


<p>Form 990</p> <p></p> <p>Department of the Treasury Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p>▶ 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/foim990</p>	<p>OMB No 1545-0047</p> <p>2015</p> <p>Open to Public Inspection</p>
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST JOSEPHS HOSPITAL HEALTH CENTER		D Employer identification number 15-0532254
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (315) 703-2163
	City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 132031899		G Gross receipts \$ 619,091,130
	F Name and address of principal officer LOWELL A SEIFTER ESQ 301 PROSPECT AVE SYRACUSE, NY 132031899		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ SJHSYR.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1895	M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities RELIGIOUS & CHARITABLE, TEACHING HOSPITAL		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	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 2015 (Part V, line 2a)	5	4,695
6 Total number of volunteers (estimate if necessary)	6	524	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-595,866	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-595,866	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	10,320,951	7,265,837
	9 Program service revenue (Part VIII, line 2g)	542,194,840	553,323,910
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,810,270	1,527,037
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,265,863	56,678,818
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	603,591,924	618,795,602
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . .	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	307,055,709	312,641,418
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	293,203,335	304,314,935
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	600,259,044	616,956,353
	19 Revenue less expenses Subtract line 18 from line 12	3,332,880	1,839,249
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	648,957,477	485,398,291
	21 Total liabilities (Part X, line 26)	438,829,997	409,230,768
	22 Net assets or fund balances Subtract line 21 from line 20	210,127,480	76,167,523

Part II	Signature Block
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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	*****	2016-11-21
	Signature of officer	Date
	LOWELL A SEIFTER ESQ SECRETARY Type or print name and title	

Paid Preparer Use Only	ANGELA M FRANCO	ANGELA M FRANCO		self-employed	P00589741
	Firm's name ► FUST CHARLES CHAMBERS LLP			Firm's EIN ► 16-1226221	
	Firm's address ► 5784 WIDEWATERS PARKWAY SYRACUSE, NY 13214			Phone no (315) 446-3600	

Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization’s mission

OUR MISSION WE ARE PASSIONATE HEALERS DEDICATED TO HONORING THE SACRED IN OUR SISTERS AND BROTHERS OUR VISION TO BE WORLD-RENOWNED FOR PASSIONATE PATIENT CARE AND OUTSTANDING CLINICAL OUTCOMES CORE VALUES IN THE SPIRIT OF GOOD STEWARDSHIP, WE HEAL BY PRACTICING COMPASSION THROUGH OUR KINDNESS, CONCERN AND GENUINE CARING, REVERENCE IN HONORING THE DIGNITY OF THE HUMAN SPIRIT, EXCELLENCE BY EXPECTING THE BEST OF OURSELVES AND OTHERS, INTEGRITY BY BEING AND SPEAKING THE TRUTH

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a	(Code) (Expenses \$ 166,623,019 including grants of \$) (Revenue \$ 177,071,796)
HEART DISEASE AND STROKECARDIOVASCULAR DISEASE IS THE LEADING CAUSE OF DEATH IN THE NATION, NEW YORK STATE AND ONONDAGA COUNTY SINCE ST JOSEPH'S PERFORMED THE FIRST OPEN HEART SURGERY IN CENTRAL NEW YORK IN 1958, IT HAS CONTINUED TO LEAD THE WAY IN THE PREVENTION, DETECTION AND TREATMENT OF HEART DISEASE FOR EXAMPLE - SURGEONS PERFORM NEARLY 1,000 OPEN HEART SURGERIES YEAR - INTERVENTIONAL CARDIOLOGISTS PERFORM NEARLY 5,035 CARDIAC CATHETERIZATIONS AND APPROXIMATELY 2,000 PERCUTANEOUS CORONARY INTERVENTIONS - SPECIALISTS CONDUCT MORE THAN 573 ELECTROPHYSIOLOGY CASES, INCLUDING THREE-DIMENSIONAL MAPPINGS - SURGEONS IMPLANT APPROXIMATELY 635 PACEMAKERS IN 2015 NATIONAL RECOGNITIONS INCLUDE -BEST REGIONAL HOSPITAL BY U S NEWS AND WORLD REPORT-100 GREAT COMMUNITY HOSPITALS BY BECKER'S HOSPITAL REVIEW-ONLY MAGNET DESIGNATED HOSPITAL IN CENTRAL NEW YORK-AWARDED 3 STARS IN CABG, AVR & AVR+CABG BY SOCIETY OF THORACIC SURGEONS-WOMEN'S CHOICE AWARD FOR HEART CARE AND OBSTETRICS -HIGH PERFORMING IN HIP AND KNEE REPLACEMENTS BY U S NEWS AND WORLD REPORT-AWARDED BABY FRIENDLY HOSPITAL BY BABY-FRIENDLY USA, INC. SPONSORED BY UNICEF AND THE WHO-PRIMARY CARE OFFICES CERTIFIED NCQA LEVEL 3 PATIENT CENTERED MEDICAL HOME-LEAFFROG REPORTS ST JOSEPH'S 3RD LOWEST C-SECTION RATE IN NY-AWARDED LEED GOLD CERTIFICATION BY THE U S GREEN BUILDING COUNCIL-MOST WIRED HOSPITAL SEVEN CONSECUTIVE YEARS-CARDIAC ICU RECEIVED THE GOLD BEACON AWARD OF EXCELLENCE-AMERICAN ACADEMY OF SLEEP MEDICINE ACCREDITATION-COMPREHENSIVE CENTER ACCREDITATION FOR BARIATRIC SURGERY-FULL ACCREDITATION FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE-SURGICAL INTENSIVE CARE RECEIVED BEACON AWARD OF EXCELLENCEREGIONAL DISTINCTIONS -2015 RISK TAKERS AND DREAM MAKERS AWARD-NAACP COMMUNITY SERVICE AWARD-EXCELLUS BLUECROSS BLUESHIELD COMMUNITY HEALTH AWARD-HANY'S 2015 COMMUNITY HEALTH INITIATIVES AWARD-EXCELLENCE IN HEALTH CARE AWARD, COMMUNITY PARTNER-BLUE DISTINCTION CENTER PLUS FOR KNEE AND HIP REPLACEMENT-BLUE DISTINCTION CENTER PLUS FOR SPINE SURGERY-BLUE DISTINCTION CENTER PLUS FOR CARDIAC CARE-BLUE DISTINCTION CENTER FOR MATERNITY CAREEKG TRANSMISSION FROM AMBULANCES ST JOSEPH'S EMERGENCY DEPARTMENT RECEIVES EKGs FROM AMBULANCES IN THE FIELD THAT ARE IN ROUTE TO THE HOSPITAL THE NEW, WEB-BASED SYSTEM, CALLED LIFENET STEMI MANAGEMENT SOLUTION FROM PHYSIO-CONTROL, ALLOWS EMERGENCY MEDICAL TECHNICIANS (EMTS) TO ALERT THE ED STAFF TO INCOMING PATIENTS WITH A DANGEROUS FORM OF HEART ATTACK KNOWN AS STEMI (ST ELEVATION MYOCARDIAL INFARCTION) STEMI POSES A SERIOUS THREAT TO THE HEART MUSCLE, AND THE QUICKER PATIENTS RECEIVE TREATMENT THE MORE LIKELY THEY ARE TO HAVE A POSITIVE OUTCOME EMTs USE THE SYSTEM TO TRANSMIT 12-LEAD EKGs FROM THE FIELD DIRECTLY TO THE ED THIS HELPS SAVE TIME, WHICH IS THE KEY TO SAVING HEART MUSCLE BY HAVING THE OPPORTUNITY TO READ THE EKG SOONER, THE ED PHYSICIANS CAN ACTIVATE THE AMI TEAM, THE SPECIFIC STAFF WHO CARE FOR HEART ATTACK PATIENTS, EARLIER THIS EARLY WARNING SYSTEM PROVIDES AN ENORMOUS BENEFIT TO HEART ATTACK PATIENTS BECAUSE IT WILL RESULT IN A REDUCTION OF DOOR TO WIRE TIMES THE TOOL IS PARTICULAR HELPFUL DURING OFF-SHIFTS AND WEEKENDS WHEN IT MAY TAKE A BIT LONGER TO CONVEENE THE AMI TEAM ACCORDING TO LOCAL AMBULANCE CORPS, THIS TECHNOLOGY IS A HUGE STEP TOWARD BETTER PATIENT CARE, PARTICULARLY FOR THOSE AMBULANCE CORPS THAT SERVES COUNTIES WITHOUT CARDIAC CATHETERIZATION LABS OFTEN THOSE EMS PROVIDERS HAVE TO MANAGE UNSTABLE PATIENTS FOR MORE THAN 30 MILES TO DELIVER THEM TO THE LEVEL OF CARE THEY REQUIRE THE CAPABILITY OF TRANSMITTING 12 LEAD EKGs HELPS PATIENTS GET THE CARE THEY NEED SOONER, SAVING BOTH LIVES AND HEART MUSCLE CERTIFIED CHEST PAIN CENTER IN 2013, ST JOSEPH'S HOSPITAL RECEIVED CHEST PAIN CENTER ACCREDITATION FROM THE SOCIETY OF CHEST PAIN CENTERS ST JOSEPH'S IS ONE OF TWO HOSPITALS IN CENTRAL NEW YORK WITH THIS ACCREDITATION ST JOSEPH'S UNDERTOOK A RIGOROUS RE-EVALUATION AND REFINEMENT OF HEART CARE PROCESSES TO INTEGRATE THE INDUSTRY'S BEST PRACTICES AND NEWEST PARADIGMS INTO ITS CARDIAC CARE SERVICES THE HOSPITAL'S STATE-OF-THE-ART CARDIOVASCULAR PROGRAM WORKS SEAMLESSLY WITH AREA EMERGENCY MEDICAL SERVICES TO ENSURE THAT PATIENTS GET THE TREATMENT THEY NEED DURING THE CRITICAL EARLY STAGES OF A HEART ATTACK AS AN ACCREDITED CHEST PAIN CENTER, ST JOSEPH'S ENSURES PATIENTS WHO COME TO THE HOSPITAL COMPLAINING OF CHEST PAIN OR DISCOMFORT ARE GIVEN THE IMMEDIATE TREATMENT NECESSARY TO AVOID AS MUCH HEART DAMAGE AS POSSIBLE PROTOCOL-BASED PROCEDURES DEVELOPED BY LEADING EXPERTS IN CARDIAC CARE TO REDUCE TIME OF TREATMENT IN THE CRITICAL EARLY STAGES OF A HEART ATTACK ARE PART OF ST JOSEPH'S OVERALL CARDIAC SERVICES IN ADDITION TO CHEST PAIN CENTER ACCREDITATION, ST JOSEPH'S IS THE ONLY HOSPITAL IN SYRACUSE DESIGNATED AS A MISSION LIFELINE STEMI HOSPITAL BY THE AMERICAN HEART ASSOCIATION FOR ITS SYSTEMATIC AND MULTIDISCIPLINARY APPROACH TO TREATING HEART ATTACKS OUTREACH TO NORTHERN NEW YORK ST JOSEPH'S CONTINUED ITS TELEMEDICINE PROGRAM WITH SAMARITAN MEDICAL CENTER IN WATERTOWN, N Y , TO ACHIEVE OPTIMAL CARDIAC CARE FOR CENTRAL AND NORTHERN NEW YORK SAMARITAN HOUSES A FREESTANDING CATHETERIZATION LABORATORY THAT SERVES THE LARGELY RURAL JEFFERSON, ST LAWRENCE, LEWIS AND FRANKLIN COUNTIES SAMARITAN'S CATH LAB UTILIZES THE EXPERTISE OF ST JOSEPH'S INVASIVE CARDIOLOGISTS ALL PATIENTS ARE SCREENED FOR RISK FACTORS AND ANY CARDIAC CATH CANDIDATES WHO DISPLAY AT-RISK SYMPTOMATOLOGY ARE REFERRED TO ST JOSEPH'S HOSPITAL FOR INPATIENT CARDIAC CATHETERIZATION PROCEDURES, ANGIOPLASTY OR CARDIAC SURGERY INTERVENTIONS ST JOSEPH'S EXPRESS ADMISSION LINE IS A HOTLINE USED PRIMARILY FOR THE SPEEDY TRANSFER OF CARDIAC PATIENTS FROM RURAL HOSPITALS WITHOUT CARDIAC CATHETERIZATION LABS IT CAN ALSO BE A LIFESAVING TOOL USED TO TRANSFER ANY PATIENT IN NEED TO THE APPROPRIATE LEVEL OF CARE AS SOON AS POSSIBLE WHEN A PATIENT REQUIRES SPECIALTY CARE UNAVAILABLE AT HIS OR HER CURRENT HEALTH CARE FACILITY, MEDICAL PERSONNEL CALL THE EXPRESS LINE, WHICH IS ANSWERED 24-HOURS-A-DAY, SEVEN-DAYS-A-WEEK BY ST JOSEPH'S ADMINISTRATIVE NURSING COORDINATOR THE NURSING COORDINATOR LISTENS TO THE DESCRIPTION OF THE PATIENT'S CONDITION, CONTACTS THE ST JOSEPH'S PHYSICIAN ON CALL FOR THE PARTICULAR SPECIALTY NEEDED, AND WITHIN MINUTES ALL THREE PARTIES ARE ENGAGED IN A THREE-WAY POTENTIALLY LIFESAVING CONVERSATION THE ST JOSEPH'S PHYSICIAN CAN OBTAIN CRITICAL PATIENT INFORMATION AND GIVE SPECIFIC INSTRUCTIONS FOR CARE DURING TRANSPORT, WHILE THE NURSING COORDINATOR SIMULTANEOUSLY CHECKS FOR AVAILABLE BEDS AND ALERTS THOSE NEEDED TO PREPARE FOR THE PATIENT'S ARRIVAL TO EXPEDITE THE PROCESS, HOSPITAL REPRESENTATIVES FROM BOTH LOCATIONS THEN TAKE CARE OF PAPERWORK AND OTHER IMPORTANT INFORMATION, WHILE THE PATIENT IS ENROUTE THE EXPRESS LINE HAS LITERALLY BEEN A LIFESAVER, BECAUSE PRECIOUS TIME IS NOT SPENT SEARCHING FOR AN OPEN BED OR TRIAGING THE PATIENT A SECOND TIME UPON ARRIVAL AT ST JOSEPH'S, BUT ONLY ON MAKING SURE THE PATIENT RECEIVES THE BEST POSSIBLE MEDICAL CARE IMMEDIATELY AND THROUGHOUT HIS OR HER STAY REHABILITATION ST JOSEPH'S OFFERS THE ONLY COMPREHENSIVE CARDIAC REHABILITATION PROGRAM THAT IS CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION AND IS THE LARGEST SUCH PROGRAM IN CENTRAL NEW YORK IN 2015, ST JOSEPH'S PROVIDED NEARLY 11,184 PATIENT VISITS A MEDICALLY SUPERVISED EXERCISE PROGRAM IS ALSO HELD AT THE SITE THIS PROGRAM IS SPECIFICALLY DESIGNED FOR PEOPLE WHO WANT TO EXERCISE AND MAINTAIN THEIR INDEPENDENCE, BUT WHOSE CHRONIC DISEASE STATES PUT THEM AT RISK FOR EXERCISING IN STANDARD GYMS	

4b	(Code) (Expenses \$ 24,880,196 including grants of \$) (Revenue \$ 18,435,518)
MISSION SERVICES & OTHERPRIMARY CARE CENTERS & MENTAL HEALTHPRIMARY CARE CENTERSCOMMITTED TO IMPROVING ACCESS TO HEALTH CARE SERVICES FOR THOSE WHO ARE UNDERSERVED, ST JOSEPH'S HAS ESTABLISHED PRIMARY CARE SITES IN AREAS WHERE MANY OF THESE INDIVIDUALS LIVE THIS HELPS ADDRESS A KNOWN BARRIER, WHICH IS ACCESS TO TRANSPORTATION FOR THOSE WITHOUT INSURANCE OR WHO USE MEDICAID PRIMARY CARE CENTER-WEST (PCC WEST) THE PCC WEST PRIMARILY SERVES PATIENTS OF ALL AGES FROM SYRACUSE'S NEAR WEST SIDE THE BI-LINGUAL STAFF PROVIDES OBSTETRICS, GYNECOLOGICAL CARE, PEDIATRIC WELL AND SICK VISITS, IMMUNIZATIONS, PHYSICAL EXAMS, BLOOD DRAWS, NUTRITION AND FINANCIAL COUNSELING, AND REFERRALS TO SPECIALISTS, AS NEEDED PHYSICIANS ARE AVAILABLE 24-HOURS-A-DAY, SEVEN-DAYS-A-WEEK PCC WEST SAW 17,036 PATIENT VISITS IN 2015 MANY FAMILIES COME FROM CUBA, PUERTO RICO, UKRAINE, SOMALIA, SUDAN, BOSNIA AND BURMA AND 32 PERCENT OF PATIENTS ARE NON-ENGLISH SPEAKING OR HAVE LIMITED ENGLISH PROFICIENCY SEVENTY-THREE PERCENT OF PATIENTS ARE MEDICAID, MEDICARE OR SELF-PAY PRIMARY CARE CENTER OB/GYN (PCC OB/GYN) LOCATED AT PCC MAIN CAMPUS, 101 UNION AVE SUITE 706, SYRACUSE, SPECIALIZES IN WOMEN'S HEALTH CARE IN ADDITION TO PHYSICIANS, CERTIFIED NURSE MIDWIVES, NURSE PRACTITIONER AND REGISTERED NURSES PROVIDE PREGNANCY CARE AND GYNECOLOGICAL SERVICES LAB SERVICES, WIC ASSISTANCE, PCAP APPLICATIONS, MATERNAL TESTING AND SONOGRAMS, SOCIAL SERVICES, NUTRITIONAL COUNSELING, FINANCIAL COUNSELING AND PHLEBOTOMY ARE ALSO AVAILABLE AT THE PCC OB/GYN OFFICE THERE IS A STRONG CONNECTION BETWEEN PRE- AND POST-NATAL CARE FROM OUTPATIENT OBSTETRICS TO INPATIENT MATERNITY AND NEWBORN SERVICES AND THEN BACK TO OUTPATIENT OBSTETRICS AND PEDIATRIC SERVICES 85% OF OB PATIENTS ARE MEDICAID, MEDICARE OR SELF-PAY A LARGE PERCENTAGE OF PATIENTS ARE VIETNAMESE THE PEDIATRICS OFFICE, WHICH SAW 5,972 PATIENT VISITS IN 2015, PROVIDES PEDIATRIC SERVICES FOR PATIENTS UP TO AGE 17, WELL-CHILD VISITS, SICK VISITS, IMMUNIZATIONS, PHYSICAL EXAMS AND REFERRALS TO SPECIALISTS, AS NEEDED NUTRITION AND FINANCIAL COUNSELING ALSO ARE AVAILABLE AND SOCIAL WORKERS ARE ON SITE AT THE PEDIATRIC OFFICE, HEALTH AND FAMILY EDUCATION AND MENTAL HEALTH SCREENINGS ARE ALSO AVAILABLE, AS WELL AS AN INITIATIVE TO IMPROVE CHILD LITERACY THROUGH THE REACH OUT AND READ PROGRAM PRIMARY CARE CENTER-MAIN (PCC MAIN) LOCATED ON THE HOSPITAL CAMPUS, ST JOSEPH'S PCC MAIN PRIMARY CARE CENTER IS AVAILABLE TO PROVIDE ALL THE HEALTH CARE NEEDS OF FAMILIES, INCLUDING PRENATAL, PEDIATRIC AND ADULT CARE SERVICES INCLUDE 24-HOUR PHYSICIAN COVERAGE, OBSTETRICS, CARING FOR CHILDREN, WOMEN'S HEALTH, CARE OF HOSPITALIZED PATIENTS, AND OFFICE CARE FOR MOST MEDICAL PROBLEMS, AS WELL AS FAMILY THERAPY COUNSELING, MENTAL HEALTH SCREENING, LAB SERVICES, WIC ASSISTANCE, PCAP APPLICATIONS AND NUTRITIONAL, FINANCIAL AND SOCIAL WORK COUNSELING IN 2015, THERE WERE 29,013 PATIENT VISITS, 86% OF THE PATIENTS ARE MEDICAID, MEDICARE OR SELF-PAY DENTAL OFFICE ST JOSEPH'S DENTAL OFFICE CARES FOR MANY OF THE AREA'S UNDERINSURED, AS WELL AS PATIENTS WITH MENTAL AND/OR PHYSICAL DISABILITIES A 24-HOUR ON-CALL SYSTEM IS IN PLACE IN ALL OF ST JOSEPH'S PRIMARY CARE SITES THERE WERE 9,666 PATIENT VISITS IN 2015, INCLUDING OUR NEW PORTABLE DENTAL UNIT THAT BEGAN IN LATE 2015, 32% OF THE PATIENTS ARE MEDICAID, MEDICARE OR SELF-PAY IN ADDITION, THE PRIMARY CARE CENTERS INCORPORATE A DENTAL ASSESSMENT IN ALL AGE GROUPS AND IF NECESSARY, REFERRALS ARE MADE TO ST JOSEPH'S DENTAL OFFICE IN ADDITION, ST JOSEPH'S DENTAL OFFICE, THROUGH THE GENEROUS GRANT PROVIDED BY THE HEALTH FOUNDATION OF WESTERN & CENTRAL NY, NOW PROVIDES PORTABLE DENTAL SERVICES TO CHILDREN IN THE COMMUNITY WHO MAY NOT HAVE THE ABILITY TO RECEIVE DENTAL HYGIENE CARE SPECIALTIES SERVICES ST JOSEPH'S TAKES REFERRALS FROM ITS EMERGENCY DEPARTMENT, PRIMARY CARE SERVICES AND PHYSICIANS THROUGHOUT THE COMMUNITY FOR ORTHOPEDICS/SPORTS MEDICINE, ALLERGY/ASTHMA SERVICES, SURGICAL SERVICES AND INFECTIOUS DISEASE 77% OF THE PATIENTS SEEN IN SPECIALTIES SERVICES ARE MEDICAID, MEDICARE OR SELF-PAY THERE WERE 2952 PATIENT VISITS IN 2015 MENTAL HEALTH AND MENTAL DISORDERSIN RESPONSE TO A CRITICAL COMMUNITY NEED, ST JOSEPH'S MENTAL HEALTH SERVICES PROMOTES POSITIVE MENTAL HEALTH AND ADDRESSES A BROAD RANGE OF PSYCHIATRIC ILLNESSES INCLUDING BIPOLAR DISORDER, DEPRESSION, PSYCHOTIC DISORDERS, MOOD AND ANXIETY DISORDERS, SUBSTANCE ABUSE AND ADDICTION, AND CHILD AND ADOLESCENT PSYCHIATRIC DISORDERS EACH PATIENTS INDIVIDUAL TREATMENT NEEDS ARE RESPONDED TO WITH PLANNING FOR PATIENT-SPECIFIC CARE WHICH MAY INCLUDE INDIVIDUAL PSYCHOTHERAPY, GROUP THERAPY, FAMILY COUNSELING, INPATIENT CARE, PSYCHOPHARMACOLOGY, REHABILITATION SERVICES AND VOCATIONAL COUNSELING WHILE OUTSTANDING SERVICES ARE GIVEN TO ALL PATIENTS, WITH NEARLY ONE QUARTER OF ITS PATIENT POPULATION 17 YEARS AND YOUNGER, PROVIDERS AT ST JOSEPH'S WORK DILIGENTLY TO OFFER INNOVATIVE STATE-OF-THE-ART TREATMENT OPTIONS THAT ARE SUCCESSFUL WITH, AND CAPTURE THE INTEREST OF, CHILDREN ST JOSEPH'S MENTAL HEALTH SERVICES RECORDS OVER 87,238 OUTPATIENT VISITS AS WELL AS 322 ADMISSIONS INTO THE COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM EOB AND 588 PSYCHIATRIC ADMISSIONS ST JOSEPH'S, THE LARGEST PROVIDER OF MENTAL HEALTH SERVICES IN ONONDAGA COUNTY, HAS OFFERED COMPREHENSIVE MENTAL HEALTH CARE TO THE COMMUNITY SINCE 1947 DESIGNATED BY NEW YORK STATE AS A COMMUNITY MENTAL HEALTH CENTER SINCE 1967, ST JOSEPH'S PROVIDES A FULL CONTINUUM OF MENTAL HEALTH SERVICES IN ADDITION TO A 30-BED INPATIENT UNIT, ST JOSEPH'S OFFERS OUTPATIENT PSYCHOTHERAPY, REHABILITATION AND SUPPORTED EMPLOYMENT PROGRAMS, TRANSITIONAL LIVING SERVICES, ACCESS FOR THE HOMELESS AND LINK, A SCHOOL-BASED PROGRAM FOR CHILDREN AND FAMILIES ST JOSEPH'S ALSO OPERATES THE REGIONS ONLY PSYCHIATRIC EMERGENCY PROGRAM, PROVIDING COMPASSIONATE CARE FOR COMMUNITY MEMBERS DURING SOME OF THEIR MOST SERIOUS PSYCHIATRIC CRISES THE MISSION OF ST JOSEPH'S MENTAL HEALTH SERVICES REFLECTS A CONCERN WITH PREVENTING MENTAL ILLNESS, PROMOTING MENTAL HEALTH AND PROVIDING COMPREHENSIVE CARE FOR THOSE PERSONS SUFFERING FROM MENTAL DISORDERS MENTAL HEALTH SERVICES PLACES EMPHASIS ON CONSIDERATION OF BIOLOGICAL, CULTURAL, ETHNIC, FAMILY AND SOCIAL ENVIRONMENT IN TREATING PATIENTS, AS WELL AS THE BELIEF THAT COMPREHENSIVE AND APPROPRIATE TREATMENT CAN BEST BE IMPLEMENTED AT THE LEAST RESTRICTIVE LEVEL OF CARE THAT IS THERAPEUTICALLY ADVISABLE ADEQUATE CARE OF THE MENTALLY ILL HAS BECOME AN URGENT NEED IN THE CENTRAL NEW YORK COMMUNITY, AND ST JOSEPH'S CONTINUES TO FIND WAYS TO PROVIDE GREATER ACCESS TO MENTAL HEALTH CARE FOR THOSE IN NEED ST JOSEPH'S MENTAL HEALTH SERVICES AND CPEP PARTNER WITH A VARIETY OF LOCAL ORGANIZATIONS, INCLUDING ONONDAGA COUNTY DEPARTMENT OF MENTAL HEALTH, SOCIAL SERVICES AND PROBATION, ONONDAGA CASE MANAGEMENT SERVICES, INC , UNITED WAY OF CENTRAL NY, ONONDAGA WRAPAROUND, THE SYRACUSE RESCUE MISSION, SALVATION ARMY, EMERGENCY SHELTER BARNABAS HOUSE, STATE STREET APARTMENTS BOOTH HOUSE, LOCAL LAW ENFORCEMENT, UNIVERSITY HOSPITAL, ONONDAGA CASE MANAGEMENT SERVICES, INC , FAMILY TAPESTRY, ELMCREST CHILDREN'S CENTER, HILLSIDE CHILDREN'S CENTER, LIBERTY RESOURCES, INC , CENTRAL NEW YORK SERVICES, INC , NORTH SYRACUSE SCHOOL DISTRICT, EAST-SYRACUSE MINOA SCHOOL DISTRICT AND THE SYRACUSE BEHAVIORAL HEALTH CENTER PROGRAMS - ADULT OUTPATIENT AND CHILDREN AND YOUTH OUTPATIENT CLINICS- COMPREHENSIVE HOMELESS ACCESS- TO NONTRADITIONAL CLINICAL EXPERIENCES (CHANCE)- PERSONALIZED RECOVERY ORIENTED SERVICES (PROS)- PSYCHIATRIC HOME CARE SERVICES- RESIDENTIAL SERVICES PROGRAM- ST JOSEPH'S VOCATIONAL SERVICES- VOLUNTEER PROGRAM FOR SYRACUSE BEHAVIORAL HEALTH CLIENTS- LEADING, INTEGRATING, NETWORKING FOR KIDS (LINK)- COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM (CPEP)- CPEP MOBILE CRISIS OUTREACH PROGRAM- CHILDREN'S HEALTH INNOVATION PROJECT (CHIP)- CPEP FACILITY EXPANSION AND RE-LOCATION- DOCTORS ACROSS NEW YORK PHYSICIAN LOAN REPAYMENT PROGRAM-SCHOOL-BASED PROGRAM AT ONE CITY SCHOOL IN COOPERATION WITH SYRACUSE CITY SCHOOL DISTRICT-TELEPSYCHIATRY SERVICES TO FOUR RURAL SITES	




















4c	(Code) (Expenses \$ 20,079,623 including grants of \$) (Revenue \$ 19,816,087)
HOME CAREST JOSEPH'S CERTIFIED HOME HEALTH CARE AGENCY THE ST JOSEPH'S HOSPITAL HEALTH CENTER NETWORK OFFERS IN-HOME SERVICES TO A DIVERSE POPULATION THROUGH ITS AFFILIATE ORGANIZATION, FRANCISCAN HEALTH SUPPORT, AND THE HOSPITAL-OWNED ST JOSEPH'S CERTIFIED HOME HEALTH CARE AGENCY HOME CARE HELPS PATIENTS TRANSITION FROM HOSPITAL TO HOME AND SUPPORTS PEOPLE WHO ARE AT HOME BY PROVIDING SERVICES THEY NEED TO AVOID READMISSION TO THE HOSPITAL OR A NURSING HOME THE TWO AGENCIES CONDUCTED NEARLY 179,000 HOME VISITS LAST YEAR, HELPING MANY IN CENTRAL NEW YORK TO REMAIN IN THE COMFORT OF THEIR OWN HOMES OUR CERTIFIED HOME HEALTH CARE AGENCY IS RANKED AMONG THE TOP 100 HOME CARE AGENCIES IN THE NATION AND PROVIDES SUCH SERVICES AS SKILLED NURSING, PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY, HOME HEALTH AIDE AND PERSONAL CARE SERVICES, SOCIAL SERVICES, AND NUTRITIONAL CARE FRANCISCAN HEALTH SUPPORT OFFERS HOME HEALTH AIDE AND PERSONAL CARE SERVICES, SKILLED NURSING, AND MEDICAL EQUIPMENT TOGETHER, THE TWO AGENCIES COMBINE FORCES TO PROVIDE THE BEST POSSIBLE CARE TO THOSE THEY SERVE, OFTEN THOSE IN THE COMMUNITY WHO ARE MOST AT NEED, INCLUDING THE ELDERLY, HOMEBOUND, ACUTELY ILL, OR DYING THE NEED FOR HOME CARE SERVICES IN THE COMMUNITY HAS INCREASED GREATLY DUE TO THE EXPANDING ELDERLY POPULATION, THE EVER-SHORTENING HOSPITAL STAY, AND NURSING HOME DIVERSION INITIATIVES AND OUR AGENCIES CONTINUE TO INCREASE EFFORTS TO MEET THIS DEMAND AND THE NEEDS OF THE COMMUNITY	

See Additional Data

4d	Other program services (Describe in Schedule O)
(Expenses \$ 305,529,694 including grants of \$) (Revenue \$ 395,275,033)	

4e	Total program service expenses ► 517,112,532
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to 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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
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		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	437	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4,695	
b	At least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for 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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
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? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12	
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
MEREDITH PRICE 301 PROSPECT AVE SYRACUSE, NY 132031899 (315) 703-2208

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

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

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	6,501,939	521,090	379,474

		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	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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

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.

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 ▶ 22	
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Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,514,925			
	e	Government grants (contributions)	1e	4,750,912			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$		95,796			
	h	Total. Add lines 1a-1f			7,265,837		
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code				
			621990	553,323,910	553,323,910		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			553,323,910		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,585,098			1,585,098
	4	Income from investment of tax-exempt bond proceeds . .		2,506			2,506
	5	Royalties					
	6a	Gross rents	(i) Real 122,514	(ii) Personal			
	b	Less rental expenses	122,354				
	c	Rental income or (loss)	160				
	d	Net rental income or (loss)		160			160
	7a	Gross amount from sales of assets other than inventory	(i) Securities 2,869	(ii) Other 109,738			
	b	Less cost or other basis and sales expenses	0	173,174			
	c	Gain or (loss)	2,869	-63,436			
	d	Net gain or (loss)		-60,567			-60,567
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19					
	a						
	b	Less direct expenses					
	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	INTERCOMPANY REIMBURSEMENT REVENUE	900099		39,181,197	39,181,197		
b	OTHER EXEMPT OPERATING INCOME	900099		12,673,324	12,673,324		
c	INCOME FROM JOINT VENTURES	621500		519,607	1,115,473	-595,866	
d	All other revenue			4,304,530	4,304,530		
e	Total. Add lines 11a-11d			56,678,658			
12	Total revenue. See Instructions			618,795,602	610,598,434	-595,866	1,527,197

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.				
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.	4,761,913	771,323	3,990,590	
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.	244,995,387	206,223,978	38,771,409	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,245,774	4,981,182	1,264,592	
9	Other employee benefits.	39,341,959	27,318,901	12,023,058	
10	Payroll taxes.	17,296,385	13,794,357	3,502,028	
11	Fees for services (non-employees):				
a	Management.	6,806,911	964,711	5,842,200	
b	Legal.	985,195	128,909	856,286	
c	Accounting.	686,945	5,762	681,183	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	3		3	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	72,194,192	61,419,459	10,774,733	
12	Advertising and promotion.	1,660,014	274,398	1,385,616	
13	Office expenses.	1,946,449	1,024,161	922,288	
14	Information technology.	6,182,205	4,930,484	1,251,721	
15	Royalties.				
16	Occupancy.	13,288,812	10,612,652	2,676,160	
17	Travel.	883,385	747,666	135,719	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	795,525	462,432	333,093	
20	Interest.	12,842,959	12,842,959		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	36,556,604	29,154,927	7,401,677	
23	Insurance.	2,361,704	1,883,525	478,179	
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	SUPPLY EXPENSE	128,491,225	123,903,135	4,588,090	
b	BAD DEBT EXPENSE	9,409,085	9,409,085		
c	NYS ASSESSMENT	1,936,964	1,936,964		
d					
e	All other expenses	7,286,758	4,321,562	2,965,196	
25	Total functional expenses. Add lines 1 through 24e.	616,956,353	517,112,532	99,843,821	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		5,043,418	1	2,881,953
	2	Savings and temporary cash investments		34,795,603	2	33,902,139
	3	Pledges and grants receivable, net		5,653,388	3	6,691,914
	4	Accounts receivable, net		84,327,477	4	78,173,431
	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		2,895,728	7	3,210,089
	8	Inventories for sale or use		6,351,919	8	6,085,889
	9	Prepaid expenses and deferred charges		5,236,301	9	3,422,897
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 261,595,267			
	b	Less: accumulated depreciation	10b 16,494,421	365,387,103	10c	245,100,846
	11	Investments—publicly traded securities		93,869,165	11	62,944,193
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		45,397,375	15	42,984,940
	16	Total assets. Add lines 1 through 15 (must equal line 34)		648,957,477	16	485,398,291
Liabilities	17	Accounts payable and accrued expenses		86,901,006	17	86,433,047
	18	Grants payable			18	
	19	Deferred revenue			19	436,940
	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		285,120,932	23	7,947,029
	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		66,808,059	25	314,413,752
	26	Total liabilities. Add lines 17 through 25		438,829,997	26	409,230,768
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		196,514,811	27	63,730,807
	28	Temporarily restricted net assets		10,380,959	28	9,103,099
	29	Permanently restricted net assets		3,231,710	29	3,333,617
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		210,127,480	33	76,167,523
	34	Total liabilities and net assets/fund balances		648,957,477	34	485,398,291

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	618,795,602
2	Total expenses (must equal Part IX, column (A), line 25)	2	616,956,353
3	Revenue less expenses Subtract line 2 from line 1	3	1,839,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	210,127,480
5	Net unrealized gains (losses) on investments	5	695,650
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	-136,494,856
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	76,167,523

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID:
Software Version:
EIN: 15-0532254
Name: ST JOSEPHS HOSPITAL HEALTH CENTER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	305,529,694	including grants of \$) (Revenue \$	395,275,033)
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAWAN RAO MD BOARD TRUSTEE	10 00	X						0	0	0
WILLIAM ROBERTS MD BOARD TRUSTEE	10 00	X						0	0	0
GEORGE DEPTULA ESQ BOARD TRUSTEE - CHAIR	10 00 2 00	X		X				0	0	0
JOHN MURPHY III BOARD TRUSTEE	10 00	X						0	0	0
GINA MYERS PHD BOARD TRUSTEE	10 00	X						0	0	0
VINCENT P SWEENEY BOARD TRUSTEE	10 00	X						0	0	0
CHARLES ZIMMERMAN BOARD TRUSTEE	10 00	X						0	0	0
SR MARY OBRIST BOARD TRUSTEE - TREASURER	10 00 2 00	X		X				0	0	0
LUCINDA DRESCHER BOARD TRUSTEE	10 00	X						0	0	0
SHARON MCAULIFFE ESQ BOARD TRUSTEE THROUGH 7/1/15	10 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHRYN RUSCITTO BOARD TRUSTEE - PRESIDENT,	40 00 16 00	X		X				645,424	447,051	29,750
SANDRA SULIK MD BOARD TRUSTEE TO 7/1/15,VP OF MEDICAL AFFAIRS	40 00 5 00	X						389,980	0	13,812
SR HELEN MARIE BURNS BOARD TRUSTEE	10 00	X						0	0	0
RICHARD WALDMAN MD BOARD TRUSTEE	10 00	X						0	0	0
MERRIETTE POLLARD BOARD TRUSTEE	10 00	X						0	0	0
JOHN MARSHALL CPA BOARD TRUSTEE	10 00 2 00	X						0	0	0
PAUL TREMONT BOARD TRUSTEE	10 00	X						0	0	0
RICHARD O'CONNELL BOARD TRUSTEE	10 00	X						0	0	0
SANTO DIFINO MD BOARD TRUSTEE	10 00	X						0	0	0
ANNE MARIE CZYZ SR VP OPERATIONS, COO/CNO	40 00				X			348,803	0	18,727

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK SMITH JR VP SPECIAL PROGRAMS	40 00 35 00				X			385,132	74,039	27,454
MARY W BROWN SR VP, FORMER COO	40 00				X			223,956	0	2,434
CHARLES J FENNELL VP INFORMATION MGMT, CIO	40 00 20 00				X			268,213	0	24,606
JOSEPH A SCICCHITANO VP SUPPORT SERVICES	40 00 4 00				X			247,799	0	9,443
MARK E MURPHY SR VP SYSTEM DEVELOP/AMBULATORY CARE	40 00 20 00				X			322,772	0	22,028
FREDERICK LETOURNEAU SR VP PHYSICIAN ENTERPRISE	40 00 35 00				X			355,766	0	28,654
DEBORAH WELCH VP PEOPLE AND MISSION INTEGRATION	40 00				X			174,875	0	22,091
LOWELL A SEIFTER ESQ VP GENERAL COUNSEL	40 00 10 00				X			330,197	0	23,987
DOUGLAS SMITH VP DEVELOPMENT	40 00 40 00				X			232,188	0	16,582
ERIKA DUNCAN VP HUMAN RESOURCES	40 00 4 00				X			162,793	0	2,596

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEREDITH PRICE VP FINANCIAL SERVICES, CFO	40 00				X			410,560	0	24,687
JAMES TUCKER MD PHYSICIAN	40 00					X		434,025	0	17,704
KWAME ADUSEI MD PHYSICIAN	40 00					X		396,466	0	25,410
AHMED NIZAR MD PHYSICIAN	40 00					X		424,696	0	24,268
JUSTIN BETRAND MD PHYSICIAN	40 00					X		392,854	0	30,793
DAVID KELLEY MD PHYSICIAN	40 00					X		355,440	0	14,448

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

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 (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (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		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.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						<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.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						<input type="checkbox"/>
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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).		
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 .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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?		
b A family member of a person described in (a) above?		
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.		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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) <input type="checkbox"/>		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization ST JOSEPHS HOSPITAL HEALTH CENTER	Employer identification number 15-0532254
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)
	Yes	No Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a Volunteers?		No
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
c Media advertisements?		No
d Mailings to members, legislators, or the public?		No
e Publications, or published or broadcast statements?		No
f Grants to other organizations for lobbying purposes?	Yes	74,162
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i Other activities?	Yes	68,093
j Total Add lines 1c through 1i		142,255
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LINE 1(F), GRANTS FOR LOBBYING PURPOSES DUES PAID HANYS - \$37,057 ,IROQUOIS HEALTHCARE ALLIANCE - \$16,808, AND AHA - \$20,297 LINE 1(I), OTHER ACTIVITIES BROWN & WEINRAUB PLLC- \$60,593 TRINITY HEALTH CORPORATION- \$7,500

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1
► \$

b

Assets included in Form 990, Part X
► \$

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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	13,612,669	13,028,076	16,045,585	13,325,942	15,859,880
b Contributions	3,174,919	3,986,922	724,983	2,422,941	6,558,936
c Net investment earnings, gains, and losses	-74,476	223,532	625,008	536,966	78,557
d Grants or scholarships					
e Other expenditures for facilities and programs	4,276,396	3,625,861	4,367,500	240,264	9,171,431
f Administrative expenses					
g End of year balance	12,436,716	13,612,669	13,028,076	16,045,585	13,325,942

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

27 000 %

c

Temporarily restricted endowment

73 000 %

The percentages on 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

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

Yes

No

b

If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		3,925,693		3,925,693
b Buildings		158,187,834	3,145,600	155,042,234
c Leasehold improvements		12,029	647	11,382
d Equipment		95,290,763	13,339,030	81,951,733
e Other		4,178,948	9,144	4,169,804
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				245,100,846

Schedule D (Form 990) 2015

Part II

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on 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 III

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENTS ARE INTENDED TO SUPPORT HOSPITAL MISSION SERVICES, EDUCATION, AND TECHNOLOGY ADVANCEMENTS

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 15-0532254

Name: ST JOSEPHS HOSPITAL HEALTH CENTER

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

(a) Description	(b) Book value
(1) DUE FROM SJLS	783,319
(2) DUE FROM SJHHC FOUNDATION	-118,456
(3) DUE FROM FRANCISCAN MGT/HEALTH SUPPORT SERVICES-NET	1,518,170
(4) DUE FROM AFFILIATE-MDR/MRI	915,504
(5) DUE FROM AFFILIATE-LACNY	14,191,344
(6) EQUITY INTEREST IN NET ASSETS OF SJHHC FOUNDATION	18,675,514
(7) RESTRICTED ASSETS	164,264
(8) DUE FROM LIVERPOOL DIALYSIS	104,000
(9) BOND INTEREST CAP PREMIUM	10,786
(10) TELP INTEREST AMORTIZATION	8,209
(11) DUE FROM IROQUOIS/ROSEWOOD	300,479
(12) DUE FROM LORETTO	557,500
(13) DUE TO/FROM SJPE	932,653
(14) LEWIS COUNTY HOSPITAL AR	14,000
(15) ST JOSEPH'S IMAGING	11,244
(16) DUE TO/FROM TRINITY	-1,603,009
(17) DUE TO/FROM PLAZA	652,063
(18) DSRIP PPS	203,374
(19) INSURANCE RECEIVABLE	5,663,982

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

1 (a) Description of Liability	(b) Book Value
ACCRUED POST RETIRE HEALTH BENEFITS-LT	19,843,122
ACCRUED WORKERS COMP	19,899,716
PENSION PLAN LIABILITY	1,762,584
SJHHC PROPERTIES	9,003,533
MALPRACTICE LIABILITY	8,976,244
457B PLAN LIABILITY	3,175,374
THIRD PARTY PAYOR	8,895,589
SECURED NOTE TO RELATED 3RD PARTY (TRINITY)	242,857,590

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization ST JOSEPHS HOSPITAL HEALTH CENTER	Employer identification number 15-0532254
---	--

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other <u>13800 0000000000 %</u>	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other <u>34200 0000000000 %</u>	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,313,649		5,313,649	0 870 %
b Medicaid (from Worksheet 3, column a)			100,702,036	72,427,186	28,274,850	4 650 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			106,015,685	72,427,186	33,588,499	5 520 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			20,694,278	12,120,588	8,573,690	1 410 %
g Subsidized health services (from Worksheet 6)			16,580,590	7,079,975	9,500,615	1 560 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,300		3,300	0 %
j Total. Other Benefits			37,278,168	19,200,563	18,077,605	2 970 %
k Total. Add lines 7d and 7j			143,293,853	91,627,749	51,666,104	8 490 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development		1,257		1,257	0 %
3	Community support		26,631		26,631	0 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		5,000		5,000	0 %
9	Other					
10	Total		32,888		32,888	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

4,168,262

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

150,855,178

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

220,407,522

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-69,552,344

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system☐ Cost to charge ratio☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

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

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 LABORATORY ALLIANCE OF CNY	LABORATORY SERVICES	50 000 %	0 %	0 %
2 2 MDR	MRI SERVICES	40 000 %	0 %	60 000 %
3 3 SJLS	DIALYSIS SERVICES	51 000 %	0 %	49 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

1

See Additional Data Table

Schedule H (Form 990) 2015

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

ST JOSEPH'S HOSPITAL HEALTH CENTER INC

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website (list url) <u>WWW SJHSYR ORG</u> b <input type="checkbox"/> Other website (list url) _____ c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>WWW SJHSYR ORG</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>WWW SJHSYR ORG</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	8	Yes
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>WWW SJHSYR ORG</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12a	No
		12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

ST JOSEPH'S HOSPITAL HEALTH CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 138 000000000000 % and FPG family income limit for eligibility for discounted care of 342 000000000000 % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input type="checkbox"/> Medical indigency e <input type="checkbox"/> Insurance status f <input type="checkbox"/> Underinsurance discount g <input type="checkbox"/> Residency h <input type="checkbox"/> Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The FAP was widely available on a website (list url) WWW SJHSYR ORG b <input type="checkbox"/> The FAP application form was widely available on a website (list url) c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input type="checkbox"/> Other (describe in Section C)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

ST JOSEPH'S HOSPITAL HEALTH CENTER INC

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 1 - ST JOSEPH'S HOME HEALTH CARE 7246 JANUS PARK DRIVE LIVERPOOL, NY 13088	HOME HEALTH CARE SERVICES
2 2 - LABORATORY ALLIANCE OF CENTRAL NEW YORK 1304 BUCKLEY ROAD SYRACUSE, NY 13212	CLINICAL AND ANATOMIC PATHOLOGY TESTING
3 3 - REGIONAL DIALYSIS CENTER 973 JAMES STREET SYRACUSE, NY 13203	HEMODIALYSIS AND PERITONEAL
4 4 - NORTHEAST SURGERY CENTER 4208 MEDICAL CENTER DRIVE FAYETTEVILLE, NY 13066	WOUND CARE, ORTHO, GENERAL SURGERY, UROLOGY
5 5 - NORTH SURGERY CENTER 5100 WEST TAFT ROAD LIVERPOOL, NY 13088	GENERAL SURGERY, UROLOGY, ENT, ORTHOPEDICS, PODIATRY
6 6 - CNY INFUSION SERVICES 333 BUTTERNUT DRIVE SUITE 102 DEWITT, NY 13214	INFUSION THERAPIES
7 7 - SLEEP LABORATORY SERVICES 945 EAST GENESSE STREET SUITE 300 SYRACUSE, NY 13210	TREATS CHRONIC SLEEP DISORDERS
8 8 - ST FRANCIS SOCIAL ADULT DAY CARE 1108 COURT STREET SYRACUSE, NY 13208	SUPPORTIVE SERVICES FOR THE ELDERLY
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1

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

Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3

Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4

Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5

Promotion of community health. Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6

Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	
PART I, LINE 7G	PLEASE SEE DESCRIPTION OF COMMUNITY BENEFIT ACTIVITIES NOTED IN THE 990 PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 9,409,084
PART III, LINE 4	BAD DEBT EXPENSE IS REPORTED BASED ON ALLOWANCE FOR DOUBTFUL ACCOUNTS (\$12,069,251) LESS A NY RECOVERY OF BAD DEBTS (\$2,660,167) AN ALLOWANCE FOR DOUBTFUL ACCOUNTS RECEIVABLE IS ESTIMATED BY MANAGEMENT BASED ON MONTHLY REVIEWS OF THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE CONSIDERING HISTORICAL EXPERIENCE AND PREVAILING ECONOMIC CONDITIONS PART III, SECTION A , LINE 3 CHARITY CARE IS REPORTED IN PART I, LINE 7A AND IS NOT DUPLICATED IN BAD DEBT REPORTED IN PART III, SECTION A, LINE 2 PART III SECTION A LINE 4 SEE FINANCIAL STATEMENT PAGE 15 THE HOSPITAL HAS AGREEMENTS WITH CERTAIN THIRD-PARTY PAYORS THAT PROVIDE FOR PAYMENTS TO THE HOSPITAL AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED RATES PAYMENT ARRANGEMENTS INCLUDE PROSPECTIVELY DETERMINED RATES PER DISCHARGE, COST-BASED REIMBURSEMENT, DISCOUNTED CHARGES AND PER DIEM PAYMENTS NET PATIENT SERVICE REVENUE AND THE RELATED RECEIVABLES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS,THIRD-PARTY PAYORS AND OTHERS AS SERVICES ARE RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS DUE TO FUTURE AUDITS, REVIEWS AND INVESTIGATIONS RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS AND INVESTIGATIONS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS RECEIVABLE IS ESTIMATED BY MANAGEMENT BASED ON MONTHLY REVIEWS OF THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE CONSIDERING HISTORICAL EXPERIENCE AND PREVAILING ECONOMIC CONDITIONS REVENUE FROM THE MEDICARE AND MEDICAID PROGRAMS ACCOUNTED FOR APPROXIMATELY 47 PERCENT AND 11 PERCENT, RESPECTIVELY, OF THE HOSPITALS NET PATIENT SERVICE REVENUE FOR 2015 AND 45 PERCENT AND 11 PERCENT, RESPECTIVELY OF THE HOSPITALS NET PATIENT SERVICE REVENUE FOR 2014 LAWS AND REGULATIONS GOVERNING THE MEDICARE AND MEDICAID PROGRAMS ARE EXTREMELY COMPLEX AND SUBJECT TO INTERPRETATION AS A RESULT, THERE IS AT LEAST A REASONABLE POSSIBILITY THAT RECORDED ESTIMATES WILL CHANGE BY A MATERIAL AMOUNT IN THE NEAR TERM NET PATIENT SERVICE REVENUE DECREASED BY APPROXIMATELY \$1.3 MILLION AND DECREASED BY \$3.3 MILLION IN 2015 AND 2014, RELATED TO EITHER SETTLEMENT OF PRIOR YEAR ISSUES OR CHANGES IN ESTIMATES ASSOCIATED WITH THIRD-PARTY ISSUES THE HOSPITAL GRANTS UNSECURED CREDIT TO ITS PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY PAYOR AGREEMENTS THE MIX OF RECEIVABLES FROM PATIENTS AND THIRD-PARTY PAYORS AT DECEMBER 31 WAS AS FOLLOWS 2015 MEDICARE 43% MEDICAID 14% PRIVATE PAYORS 3% INSURANCE AND ALL OTHERS 40% 2014 MEDICARE 34% MEDICAID 16% PRIVATE PAYORS 13% INSURANCE AND ALL OTHERS 40%
PART III, LINE 8	PLEASE SEE DESCRIPTION OF COMMUNITY BENEFIT ACTIVITIES NOTED IN THE 990 PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE METHODOLOGY USED TO CALCULATE THE MEDICARE SHORTFALL IS MEDICARE COSTS BASED ON THE MEDICARE COST REPORT RCC LESS MEDICARE PAYMENTS FROM THE PS&R AND PHYSICIAN RELATED PAYMENTS NOT REPORTED ON THE PS&R
PART III, LINE 9B	ANY PATIENT AT SJHHC WILL RECEIVE MEDICAL TREATMENT WHETHER OR NOT THE PATIENT IS INSURED OR UNINSURED IN ACCORDANCE WITH THE POLICY AND THE PROCEDURES HERewith SJHHC MAY RESERVE THE RIGHT TO REFUSE FINANCIAL AID ON PRE-SCHEDULED ELECTIVE PROCEDURES ONLY IT IS THE INTENT OF THE FINANCIAL COUNSELING REPRESENTATIVES, TO FOLLOW-UP ON EVERY CLAIM WITHIN A 30-DAY PERIOD, IN AN EFFORT TO PROVIDE FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE PROGRAMS DEFINED IN OUR FINANCIAL ASSISTANCE POLICY THE ACCOUNT WILL BE NOTED EACH MONTH AS TO THE FOLLOW-UP EFFORTS MADE BY THE FINANCIAL COUNSELORS Baring ANY UNFORESEEN ISSUES, DELAYS WITH PATIENT CONTACTS, DELAYS WITH THE DSS, ETC FOR THOSE PATIENTS WHO ARE INTERESTED IN FINANCIAL ASSISTANCE, PATIENTS WILL BE CONTACTED BY A SJHHC FINANCIAL COUNSELOR (FC) AND INSTRUCTED ON THE AVAILABILITY TO ENROLL IN MEDICAID, CHILD HEALTH PLUS (CHP) AND FAMILY HEALTH PLUS (FHP), THROUGH A REFERRAL TO THOSE MEDICAID MANAGED CARE (MMC) FACILITATED ENROLLER WHO HAS A MEDICAID MANAGED CARE CONTRACT WITH SJHHC, OR A REFERRAL TO THE LOCAL COUNTY DEPARTMENT OF SOCIAL SERVICES DEPENDING ON THE PATIENTS DEMOGRAPHICS REGARDLESS OF WHO COMPLETES THE MEDICAID APPLICATION, THE COMPLETION OF ONE MEDICAID APPLICATION ALLOWS A PATIENT ACCESS TO ENROLL IN MEDICAID, CHP OR FHP, DEPENDING ON THE COMBINED INCOME AND ASSETS OF THE PATIENT AND THEIR FAMILY (IF APPLICABLE) OTHER OPTIONS TO BE DISCUSSED WILL BE FINANCIAL AID AND MONTHLY PAYMENT PLANS AT ALL PATIENT ACCESS POINTS THERE WILL BE FAPAMPHLETS NOTIFYING PATIENTS AND FAMILY MEMBERS OF THE EXISTENCE AND AVAILABILITY OF THE FINANCIAL COUNSELING UNIT PATIENTS AND FAMILY MEMBERS MAY DISCUSS ALL PROGRAMS OFFERED EITHER IN PERSON OR BY PHONE NOTE PATIENTS WHO MAY BE ELIGIBLE FOR MEDICAID, CHILD HEALTH PLUS OR FAMILY HEALTH PLUS, WHO DO NOT COMPLY WITH THE APPLICATION REQUIREMENTS OF THEIR LOCAL DEPARTMENT OF SOCIAL SERVICES MAY NOT BE ELIGIBLE FOR FINANCIAL AID THESE PATIENTS MAY ALSO BE SUBJECT TO BAD DEBT, IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE SJHHC BAD DEBT POLICY IN ADDITION, OUR DATA MAILERS BEING SENT TO PATIENTS FOR ANY AMOUNT THEY MAY OWE ON A BILL NOW INCLUDES THE PHONE NUMBER OF OUR FINANCIAL COUNSELING UNIT IF THE PATIENT NEEDS FINANCIAL ASSISTANCE THIS SECTION IS ALSO COLORIZED FOR EASY RECOGNITION
PART VI, LINE 2	PLEASE SEE DESCRIPTION OF COMMUNITY BENEFIT ACTIVITIES NOTED IN THE 990 PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
PART VI, LINE 3	PLEASE SEE DESCRIPTION OF FINANCIAL AID POLICY AT SCHEDULE H, PART III LINE 9B FOR A DESCRIPTION OF PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE
PART VI, LINE 4	PLEASE SEE FORM 990, PART III
PART VI, LINE 5	PLEASE SEE FORM 990, PART III
PART VI, LINE 6	PLEASE SEE FORM 990, PART III
PART VI, LINE 7, REPORTS FILED WITH STATES	NY

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 15-0532254
Name: ST JOSEPHS HOSPITAL HEALTH CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ST JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVE SYRACUSE, NY 13203	X	X	X			X		HOME CARE AGENCY, OP PRIMARY CARE AND OP MENTAL HEALTH SERVICES	

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" on 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

2015

Open to Public Inspection

Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on 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 on 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" on 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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I LINE 4B	AFTER-TAX 457(B/F) PLAN ELIGIBILITY FOR THE AFTER-TAX 457(B/F) PLAN SHALL BE LIMITED TO THOSE INDIVIDUALS WHO ARE PRIMARILY UPPER MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES OF THE HOSPITAL WHO ARE SELECTED IN THE SOLE DISCRETION OF THE HOSPITAL'S BOARD OF TRUSTEES OR ITS DESIGNEE. ELIGIBLE EMPLOYEES WHO HAVE BEEN SELECTED BY THE EXECUTIVE COMMITTEE OF THE BOARD ARE SET FORTH ON EXHIBIT A OF THE PLAN. ALL EMPLOYER CONTRIBUTIONS TO THE PLAN ARE IMMEDIATELY VESTED. THIS PLAN IS AN INCENTIVE TO CONTINUE TO PROVIDE VALUABLE SERVICES TO THE HOSPITAL AND AS AN INCENTIVE TO RECRUIT NEW EMPLOYEES TO PROVIDE NEEDED HEALTHCARE SERVICES TO THE COMMUNITY, AND AS SUCH IS REVIEWED ON AN ANNUAL BASIS BY THE COMPENSATION COMMITTEE. PARTICIPANTS: MARK MURPHY \$ 34,340; SANDRA SULIK, MD \$ 17,582; ANNE MARIE CZYZ \$ 31,777; JOSEPH A SCICCHITANO \$ 15,236; FREDERICK LETOURNEAU \$ 29,608; CHARLES J FENNELL \$ 14,343; LOWELL A SEIFTER, ESQ \$ 27,257; DOUGLAS SMITH \$ 10,848; MEREDITH PRICE \$ 34,276.

Additional Data

Software ID:

Software Version:

EIN: 15-0532254

Name: ST JOSEPHS HOSPITAL HEALTH CENTER

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KATHRYN RUSCITTO BOARD TRUSTEE - PRESIDENT,	(i)	314,770	0	330,654	6,454	23,296	675,174	0
	(ii)	334,042	113,009	0	0	0	447,051	0
1SANDRA SULIK MD BOARD TRUSTEE TO 7/1/15,VP OF MEDICA	(i)	346,906	2,146	40,928	13,812	0	403,792	0
	(ii)	0	0	0	0	0	0	0
2ANNE MARIE CZYZ SR VP OPERATIONS, COO/CNO	(i)	305,626	0	43,177	3,056	15,671	367,530	0
	(ii)	0	0	0	0	0	0	0
3FRANK SMITH JR VP SPECIAL PROGRAMS	(i)	199,553	0	185,579	14,979	9,078	409,189	0
	(ii)	74,039	0	0	0	0	77,436	0
4MARY W BROWN SR VP, FORMER COO	(i)	84,865	0	139,091	1,478	956	226,390	0
	(ii)	0	0	0	0	0	0	0
5CHARLES J FENNELL VP INFORMATION MGMT, CIO	(i)	241,016	0	27,197	8,935	15,671	292,819	0
	(ii)	0	0	0	0	0	0	0
6JOSEPH A SCICCHITANO VP SUPPORT SERVICES	(i)	218,970	0	28,829	8,783	660	257,242	0
	(ii)	0	0	0	0	0	0	0
7MARK E MURPHY SR VP SYSTEM DEVELOP/AMBULATORY CARE	(i)	288,072	0	34,700	9,764	12,264	344,800	0
	(ii)	0	0	0	0	0	0	0
8FREDERICK LETOURNEAU SR VP PHYSICIAN ENTERPRISE	(i)	314,758	0	41,008	12,515	16,139	384,420	0
	(ii)	0	0	0	0	0	0	0
9DEBORAH WELCH VP PEOPLE AND MISSION INTEGRATION	(i)	174,875	0	0	5,952	16,139	196,966	0
	(ii)	0	0	0	0	0	0	0
10LOWELL A SEIFTER ESQ VP GENERAL COUNSEL	(i)	289,766	0	40,431	11,564	12,423	354,184	0
	(ii)	0	0	0	0	0	0	0
11DOUGLAS SMITH VP DEVELOPMENT	(i)	215,277	0	16,911	2,158	14,424	248,770	0
	(ii)	0	0	0	0	0	0	0
12ERIKA DUNCAN VP HUMAN RESOURCES	(i)	110,575	49,710	2,508	2,596	0	165,389	0
	(ii)	0	0	0	0	0	0	0
13MEREDITH PRICE VP FINANCIAL SERVICES, CFO	(i)	363,101	0	47,459	9,016	15,671	435,247	0
	(ii)	0	0	0	0	0	0	0
14JAMES TUCKER MD PHYSICIAN	(i)	432,831	642	552	17,335	369	451,729	0
	(ii)	0	0	0	0	0	0	0
15KWAME ADUSEI MD PHYSICIAN	(i)	396,466	0	0	12,987	12,423	421,876	0
	(ii)	0	0	0	0	0	0	0
16AHMED NIZAR MD PHYSICIAN	(i)	424,696	0	0	6,789	17,479	448,964	0
	(ii)	0	0	0	0	0	0	0
17JUSTIN BETRAND MD PHYSICIAN	(i)	384,104	8,750	0	14,654	16,139	423,647	0
	(ii)	0	0	0	0	0	0	0
18DAVID KELLEY MD PHYSICIAN	(i)	355,440	0	0	2,843	11,605	369,888	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$												

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SYRACUSE OFFICE ENVIRONMENT	BUSINESS 35% OWNED BY BOARD MEMBER & RELATIVE	264,621	BUSINESS TRANSACTION		No
(2) LOWELL SEIFTER	FAMILY OF BOARD MEMBER	354,184	COMPENSATION ARRANGEMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV LINES 1 - 3	1 SYRACUSE OFFICE ENVIRONMENT IS AN ENTITY THAT DOES BUSINESS WITH ST JOSEPH'S AND IS OWNED >35% BY A BOARD MEMBER, VINCENT SWEENEY 2 LOWELL SEIFTER IS A KEY EMPLOYEE AND FAMILY MEMBER OF A BOARD MEMBER, SHARON MCAULIFFE

SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶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

Name of the organization ST JOSEPHS HOSPITAL HEALTH CENTER	Employer identification number 15-0532254
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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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>TVS FOR PATIENT ROOMS</u>)	X	108	95,796	FAIR MARKET VALUE
26 Other ▶ (<u> </u>)				
27 Other ▶ (<u> </u>)				
28 Other ▶ (<u> </u>)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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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?	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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference

Explanation

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

2015**Open to Public
Inspection**Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER**Employer identification number**

15-0532254

**Return
Reference****Explanation**FORM 990,
PART VI,
SECTION A,
LINE 2

THE FOLLOWING KEY EMPLOYEE HAS A FAMILY RELATIONSHIP WITH A BOARD MEMBER 1 LOWELL SEIFTER, HUSBAND OF SHARON MCAULIFFE THE FOLLOWING COMPANY RECEIVED COMPENSATION FROM A BUSINESS TRANSACTION OF MORE THAN \$100,000 FROM ST JOSEPH'S HOSPITAL HEALTH CENTER AND A BOARD MEMBER, VINCENT SWEENEY AND HIS FAMILY, OWN THE COMPANY 1 SYRACUSE OFFICE ENVIRONMENT THE FOLLOWING INTERESTED PERSON(S) HAD A BUSINESS TRANSACTION (COMPENSATION ARRANGEMENT) OF MORE THAN \$100,000 FROM ST JOSEPH'S HOSPITAL HEALTH CENTER AND WERE BOARD MEMBERS, PLEASE SEE PART VII FOR FURTHER DETAIL 1 KATHRYN RUSCITTO 2 SANDRA SULIK, MD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	IN NOVEMBER 2014, ST JOSEPH'S HOSPITAL HEALTH CENTER CREATED A SYSTEM PARENT, ST JOSEPH'S HEALTH, INC TO BECOME THE SOLE CORPORATE MEMBER OF ST JOSEPH'S HOSPITAL HEALTH CENTER, ST JOSEPH'S HEALTH CENTER PROPERTIES, ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION, INC AND EMBRACING AGE EFFECTIVE JULY 1, 2015, TRINITY HEALTH CORPORATION BECAME THE SOLE CORPORATE MEMBER OF ST JOSEPH'S HEALTH, INC TRINITY HEALTH IS AN INDIANA NOT-FOR-PROFIT CORPORATION, SPONSORED BY CATHOLIC HEALTH MINISTRIES, A PUBLIC JURIDIC PERSON OF THE HOLY ROMAN CATHOLIC CHURCH

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ST JOSEPH'S HEALTH, INC IS THE SOLE MEMBER OF ST JOSEPH'S HOSPITAL HEALTH CENTER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER OF THE CORPORATION, ST JOSEPH'S HEALTH, INC MAY ELECT THE BOARD OF TRUSTEES AND REMOVE BOARD MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>MEMBER AUTHORITY THE FOLLOWING ACTIONS SHALL BE RESERVED EXCLUSIVELY TO THE MEMBER OF THE CORPORATION SUBJECT TO THE RESERVED POWERS OF TRINITY HEALTH, THE MEMBER MAY INITIATE AND IMPLEMENT ANY PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING, OR IF ANY PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING IS OTHERWISE INITIATED, IT SHALL NOT BECOME EFFECTIVE UNLESS THE REQUISITE APPROVALS AND OTHER ACTIONS SHALL HAVE BEEN TAKEN BY THE MEMBER AND TRINITY HEALTH, AS REQUIRED PURSUANT TO THE CORPORATION'S GOVERNANCE DOCUMENTS (A) APPROVE THE AMENDMENT OR RESTATEMENT OF THE CERTIFICATE OF INCORPORATION AND KEY BYLAWS PROVISIONS OF THE CORPORATION, IN WHOLE OR IN PART, AND RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION, (B) APPROVE THE AMENDMENT OR RESTATEMENT OF NON-KEY BYLAWS PROVISIONS OF THE CORPORATION, IN WHOLE OR IN PART, (C) APPOINT AND REMOVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, (D) APPOINT AND REMOVE THE PRESIDENT OF THE CORPORATION, (E) APPROVE THE STRATEGIC PLAN OF THE CORPORATION, AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AS PART OF THE CONSOLIDATED STRATEGIC PLAN OF THE REGIONAL HEALTH MINISTRY IN WHICH THE CORPORATION PARTICIPATES, (F) APPROVE THOSE SIGNIFICANT FINANCE MATTERS WHICH PURSUANT TO THE SYSTEM AUTHORITY MATRIX ARE SUBJECT TO THE AUTHORITY OF THE MEMBER, AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AND AUTHORIZATION, (G) APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, AND RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AS PART OF THE CONSOLIDATED OPERATING AND CAPITAL BUDGETS OF THE REGIONAL HEALTH MINISTRY IN WHICH THE CORPORATION PARTICIPATES, (H) APPROVE ANY MERGER, CONSOLIDATION, TRANSFER OR RELINQUISHMENT OF MEMBERSHIP RIGHTS, OR THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE OPERATING ASSETS OF THE CORPORATION (CERTAIN TRANSACTIONS AND TRANSFERS OF REAL PROPERTY AND IMMOVABLE GOODS MAY ALSO BE SUBJECT TO THE APPROVAL OF CATHOLIC HEALTH MINISTRIES), AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AND AUTHORIZATION, (I) APPROVE ANY DISSOLUTION, WINDING UP OR ABANDONMENT OF OPERATIONS, LIQUIDATION, FILING OF ACTION IN BANKRUPTCY, RECEIVERSHIP OR SIMILAR ACTION AFFECTING THE CORPORATION, AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AND AUTHORIZATION, (J) APPROVE ANY FOMNATION OR DISSOLUTION OF AFFILIATES, PARTNERSHIPS, COSPONSORSHIPS, JOINT MEMBERSHIP ARRANGEMENTS, AND OTHER JOINT VENTURES INVOLVING THE CORPORATION, AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AND AUTHORIZATION, (K) APPROVE ANY PLEDGE OR ENCUMBRANCE OF ASSETS WHETHER PURSUANT TO A SALE, CAPITAL LEASE, MORTGAGE, DISPOSITION, HYPOTHECATION, OR OTHER TRANSACTION IN EXCESS OF LIMITS ESTABLISHED BY TRINITY HEALTH (PLEDGES OR ENCUMBRANCES OF CERTAIN REAL PROPERTY AND IMMOVABLE GOODS MAY ALSO BE SUBJECT TO THE APPROVAL OF CATHOLIC HEALTH MINISTRIES), AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AND AUTHORIZATION, (L) APPROVE ANY CHANGE TO THE STRUCTURE OR OPERATIONS OF THE CORPORATION WHICH WOULD AFFECT ITS STATUS AS A NOT-FOR-PROFIT ENTITY, EXEMPT FROM TAXATION UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, AND RECOMMEND THE SAME TO TRINITY HEALTH FOR APPROVAL, AND (M) APPROVE ALL OTHER MATTERS AND TAKE ALL OTHER ACTIONS RESERVED TO MEMBERS OF NOT-FOR-PROFIT CORPORATIONS (OR SHAREHOLDERS OF FOR-PROFIT CORPORATIONS, AS THE CASE MAY BE) BY THE LAWS OF THE STATE IN WHICH THE CORPORATION IS DOMICILED OR AS RESERVED IN THE GOVERNANCE DOCUMENTS OF THE CORPORATION RESERVED POWERS OF TRINITY HEALTH THE FOLLOWING ACTIONS SHALL BE RESERVED EXCLUSIVELY TO TRINITY HEALTH TRINITY HEALTH MAY INITIATE AND IMPLEMENT ANY PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING, OR IF A PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING IS OTHERWISE INITIATED, IT SHALL NOT BECOME EFFECTIVE UNLESS THE REQUISITE APPROVAL AND OTHER ACTIONS SHALL HAVE BEEN TAKEN BY TRINITY HEALTH, AS REQUIRED PURSUANT TO THE CORPORATION'S GOVERNANCE DOCUMENTS (A) ADOPT, AMEND, MODIFY OR RESTATE THE CERTIFICATE OF LNCORPORATION AND KEY BYLAWS PROVISIONS OF THE CORPORATION, IN WHOLE OR IN PART, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED, (B) APPROVE THOSE SIGNIFICANT FINANCE MATTERS WHICH PURSUANT TO THE SYSTEM AUTHORITY MATRIX ARE SUBJECT TO THE AUTHORITY OF TRINITY HEALTH, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED, (C) APPROVE ANY MERGER, CONSOLIDATION, TRANSFER OR RELINQUISHMENT OF MEMBERSHIP RIGHTS, OR THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE OPERATING ASSETS OF THE CORPORATION (CERTAIN TRANSACTIONS AND TRANSFERS OF REAL PROPERTY AND IMMOVABLE GOODS MAY ALSO BE SUBJECT TO THE APPROVAL OF CATHOLIC HEALTH MINISTRIES), OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED, (D) APPROVE ANY DISSOLUTION, WINDING UP OR ABANDONMENT OF OPERATIONS, LIQUIDATION, FILING OF ACTION IN BANKRUPTCY, RECEIVERSHIP OR SIMILAR ACTION AFFECTING THE CORPORATION, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED, (E) APPROVE ANY FORMATION OR DISSOLUTION OF AFFILIATES, PARTNERSHIPS, COSPONSORSHIPS, JOINT MEMBERSHIP ARRANGEMENTS, AND OTHER JOINT VENTURES INVOLVING THE CORPORATION, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED, (F) APPROVE ANY PLEDGE OR ENCUMBRANCE OF ASSETS WHETHER PURSUANT TO A SALE, CAPITAL LEASE, MORTGAGE, DISPOSITION, HYPOTHECATION, OR OTHER TRANSACTION IN EXCESS OF LIMITS ESTABLISHED BY TRINITY HEALTH (PLEDGES OR ENCUMBRANCES OF CERTAIN REAL PROPERTY AND IMMOVABLE GOODS MAY ALSO BE SUBJECT TO THE APPROVAL OF CATHOLIC HEALTH MINISTRIES), OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED, (G) APPROVE ANY CHANGE TO THE STRUCTURE OR OPERATION OF THE CORPORATION WHICH WOULD AFFECT ITS STATUS AS A NOT-FOR-PROFIT ENTITY, EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED, (H) APPOINT AND REMOVE THE INDEPENDENT FISCAL AUDITOR OF THE CORPORATION, (I) IN RECOGNITION OF THE BENEFITS ACCRUING TO THE CORPORATION FROM TRINITY HEALTH, AND IN ACCORDANCE TO ANY OTHER RIGHTS RESERVED TO TRINITY HEALTH UNDER APPLICABLE LAW OR GOVERNANCE DOCUMENTS OF THE CORPORATION, TRINITY HEALTH SHALL HAVE THE POWER TO TRANSFER ASSETS OF THE CORPORATION, OR TO REQUIRE THE CORPORATION TO TRANSFER ASSETS, TO TRINITY HEALTH OR AN ENTITY CONTROLLED BY, CONTROLLING OR UNDER COMMON CONTROL WITH TRINITY HEALTH WHETHER WITHIN OR WITHOUT THE STATE OF DOMICILE OF THE CORPORATION, TO THE EXTENT NECESSARY TO ACCOMPLISH TRINITY HEALTH'S GOALS AND OBJECTIVES THE CORPORATION SHALL NOT BE REQUIRED TO VIOLATE ITS CORPORATE OR CHARITABLE PURPOSES, THE TERMS OF ANY RESTRICTED GIFTS, THE COVENANTS OF ITS DEBT INSTRUMENTS, OR THE LAW OF ANY APPLICABLE JURISDICTION AS A RESULT OF ANY ASSET TRANSFERS TO BE MADE TO OR DIRECTED BY THE MEMBER OR TRINITY HEALTH PURSUANT TO THIS PROVISION, AND J) NEITHER THE CORPORATION, NOR ANY OF ITS AFFILIATES, SHALL TRANSFER ASSETS TO ENTITIES OTHER THAN TRINITY HEALTH WITHOUT THE APPROVAL OF TRINITY HEALTH, EXCEPT FOR (I) TRANSFERS PREVIOUSLY APPROVED BY TRINITY HEALTH, EITHER INDIVIDUALLY OR AS PART OF TRINITY HEALTH'S BUDGET PROCESS, (II) TRANSFERS TO ANY ENTITY WHICH IS A DIRECT OR INDIRECT SUBSIDIARY OF TRINITY HEALTH AND THAT IS SUBJECT TO THE RESERVED POWERS SET FORTH IN THESE BYLAWS, OR (III) TRANSFERS IN THE ORDINARY COURSE OF BUSINESS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE AND THE BOARD OF TRUSTEES WILL REVIEW THE FORM 990 PRIOR TO ITS SUBMISSION A COPY OF THE 990 WILL BE PROVIDED TO THE COMMITTEE AND BOARD PRIOR TO THE MEETING FOR DISCUSSION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONSISTENT WITH THE HOSPITAL BYLAWS WHICH REQUIRES A DUTY TO DISCLOSE, ON AN ANNUAL BASIS AT A DEFINED TIME, ALL BOARD OF TRUSTEES ARE GIVEN THE CONFLICT OF INTEREST POLICY AND FORM TO REVIEW AND COMPLETE THE PRESIDENT OF THE BOARD OF TRUSTEES TRACKS THE SUBMISSION PROCESS TO ENSURE THAT ALL FORMS ARE COMPLETED AND SUBMITTED THE INFORMATION FROM THE CONFLICT OF INTEREST STATEMENTS ARE REVIEWED AT A SUBSEQUENT BOARD MEETING ANY NEW INDIVIDUALS APPOINTED AS A TRUSTEE WILL COMPLETE THIS REVIEW AND SUBMISSION PROCESS AFTER THEY HAVE BEEN CONFIRMED THE INTERESTED PERSON IS REQUIRED TO LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF AND VOTE ON THE TRANSACTION OR ARRANGEMENT THAT RESULTS FROM THE CONFLICT OF INTEREST THE BOARD OF TRUSTEE MEETING MINUTES REFLECT WHENEVER A BOARD MEMBER ABSTAINS FROM VOTING</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE HOSPITAL BYLAWS ESTABLISHES AN EXECUTIVE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS DETERMINED TO BE FREE OF ANY CONFLICT OF INTEREST, IS CHARGED WITH DETERMINING EXECUTIVE COMPENSATION AND ESTABLISHING PERFORMANCE CRITERIA ACCORDING TO AN APPROVED COMPENSATION PHILOSOPHY. THE COMMITTEE WORKS WITH AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING AND ADVISORY FIRM, YAFFE & COMPANY, THAT PROVIDES MARKET SURVEY DATA CONCERNING COMPENSATION AND BENEFIT LEVELS FOR FUNCTIONALLY COMPARABLE HEALTHCARE EXECUTIVES IN SIMILAR HOSPITALS ACROSS THE REGION AND THE NATION BASED ON SEVERAL FACTORS INCLUDING SIZE, GEOGRAPHY, HOSPITAL TYPE AND COMPLEXITY. THE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF THE SENIOR EXECUTIVES AND ENSURES THAT ALL FORMS OF EXECUTIVE COMPENSATION ARE REASONABLE, APPROPRIATE AND CONSISTENT WITH ITS COMPENSATION PHILOSOPHY. THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS ITS DECISIONS IN MEETING MINUTES AND REPORTS ITS DECISIONS TO THE FULL BOARD OF TRUSTEES.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ST JOSEPH'S HOSPITAL HEALTH CENTER DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IT DOES HOWEVER PRODUCE AN ANNUAL REPORT WHICH CONTAINS FINANCIAL INFORMATION AND IS READILY DISTRIBUTED AND MADE AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICE EXPENSES 61,419,459 MANAGEMENT AND GENERAL EXPENSES 10,774,733 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 72,194,192

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN NET ASSETS OF ST JOSEPH'S FOUNDATION -3,150,943 PENSION & POST RETIREMENT CHANGES -4,175,840 EQUITY TRANSFERS -130,624,397 INTEREST RATE CAP -76,097 RECLASSIFICATION OF GRANT REVENUE AND EXPENDITURES 72,421 GRANT REVENUE RECORDED AS INCOME IN A PRIOR YEAR 1,460,000

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	DUE TO THE ACQUISITION OF THE ORGANIZATION BY TRINITY HEALTH, INC , THE ORGANIZATION HAS CHANGED ITS INDEPENDENT AUDITORS FOR THE PERIOD SUBSEQUENT TO JANUARY 1, 2016

Return Reference	Explanation
FORM 990 PART IX LINE 11G	PHY S I C I A N C O N T R A C T S \$ 2 1 , 8 4 5 , 4 2 2 M E D I C A L P U R C H A S E D S E R V I C E S 1 6 , 5 9 1 , 3 7 4 M A I N T E N A N C E C O N T R A C T S 5 , 7 9 9 , 6 4 4 O T H E R P U R C H A S E D S E R V I C E S 8 , 8 5 4 , 8 5 7 C O N T R A C T E D S E R V I C E S 4 , 9 7 8 , 4 3 1 C O L L E C T I O N A G E N C Y F E E S 2 , 0 9 7 , 8 5 4 T E M P O R A R Y E M P L O Y M E N T S E R V I C E S 4 , 5 1 4 , 6 1 1 L A U N D R Y A N D L I N E N 2 , 3 7 4 , 9 2 0 M A I N T E N A N C E A N D R E P A I R 1 , 7 3 8 , 5 0 5 O T H E R P R O F E S S I O N A L 1 , 1 0 0 , 7 0 4 E P I C S O F T W A R E M A I N T E N A N C E 4 5 3 , 1 5 2 T R A N S C R I P T I O N S E R V I C E S 3 2 3 , 9 0 6 R E C R U I T M E N T F E E S 2 2 8 , 0 9 2 S O F T W A R E S U B S C R I P T I O N S 1 , 2 5 5 , 5 6 8 L O B B Y I N G 3 0 , 0 1 4 O T H E R D E S I G N F E E S 6 , 9 0 8 P H O T O G R A P H Y S E R V I C E S 2 3 0

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

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
See Additional Data Table					

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

Yes

1b

No

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 15-0532254

Name: ST JOSEPHS HOSPITAL HEALTH CENTER

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) 310 LAFAYETTE LLC 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503 47-1987664	REAL ESTATE	DE			MERCY HEALTH PARTNERS
(1) ACCOUNTABLE CARE ORGANIZATION OF NEW ENGLAND LLC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4565187	ACCOUNTABLE CARE ORGANIZATION	MA			SISTERS OF PROVIDENCE HEALTH SYSTEM INC
(2) AFFINIA HEALTH ACO LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3870396	ACCOUNTABLE CARE ORGANIZATION	MI			MERCY HEALTH PARTNERS
(3) BIG RUN URGENT CARE LTD 6150 E BROAD STREET 3RD FLOOR COLUMBUS, OH 43213 31-1581575	MEDICAL SERVICES	OH			MOUNT CARMEL HEALTH SYSTEM
(4) CLR INVESTMENTS LLC 120 W HARRIS ST CADILLAC, MI 49601 32-0008631	REAL ESTATE RENTAL & DEVELOPMENT	MI			TRINITY HEALTH-MICHIGAN
(5) CENTRAL OHIO SLEEP MEDICINE LLC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1701029	SLEEP MEDICINE SERVICES	OH			MOUNT CARMEL HEALTH SYSTEM
(6) CNY AIM LLC 301 PROSPECT AVENUE SYRACUSE, NY 13203 81-1461678	ACCOUNTABLE CARE ORGANIZATION	NY			ST JOSEPH'S HOSPITAL HEALTH CENTER
(7) COLLABORATIVE LABORATORY SERVICES 114 WOODLAND STREET HARTFORD, CT 06105 06-1520109	LABORATORY SERVICES	CT			ST FRANCIS HOSPITAL AND MEDICAL CENTER
(8) CONNECTED CARE LLC 2601 ELECTRIC AVE PORT HURON, MI 48060 46-5671411	ACCOUNTABLE CARE ORGANIZATION	MI			TRINITY HEALTH-MICHIGAN
(9) DELAWARE CARE COLLABORATION DCC LLC 701 N CLAYTON STREET WILMINGTON, DE 19805 47-4069475	ACCOUNTABLE CARE ORGANIZATION	DE			ST FRANCIS HOSPITAL INC
(10) GREATER CENTRAL VALLEY HEALTHCARE LLC 1303 E HERNDON AVE FRESNO, CA 93720 46-5551144	ACCOUNTABLE CARE ORGANIZATION	CA			SAINT AGNES MEDICAL CENTER
(11) HACKLEY CONDO UNITS OWNERSHIP LLC 1700 CLINTON STREET MUSKEGON, MI 49442	REAL ESTATE	MI			MERCY HEALTH PARTNERS
(12) HEALTH ALLIANCE INTEGRATED CARE LLC 1055 NORTH CURTIS ROAD BOISE, ID 83706 37-1755768	ACCOUNTABLE CARE ORGANIZATION	ID			SAINT ALPHONSUS HEALTH SYSTEM INC
(13) HEALTH COLLABORATIVE OF CENTRAL OHIO LLC 6150 E BROAD ST COLUMBUS, OH 43213 46-5603895	ACCOUNTABLE CARE ORGANIZATION	OH			MOUNT CARMEL HEALTH SYSTEM
(14) HOLY CROSS PHYSICIAN PARTNERS ACO LLC 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308 46-5530455	ACCOUNTABLE CARE ORGANIZATION	FL			HOLY CROSS HOSPITAL INC
(15) HOLY CROSS PHYSICIAN PARTNERS LLC 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308 36-4712116	MEDICAL SERVICES	FL			HOLY CROSS HOSPITAL INC
(16) LOYOLA AMBULATORY CENTERS LLC 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4321058	AMBULATORY SERVICES	IL			LOYOLA UNIVERSITY MEDICAL CENTER
(17) LOYOLA PHYSICIAN PARTNERS ACO LLC 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 38-3930598	ACCOUNTABLE CARE ORGANIZATION	IL			LOYOLA UNIVERSITY HEALTH SYSTEM
(18) LOYOLA PHYSICIAN PARTNERS LLC 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 37-1756257	ACCOUNTABLE CARE ORGANIZATION	IL			LOYOLA UNIVERSITY HEALTH SYSTEM
(19) MANNING MEDICAL PLLC 315 S MANNING BLVD ALBANY, NY 12208 46-4331512	MEDICAL SERVICES	NY			ST PETER'S HEALTH PARTNERS

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(21) MERCY ACCOUNTABLE CARE NETWORK LLC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 47-3945793	ACCOUNTABLE CARE ORGANIZATION	PA			ST AGNES CONTINUING CARE CENTER
(1) MERCY ACCOUNTABLE CARE LLC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-2774097	ACCOUNTABLE CARE ORGANIZATION	PA			ST AGNES CONTINUING CARE CENTER
(2) MERCY CARE ALLIANCE LLC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01041 47-1561725	ACCOUNTABLE CARE ORGANIZATION	MA			SISTERS OF PROVIDENCE HEALTH SYSTEM INC
(3) MERCY CARE CONNECTIONS LLC 1000 4TH STREET SW MASON CITY, IA 50401 35-2473948	ACCOUNTABLE CARE ORGANIZATION	IA			MERCY HEALTH SERVICES-IOWA CORP
(4) MERCY HEALTH CLINICALLY INTEGRATED NETWORK LLC 1415 LEAHY STREET MUSKEGON, MI 49442 47-2070753	ACCOUNTABLE CARE ORGANIZATION	MI			MERCY HEALTH PARTNERS
(5) MERCY QUALITY HEALTH PARTNERS ACO LLC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 38-3971072	ACCOUNTABLE CARE ORGANIZATION	IL			MERCY HEALTH SYSTEM OF CHICAGO
(6) MERCY QUALITY HEALTH PARTNERS LLC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-4798692	ACCOUNTABLE CARE ORGANIZATION	IL			MERCY HEALTH SYSTEM OF CHICAGO
(7) MERCY-CLINTON ANESTHESIA GROUP LLC 1410 NORTH 4TH STREET CLINTON, IA 52732 46-1906752	ANESTHESIOLOGISTS	IA			MERCY MEDICAL CENTER - CLINTON INC
(8) MOUNT CARMEL HEALTH PARTNERS LLC 6150 E BROAD ST COLUMBUS, OH 43213 47-1139205	ACCOUNTABLE CARE ORGANIZATION	OH			MOUNT CARMEL HEALTH SYSTEM
(9) MOUNT CARMEL HEALTH PROVIDERS III LLC 10 WEST BROAD ST STE 2100 COLUMBUS, OH 43215 20-4145781	MEDICAL SERVICES	OH			MOUNT CARMEL HEALTH PROVIDERS INC
(10) MOUNT CARMEL HEALTHPROVIDERS TWO LLC 6150 E BROAD STREET COLUMBUS, OH 43213 20-1983271	MEDICAL SERVICES	OH			MOUNT CARMEL HEALTH PROVIDERS INC
(11) QUALITY HEALTH ALLIANCE LLC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5686622	ACCOUNTABLE CARE ORGANIZATION	PA			ST MARY MEDICAL CENTER
(12) QUALITY HEALTH ALLIANCE-ACO LLC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5675954	ACCOUNTABLE CARE ORGANIZATION	PA			ST MARY MEDICAL CENTER
(13) SAINT AGNES HOME HEALTH AND HOSPICE LLC 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152	HOSPICE & HOME HEALTH SERVICES	CA			TRINITY HOME HEALTH SERVICES
(14) SAINT FRANCIS INDEMNITY COMPANY 76 ST PAUL ST SUITE 500 BURLINGTON, VT 05401 90-0656448	MALPRACTICE INSURANCE	VT			ST FRANCIS HOSPITAL AND MEDICAL CENTER
SAINT JOSEPH REGIONAL MEDICAL CENTER-HEALTH (15) INSURANCE SERVICES LLC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 46-2814097	HEALTH INSURANCE	IN			SAINT JOSEPH REGIONAL MEDICAL CENTER INC
(16) SAINT MARY'S PHARMACY LLC 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503 38-3404443	PHARMACY	MI			TRINITY HEALTH-MICHIGAN
(17) SETON REAL PROPERTY HOLDINGS LLC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 32-0393870	MANAGEMENT REAL ESTATE	NY			SETON HEALTH SYSTEM INC
(18) ST FRANCIS CENTER FOR DIGESTIVE DISEASES LLC 601 HAMILTON AVE TRENTON, NJ 08629 46-4021558	AMBULATORY SURGERY CENTER	NJ			ST FRANCIS MEDICAL CENTER TRENTON NJ
(19) ST JOSEPH'S HEALTH ACCOUNTABLE CARE ORGANIZATION LLC 301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4081578	ACCOUNTABLE CARE ORGANIZATION	NY			ST JOSEPH'S HOSPITAL HEALTH CENTER

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(41) THE CARE ALLIANCE 36475 FIVE MILE ROAD LIVONIA, MI 48154 46-5648536	ACCOUNTABLE CARE ORGANIZATION	MI			TRINITY HEALTH-MICHIGAN
THE SAINT JOSEPH MERCY HEALTH PARTNERS CLINICALLY (1) INTEGRATED NETWORK PO BOX 995 ANN ARBOR, MI 48106 47-1340852	ACCOUNTABLE CARE ORGANIZATION	MI			TRINITY HEALTH-MICHIGAN
(2) TRINITY HEALTH-WARDE LAB LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 27-2681908	REAL ESTATE RENTAL	DE			TRINITY HEALTH-MICHIGAN
(3) WESTERN CARE ALLIANCE LLC 36475 FIVE MILE ROAD LIVONIA, MI 48154 46-5620128	ACCOUNTABLE CARE ORGANIZATION	MI			TRINITY HEALTH-MICHIGAN

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
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	
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	
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	
AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
ASYLUM HILL FAMILY MEDICINE CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
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	
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		No
BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
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	
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	
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	
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
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	
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	
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	Yes	
DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
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	
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	
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
EDDY LICENSED HOME CARE AGENCY INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
EMBRACING AGE INC 333 BUTTERNUT DRIVE SUITE 300 DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 9	ST JOSEPH'S HEALTH INC	Yes	
EMPIRE HOME INFUSION SERVICE INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
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	
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	
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	
GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
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	
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	
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
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	
GRAND RAPIDS MEDICAL EDUCATION PARTNERS INC 945 OTTAWA AVE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
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	
HACKLEY LIFE COUNSELING 125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
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	
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	
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	
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	
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	
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	

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						Yes	No
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	
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	
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	
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	
HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 11A, I	N/A		No
HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
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	
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	
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	
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	
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	
LIFE ST FRANCIS CORPORATION 1435 LIBERTY STREET HAMILTON, NJ 08629 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 9	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
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	
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	
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	
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	
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	
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	
LOYOLA MEDICINE TRANSPORT LLC 905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORTATION SERVICES	IL	501(C)(3)	LINE 9	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
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	

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						Yes	No
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	
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	
MARIAN COMMUNITY HOSPITAL 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 24-0711230	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	Yes	
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	
MARYCREST HEIGHTS PO BOX 9184 FARMINGTON HILLS, MI 48333 27-0291722	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
MAXIS HEALTH SYSTEM 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
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	
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	
MCAULEY MINISTRIES 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 11B, II	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
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	Yes	
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	Yes	
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	
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	
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	
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	
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	
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	
MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOSPICE & HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
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	
MERCY HEALTH NETWORK 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 11B, II	N/A		No

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						Yes	No
MERCY HEALTH PARTNERS 1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH- MICHIGAN	Yes	
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	
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	
MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
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 11C, III-FI	TRINITY HEALTH CORPORATION	Yes	
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	
MERCY HEALTHCARE FOUNDATION-CLINTON 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
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	
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	
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	
MERCY HOSPITAL CADILLAC FOUNDATION 1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	VOLUNTEER SERVICE AUXILIARY	MI	501(C)(3)	LINE 9	TRINITY HEALTH- MICHIGAN	Yes	
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	
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	
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	
MERCY LIFE OF ALABAMA PO BOX 1090 DAPHNE, AL 36526 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	MERCY MEDICAL CORPORATION	Yes	
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	
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	
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	
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	

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

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						Yes	No
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	
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	
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	
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	Yes	
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	
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	
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	
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	
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 9	TRINITY CONTINUING CARE SERVICES	Yes	
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	
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	
MERCY UIHLEIN HEALTH CORPORATION 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, NY 19073 16-1535133	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
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	
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
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	
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	
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	
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	
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	Yes	
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	Yes	

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						Yes	No
MOUNT SINAI HOSPITAL FOUNDATION INC 500 BLUE HILLS AVENUE HARTFORD, CT 06112 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 11C, III-FI	N/A		No
MOUNT SINAI REHABILITATION HOSPITAL INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
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	
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	
NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 11A, I	NAZARETH HOSPITAL	Yes	
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	
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	
NE PHYSICIAN SERVICES INC ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2497355	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
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	
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
ONE THOUSAND CORPORATION 1000 ASYLUM AVENUE HARTFORD, CT 06105 06-0922325	BUILDING MANAGEMENT SERVICES	CT	501(C)(2)	N/A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
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
OUR LADY OF LOURDES HEALTH CARE SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM	Yes	
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	
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	
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	
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	
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	
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	

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						Yes	No
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	
PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
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	
SAINT AGNES MEDICAL FOUNDATION (FKA PROFESSIONAL OFFICE CORPORATION) 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	Yes	
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	
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	
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	
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	
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	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
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	
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	
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	
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	
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	
SAINT FRANCIS EMERGENCY MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	SAINT FRANCIS MEDICAL GROUP INC	Yes	
SAINT FRANCIS FOUNDATION INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT FRANCIS MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
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	

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						Yes	No
SAINT JOSEPH PACE INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 7	TRINITY HEALTH PACE	Yes	
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	
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	
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 - SOUTH BEND CAMPUS INC	Yes	
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 CAMPUS INC	Yes	
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 11B, II	TRINITY HEALTH CORPORATION	Yes	
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	
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	
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 INC	Yes	
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	
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	Yes	
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	
SAINT MICHAEL'S MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
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	
SAMARITAN HOSPITAL 2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	NORTHEAST HEALTH INC	Yes	
SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
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	
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	
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	
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	

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						Yes	No
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	
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	
SJ MANAGEMENT COMPANY OF SYRACUSE INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11C, III-FI	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
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	
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	
ST AGNES CONTINUING CARE CENTER FOUNDATION ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 11A, I	ST AGNES CONTINUING CARE CENTER	Yes	
ST FRANCIS FOUNDATION PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 11A, I	ST FRANCIS HOSPITAL	Yes	
ST FRANCIS HOSPITAL INC PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST FRANCIS MEDICAL CENTER FOUNDATION INC 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
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	
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	
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	
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	
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	
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	
ST JOSEPH'S COLLEGE OF NURSING AT ST JOSEPH'S HOSPITAL HEALTH CENTER 206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
ST JOSEPH'S HEALTH CENTER PROPERTIES INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 11B, II	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S HEALTH INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	Yes	
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 11B, II	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S MEDICAL PC 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	

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						Yes	No
ST JOSEPH'S PHYSICIAN HEALTH PC 301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 11A,I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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 PARTNERS	Yes	
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	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION INC 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 11A,I	SUNNYVIEW HOSPITAL & REHABILITATION CENTER	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
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	
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	
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 707 EAST CEDAR STREET SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
THE 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	
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	
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	
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 11A, I	N/A		No
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
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	
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
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	
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	
TRINITY HEALTH - NEW ENGLAND INC (FKA SAINT FRANCIS CARE INC) 114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
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	
TRINITY HEALTH LIFE PENNSYLVANIA INC 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 9	TRINITY HEALTH PACE	Yes	
TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
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	
TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
UIHLEIN MERCY CENTER 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 15-0532190	HEALTHCARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
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	

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
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	
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 III - Identification of Related Organizations Taxable as a Partnership

[illegible]

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate 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	
THE AMBULATORY SURGERY CENTER AT ST MARY LLC 1203 LANGHORNE- NEWTOWN ROAD LANGHORNE, PA 19047 23-2871206	OUTPATIENT SURGERY	PA	N/A									
TOTAL LAUNDRY COLLABORATIVE LLC 114 WOODLAND STREET HARTFORD, CT 06105 20-8335788	LAUNDRY SERVICES	CT	N/A									
TRINITY HEALTH PARTNERS LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-2798085	POPULATION HEALTH MANAGEMENT	DE	N/A									
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI 48106 76-0820959	RADIOLOGY/IMAGING	MI	N/A									
LABORATORY ALLIANCE OF CNY 1304 BUCKLEY ROAD SYRACUSE, NY 13212 16-1536202	LABORATORY SERVICES	NY	N/A	RELATED		8,887,725		No			No	50 000 %

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
(1) AFFILIATED MANAGEMENT SERVICES CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C					No
(1) CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C					No
(2) CATHERINE HORAN BUILDING CORP 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C					No
(3) CATHOLIC HEALTH EAST SENIOR SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C					No
(4) CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C					No
DIVERSIFIED COMMUNITY SERVICES (5) INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	N/A	C					No
(6) FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C					No
(7) FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C					No
(8) FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C					No
(9) FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C					No
(10) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C					No
(11) HEF INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3086401	OFFICE STAFFING	MI	N/A	C					No
(12) HACKLEY HEALTH MANAGEMENT INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C					No
(13) HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C					No
HACKLEY HEALTHCARE EQUIPMENT (14) CORP 1415 LEAHY ST MUSKEGON, MI 49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C					No

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(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
(16) HACKLEY PROFESSIONAL CENTER INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C					No
HACKLEY PROFESSIONAL PHARMACY (1) INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2447870	PHARMACY	MI	N/A	C					No
HEALTH CARE MANAGEMENT (2) ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTHCARE MANAGEMENT	NY	N/A	C					No
(3) HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C					No
(4) HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD 20904 52-1986562	HOME CARE SERVICES	MD	N/A	C					No
(5) HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C					No
(6) HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR YPSILANTI, MI 48197 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C					No
(7) IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C					No
(8) LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C					No
(9) LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C					No
(10) LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C					No
(11) LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C					No
(12) LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C					No
(13) MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C					No
(14) MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C					No

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
(31) MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	MEDICAL SERVICES	ID	N/A	C					No
MERCY INPATIENT MEDICAL (1) ASSOCIATES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C					No
(2) MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C					No
(3) MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C					No
(4) MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI 49506 38-2647304	ATHLETIC CLUB	MI	N/A	C					No
MOUNT CARMEL HEALTH PROVIDERS (5) INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C					No
(6) NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C					No
PHYSICIANS MEDICAL OFFICE (7) BUILDING CONDOMINIUM TRUST 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-6608649	PROPERTY MANAGEMENT	MA	N/A	C					No
(8) PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C					No
(9) PROVIDENCE HOME CARE INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C					No
(10) SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C					No
(11) SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	PHYSICIANS	ID	N/A	C					No
(12) SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C					No
(13) SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C					No
(14) SAINT MARY'S HEALTH MANAGEMENT COMPANY 200 JEFFERSON AVENUE SE GRAND RAPIDS, MI 49503 38-3450733	ATHLETIC CLUB	MI	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SAMARITAN MEDICAL OFFICE (46) BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C					No
(1) SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C					No
SJPE PRACTICE MANAGEMENT (2) SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C					No
(3) SJRMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C					No
ST ELIZABETH HEALTH SUPPORT (4) SERVICES INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486	MEDICAL SERVICES	NY	N/A	C					No
(5) ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C					No
SURGERY CENTER FINANCING (6) CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C					No
(7) SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938181	LAB SERVICES	MA	N/A	C					No
(8) THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C					No
(9) TRINITY ASSURANCE LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C					No
(10) TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C					No
(11) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T					No
(12) WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C					No
(13) WORKPLACE HEALTH OF GRAND HAVEN INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C					No