MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	Yes	
(15) MERCY COMMUNITY HOMECARE SERVICES 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1488137	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC	Yes	
(16) MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	Yes	
(17) MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
(18) MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(19) MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(81) MERCY HEALTH NETWORK 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 11A, I	N/A		No
(1) MERCY HEALTH PARTNERS 1415 LEAHY STREET MUSKEGON, MI 49442 38-2589966	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH- MICHIGAN	Yes	
(2) MERCY HEALTH PLAN C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(3) MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(4) MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(5) MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2212638	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
(6) MERCY HEALTHCARE CENTER 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTHCARE AND HOSPITAL SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
(7) MERCY HEALTHCARE FOUNDATION-CLINTON 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
(8) MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	Yes	
(9) MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(10) MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
(11) MERCY HOSPITAL CADILLAC FOUNDATION 400 HOBART CADILLAC, MI 49601 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
(12) MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	VOLUNTEER SERVICE AUXILIARY	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
(13) MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	HEALTHCARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(14) MERCY HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791034	HEALTHCARE SERVICES (INACTIVE)	FL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
(15) MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
(16) MERCY LIFE OF ALABAMA PO BOX 1090 DAPHNE, AL 36526 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	MERCY MEDICAL CORPORATION	Yes	
(17) MERCY LIFE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS INC	Yes	
(18) MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2627944	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
(19) MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(101) MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(1) MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(2) MERCY MEDICAL CORPORATION PO BOX 1090 DAPHNE, AL 36526 63-6002215	HOSPICE & HOME HEALTH SERVICES	AL	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
(3) MERCY MEDICAL GROUP C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(4) MERCY NORTH HOMECARE AND HOSPICE 7985 MACKINAW TRAIL CADILLAC, MI 49601 38-3313897	HOSPICE & HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(5) MERCY PHYSICIAN NETWORK C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(6) MERCY SENIOR CARE INC 424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(7) MERCY SERVICES CORPORATION 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1453323	HEALTHCARE SYSTEM SUPPORT (INACTIVE)	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(8) MERCY SERVICES DOWNTOWN INC 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(9) MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	Yes	
(10) MERCY SPECIALIST PHYSICIANS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(11) MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1396763	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(12) MERCY UIHLEIN HEALTH CORPORATION 185 OLD MILITARY ROAD LAKE PLACID, NY 12946 16-1535133	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
(13) MERCYKNOLL INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0757380	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(14) MISSION HEALTH CORPORATION 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 11A, I	N/A		No
(15) MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
(16) MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
(17) MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
(18) MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(19) MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 11A, I	MOUNT CARMEL HEALTH SYSTEM		No

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? YesNo	
(121) MOUNT CARMEL HOME CARE LLC 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081 26-2729300	HOME HEALTH SERVICES	OH	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(1) MRI MOBILE SERVICES OF WEST MICHIGAN 1820 - 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 9	TRINITY HEALTH- MICHIGAN	Yes	
(2) MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
(3) NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 11B, II	NAZARETH HOSPITAL	Yes	
(4) NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(5) NAZARETH PHYSICIAN SERVICES INC ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 20-3261266	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
(6) NE PHYSICIAN SERVICES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2497355	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	MERCY PHYSICIAN NETWORK	Yes	
(7) NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756	HEALTHCARE SYSTEM SUPPORT	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
(8) OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(9) OAKLAND MERCY HOSPITAL FOUNDATION 601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 11C, III-FI	N/A		No
(10) OSUMOUNT CARMEL HEALTH ALLIANCE 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTHCARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 11A, I	N/A		No
(11) OUR LADY OF LOURDES HEALTH CARE SERVICES INC 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM	Yes	
(12) OUR LADY OF LOURDES HEALTH FOUNDATION INC 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(13) OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(14) OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH CARE SERVICES	Yes	
(15) PIONEER VALLEY CARDIOLOGY ASSOCIATES INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(16) PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
(17) PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
(18) PROBILITY THERAPY SERVICES 2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH- MICHIGAN	Yes	
(19) PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	Yes	No
(141) PROFESSIONAL OFFICE CORPORATION 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	BUILDING MANAGEMENT SERVICES	CA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	Yes		
(1) SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTHCARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes		
(2) SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	BUILDING MANAGEMENT SERVICES	ID	501(C)(3)	LINE 9	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes		
(3) SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTHCARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes		
(4) SAINT ALPHONSUS FOUNDATION-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes		
(5) SAINT ALPHONSUS FOUNDATION-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER- ONTARIO	Yes		
(6) SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes		
(7) SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTHCARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes		
(8) SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER- NAMPA	Yes		
(9) SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	HEALTHCARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes		
(10) SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTHCARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes		
(11) SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTHCARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes		
(12) SAINT JAMES CARE INC 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	Yes		
(13) SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTHCARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes		
(14) SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTHCARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes		
(15) SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER-S BEND	Yes		
(16) SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY INC 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 11B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER-PLYMOUTH	Yes		
(17) SAINT JOSEPH REGIONAL MEDICAL CENTER INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes		
(18) SAINT JOSEPH'S HEALTH SYSTEM INC 424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	Yes		
(19) SAINT JOSEPH'S MERCY CARE SERVICES INC 424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTHCARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(161) SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES- INDIANA	Yes	
(1) SAINT MARY HOME II INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1164104	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(2) SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES INC	Yes	
(3) SAINT MARY'S FOUNDATION 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH- MICHIGAN	Yes	
(4) SAINT MICHAEL'S MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(5) SAMARITAN CHILD CARE CENTER INC 2213 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE	NY	501(C)(3)	LINE 9	NORTHEAST HEALTH INC	Yes	
(6) SAMARITAN HOSPITAL 2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	
(7) SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(8) SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
(9) SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE 1 ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
(10) SETON HEALTH FOUNDATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM INC	Yes	
(11) SETON HEALTH SYSTEM INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(12) SISTERS OF PROVIDENCE CARE CENTERS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
(13) SISTERS OF PROVIDENCE HEALTH SYSTEM INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398374	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	MA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
(14) SJHSJOC HOLDINGS INC 424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTHCARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(15) ST AGNES CONTINUING CARE CENTER ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(16) ST AGNES CONTINUING CARE CENTER FOUNDATION ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 11B, II	ST AGNES CONTINUING CARE CENTER	Yes	
(17) ST FRANCIS FOUNDATION PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 11A, I	ST FRANCIS HOSPITAL	Yes	
(18) ST FRANCIS HOSPITAL PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(19) ST FRANCIS MEDICAL CENTER FOUNDATION INC 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 11A, I	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	

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
(181) ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
(1) ST JAMES MERCY FOUNDATION INC 411 CANISTEO STREET HORNELL, NY 14843 16-1486437	FOUNDATION	NY	501(C)(3)	LINE 7	ST JAMES MERCY HEALTH SYSTEM INC	Yes	
(2) ST JAMES MERCY HEALTH SYSTEM INC 411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
(3) ST JAMES MERCY HOSPITAL 411 CANISTEO STREET HORNELL, NY 14843 16-0743310	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JAMES MERCY HEALTH SYSTEM INC	Yes	
(4) ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
(5) ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
(6) ST MARY BUILDING AND DEVELOPMENT COMPANY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
(7) ST MARY EMERGENCY MEDICAL SERVICES 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
(8) ST MARY HOME INCORPORATED 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(9) ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(10) ST MARY MEDICAL CENTER FOUNDATION INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
(11) ST MARY'S FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 11A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(12) ST MARY'S HEALTH CARE SYSTEM INC 1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(13) ST MARY'S HIGHLAND HILLS INC 1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(14) ST MARY'S MEDICAL GROUP INC 1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTHCARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(15) ST MARY'S SACRED HEART HOSPITAL INC 367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(16) ST MICHAEL'S FOUNDATION INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976	FOUNDATION	NJ	501(C)(3)	LINE 11A, I	SAINT MICHAEL'S MEDICAL CENTER	Yes	
(17) ST PETER'S AUXILIARY 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2843206	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 11A, I	ST PETER'S HEALTH CARE SERVICES	Yes	
(18) ST PETER'S HEALTH CARE SERVICES 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2702507	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 9	ST PETER'S HEALTH PARTNERS	Yes	
(19) ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(201) ST PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES PC 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(1) ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH CARE SERVICES	Yes	
(2) ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH CARE SERVICES	Yes	
(3) SUNNYVIEW HOSPITAL & REHABILITATION CENTER 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	
(4) SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 11A, I	SUNNYVIEW HOSPITAL & REHABILITATION CENTER	Yes	
(5) THE COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
(6) THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH CARE SERVICES	Yes	
(7) THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 707 EAST CEDAR STREET SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 11A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
(8) THE MARJORIE DOYLE ROCKWELL CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
(9) THE NORTHEAST HEALTH FOUNDATION INC 2224 BURDETT AVE TROY, NY 12180 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
(10) TRI-HOSPITAL EMERGENCY MEDICAL SERVICES 309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11D, III-O	N/A		No
(11) TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
(12) TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
(13) TRINITY CONTINUING CARE SERVICES - INDIANA INC PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
(14) TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(15) TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH MINISTRIES	Yes	
(16) TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
(17) TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
(18) TRINITY HOME HEALTH SERVICES INC 17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
(19) UIHLEIN MERCY CENTER 185 OLD MILITARY ROAD LAKE PLACID, NY 12946 15-0532190	HEALTHCARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(221) UNIVERSITY HEIGHTS PROPERTY COMPANY INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	TITLE HOLDING COMPANY	NJ	501(C)(2)	N/A	SAINT MICHAEL'S MEDICAL CENTER	Yes	
(1) VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
(2) WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
AFFILIATED MANAGEMENT SERVICES CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C			Yes	
CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C			Yes	
CATHERINE HORAN BUILDING CORP 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C			Yes	
CATHOLIC HEALTH EAST SENIOR SERVICES 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 37-1572595	SENIOR SERVICES	PA	N/A	C			Yes	
CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C			Yes	
DIVERSIFIED COMMUNITY SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	N/A	C			Yes	
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C			Yes	
HACKLEY HEALTH MANAGEMENT CENTER INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C			Yes	
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C			Yes	
HACKLEY HEALTHCARE EQUIPMENT CORP 1415 LEAHY ST MUSKEGON, MI 49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C			Yes	
HACKLEY PROFESSIONAL CENTER INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C			Yes	
HACKLEY PROFESSIONAL PHARMACY INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2447870	PHARMACY	MI	N/A	C			Yes	
HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C			Yes	
HEF INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3086401	OFFICE STAFFING	MI	N/A	C			Yes	
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD 20904 52-1986562	HOME CARE SERVICES	MD	N/A	C			Yes	

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							
HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C			Yes	
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C			Yes	
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C			Yes	
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C			Yes	
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C			Yes	
LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C			Yes	
LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C			Yes	
LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	MEDICAL SERVICES	NJ	N/A	C			Yes	
MANNING MEDICAL PLLC 315 S MANNING BLVD ALBANY, NY 12208 46-4331512	MEDICAL SERVICES	NY	N/A	C			Yes	
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C			Yes	
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C			Yes	
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	MEDICAL SERVICES	ID	N/A	C			Yes	
MERCY INPATIENT MEDICAL ASSOCIATES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C			Yes	
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C			Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C			Yes	

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							
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI 49506 38-2647304	ATHLETIC CLUB	MI	N/A	C			Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C			Yes	
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C			Yes	
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-6608649	PROPERTY MANAGEMENT	MA	N/A	C			Yes	
PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C			Yes	
PROVIDENCE HOME CARE INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C			Yes	
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C			Yes	
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	PHYSICIANS	ID	N/A	C			Yes	
SAINT MARY'S HEALTH MANAGEMENT COMPANY 200 JEFFERSON AVENUE SE GRAND RAPIDS, MI 49503 38-3450733	ATHLETIC CLUB	MI	N/A	C			Yes	
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C			Yes	
SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C			Yes	
ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C			Yes	
SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C			Yes	
SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938181	LAB SERVICES	MA	N/A	C			Yes	
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C			Yes	

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							
TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C			Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T			Yes	
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C			Yes	
WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C			Yes	
WORKPLACE HEALTH OF GRAND HAVEN INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C			Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TRINITY HEALTH CORPORATION	M	91,405	PER BOOKS
TRINITY HEALTH CORPORATION	C	41,515	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	B	3,085,029	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	C	1,921,175	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	M	58,026	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	P	979,761	PER BOOKS
MOUNT CARMEL COLLEGE OF NURSING	B	527,282	PER BOOKS