

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/foi990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization
 COLUMBUS ACQUISITION CORPORATION

% RONALD J NAPIORSKI
 Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
 111 CENTRAL AVENUE

City or town, state or province, country, and ZIP or foreign postal code
 NEWARK, NJ 071021909

D Employer identification number
 26-2616342

E Telephone number
 (973) 690-3514

G Gross receipts \$ 0

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

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW.SMMC.NJ.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2008

M State of legal domicile NJ

Part I Summary

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

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

| | | | |
|-----------|---|-----------|----|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | Prior Year | Current Year | |
|------------------------------------|---|---|--------------------|---------|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 0 | 0 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0 | 0 |
| 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) | 0 | 0 |
| | 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) | 0 | 0 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 0 | 0 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 0 | 0 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year | |
| | 20 | Total assets (Part X, line 16) | 795,526 | 795,525 |
| | 21 | Total liabilities (Part X, line 26) | 795,526 | 795,525 |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 0 | 0 | |

Part II Signature Block

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

| | | |
|------------------|--|--------------------|
| Sign Here | ***** Signature of officer | 2016-11-15 Date |
| | RONALD J NAPIORSKI CFO Type or print name and title | |

| | | | | | | |
|-------------------------------|---|--|------|---|-------------------------|--|
| Paid Preparer Use Only | Print/Type preparer's name Anthony J Panico | Preparer's signature Anthony J Panico | Date | Check <input type="checkbox"/> if self-employed | PTIN P00365556 | |
| | Firm's name ▶ WithumSmithBrown PC | | | | Firm's EIN ▶ | |
| | Firm's address ▶ 465 South St Ste 200 Mornstow, NJ 079606497 | | | | Phone no (973) 898-9494 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THIS ORGANIZATION WAS FORMED IN 2008 IN ORDER TO PURCHASE THE ASSETS OF COLUMBUS HOSPITAL LOCATED IN NEWARK, NEW JERSEY COLUMBUS ACQUISITION CORPORATION SUBSEQUENTLY SOLD THE ASSETS ORIGINALLY PURCHASED FROM CATHEDRAL HEALTH SERVICES IN NOVEMBER 2008

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

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















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

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

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

4e Total program service expenses ▶ 0

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | | | |
|------------|--|------------|-----|----|
| 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 | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 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

Table with columns for question numbers (1a-14b), Yes/No boxes, and input fields. Questions cover topics like backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶RONALD J NAPIORSKI 111 CENTRAL AVENUE NEWARK, NJ 07102 (973) 690-3514

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ROOSEVELT N NESMITH ESQ CHAIRMAN - TRUSTEE | 1 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| (2) REVEREND MSGR RONALD J ROZNIAK SECRETARY - TRUSTEE | 1 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| (3) CECIL B CATES TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (4) CATHERINE CUOMO-CECERE TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (5) MICHELLE DECILLIS CPA TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (6) WILLIAM A DIGIACOMO MD TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (7) CLAUDIA A KOMER DO TRUSTEE - PHYSICIAN | 55 0 0 0 | X | | | | | | 0 | 200,432 | 0 |
| (8) RAYMOND OCASIO TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (9) DAVID A RICCI FACHE TRUSTEE - PRESIDENT & CEO | 55 0 0 0 | X | | X | | | | 0 | 805,134 | 26,890 |
| (10) DEREK S WARE TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (11) DENNIS A PETTIGREW VP - CFO/COO | 55 0 0 0 | | | X | | | | 0 | 357,106 | 23,800 |
| (12) RONALD J NAPIORSKI VP FINANCE | 55 0 0 0 | | | X | | | | 0 | 280,534 | 19,399 |
| (13) DENNIS SPARKS VP HUMAN RESOURCES | 55 0 0 0 | | | X | | | | 0 | 190,397 | 8,902 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 _____ | | | | | |
| | e Government grants (contributions) 1e _____ | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f _____ | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f ▶ | 0 | | | | |
| Program Service Revenue | 2a _____ Business Code _____ | | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f ▶ | 0 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | 0 | | | | |
| | 4 Income from investment of tax-exempt bond proceeds . . . ▶ | 0 | | | | |
| | 5 Royalties ▶ | 0 | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | 0 | 0 | | |
| | d Net rental income or (loss) ▶ | 0 | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) ▶ | 0 | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | |
| | | b Less direct expenses b | | | | |
| | | c Net income or (loss) from fundraising events . . . ▶ | 0 | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 a | | | | | |
| | | b Less direct expenses b | | | | |
| | | c Net income or (loss) from gaming activities . . . ▶ | 0 | | | |
| | 10a Gross sales of inventory, less returns and allowances . . . a | | | | | |
| b Less cost of goods sold b | | | | | | |
| c Net income or (loss) from sales of inventory . . . ▶ | | 0 | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d ▶ | 0 | | | | | |
| 12 Total revenue. See Instructions ▶ | 0 | | | | | |

Part IX Statement of Functional Expenses

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

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

Input box for Schedule O response

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include various expense categories from 1 to 26, such as grants, salaries, and total functional expenses.

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 | 56,233 | 1 | 69,800 |
| | 2 Savings and temporary cash investments | 0 | 2 | 0 |
| | 3 Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 Accounts receivable, net | 0 | 4 | 0 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| | 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 | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 0 | 9 | 0 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | |
| | b Less accumulated depreciation | | | |
| | 11 Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 Investments—other securities See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets See Part IV, line 11 | 739,293 | 15 | 725,725 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 795,526 | 16 | 795,525 | |
| Liabilities | 17 Accounts payable and accrued expenses | 0 | 17 | 0 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 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 | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 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 | 795,526 | 25 | 795,525 |
| | 26 Total liabilities. Add lines 17 through 25 | 795,526 | 26 | 795,525 |
| 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 | 0 | 27 | 0 |
| | 28 Temporarily restricted net assets | 0 | 28 | 0 |
| | 29 Permanently restricted net assets | 0 | 29 | 0 |
| | 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 | 0 | 33 | 0 | |
| 34 Total liabilities and net assets/fund balances | 795,526 | 34 | 795,525 | |

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 | 0 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 0 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 0 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 0 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 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 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 0 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COLUMBUS ACQUISITION CORPORATION

Employer identification number

26-2616342

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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.") | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | | | | | | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 Total. Add lines 1 through 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| c Add lines 7a and 7b | | | | | | 0 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 0 |

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 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | | | | | | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 0 | 0 | 0 | 0 | 0 | 0 |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-----------|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | 100.000 % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | 100.000 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-----|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | 0 % |

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? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |
| 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

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

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

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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

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

Section A - Adjusted Net Income

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

| | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section B - Minimum Asset Amount

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

| | (A) Prior Year | (B) Current Year (optional) |
|-----------|----------------|-----------------------------|
| 1 | | |
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section C - Distributable Amount

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

| | | Current Year |
|----------|--|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

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 D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS ACQUISITION CORPORATION

Employer identification number
26-2616342

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

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

- 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 | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages 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

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' 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 XII 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 XIII Supplemental Information *(continued)*

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

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

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

| | |
|--|--|
| Name of the organization COLUMBUS ACQUISITION CORPORATION | Employer identification number 26-2616342 |
|--|--|

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|--|---|--|--|---|---|--|--|--|
| <p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>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.</p> | 1b | | | | | | | | | |
| <p>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?</p> | 2 | | | | | | | | | |
| <p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> | 4a | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | No | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | | | | | | |
| <p>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:</p> <p>a The organization?</p> | 5a | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5b | No | | | | | | | | |
| <p>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:</p> <p>a The organization?</p> | 6a | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6b | No | | | | | | | | |
| <p>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.</p> | 7 | Yes | | | | | | | | |
| <p>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.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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

For each individual whose compensation must be reported 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 | | | | |
| 1 CLAUDIA A KOMER DO TRUSTEE - PHYSICIAN | (i) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| | (ii) | 199,515 | 0 | 917 | 0 | 0 | 200,432 | 0 |
| 2 DAVID A RICCI FACHE TRUSTEE - PRESIDENT & CEO | (i) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| | (ii) | 778,664 | 0 | 26,470 | 11,700 | 15,190 | 832,024 | 0 |
| 3 DENNIS A PETTIGREW VP - CFO/COO | (i) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| | (ii) | 352,362 | 0 | 4,744 | 2,375 | 21,425 | 380,906 | 0 |
| 4 RONALD J NAPIORSKI VP FINANCE | (i) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| | (ii) | 276,944 | 0 | 3,590 | 2,587 | 16,812 | 299,933 | 0 |
| 5 DENNIS SPARKS VP HUMAN RESOURCES | (i) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| | (ii) | 171,983 | 0 | 18,414 | 1,210 | 7,692 | 199,299 | 0 |

Part III Supplemental Information

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

| Return Reference | Explanation |
|--------------------------------|--|
| SCHEDULE J, PART I, QUESTION 7 | CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT. |

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

Supplemental Information to Form 990 or 990-EZ

2015

**Open to Public
Inspection**

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.

Department of the
Treasury
Internal Revenue
Service

Name of the organization
COLUMBUS ACQUISITION CORPORATION

Employer identification number

26-2616342

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

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

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

| Return Reference | Explanation |
|--|---|
| CORE FORM, PART VI, SECTION B, QUESTION 15 | <p>FOR THE 2015 YEAR, EXECUTIVE COMPENSATION WAS REVIEWED AND APPROVED AT THE CATHOLIC HEALTH EAST ("CHE") LEVEL. CHE IS A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDED SAINT MICHAEL'S MEDICAL CENTER ("SYSTEM") PRIOR TO CHE'S MERGER WITH TRINITY HEALTH CORPORATION IN JUNE OF 2015. THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION. RATHER THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THIS ORGANIZATION IS EMPLOYED BY TRINITY HEALTH CORPORATION. THE COMPENSATION AND BENEFITS OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER ARE SHOWN ON THIS TAX RETURN BECAUSE HE IS THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND ALSO A BOARD MEMBER OF THIS ORGANIZATION. CHE HAS A COMPENSATION COMMITTEE ("COMMITTEE") AND HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS APPLY TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER. For all other employees reported in part vii and schedule j of this form 990, SAINT MICHAEL'S MEDICAL CENTER has adopted CHE'S policy process for determining compensation which includes the following: The board has an independent committee review and approve all elements of remuneration for all disqualified parties, as well as other key management. The board/committee has an established compensation philosophy which details the objectives of market positioning and pay elements. The committee engages with external consultants to provide market data comparing the organizations roles to similarly sized health systems utilizing both title and job content comparisons. The committee reviews the market analysis, approves any salary adjustments for the executive population, considers both reasonableness and effectiveness of all remunerative programs and establishes the detailed performance expectations which are incorporated into the incentive plan. All of these discussions and decisions are documented through the provision of meeting minutes.</p> |

Return Reference**Explanation**

CORE FORM, PART VI,
SECTION C, QUESTION 19

THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

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

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

| Return Reference | Explanation |
|---------------------------------|---|
| CORE FORM, PART XII, QUESTION 2 | AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT MICHAEL'S MEDICAL CENTER ("SMMC") AND RELATED ENTITIES FOR THE YEARS ENDED DECEMBER 31, 2015 AND DECEMBER 31, 2014, RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED OPINION WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS EACH YEAR. THE SMMC AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION, AND THE SELECTION OF AN INDEPENDENT AUDITOR. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS ACQUISITION CORPORATION

Employer identification number

26-2616342

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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 | | | | | | | |
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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 | |
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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 |
| | | | | | | | | | |
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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)
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- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

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

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|--------------------------------------|-------------------------------|---|
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Part VII Supplemental Information

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

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

Additional Data

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| SUNNYVIEW HOSPITAL & REHABILITATION CTR 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127 | SUPPORT FDN | NY | 501(c)(3) | 11A, I | SUNNY H&R | Yes | |
| OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506 | NURSING HOME | NY | 501(c)(3) | 3 | SPHCS | Yes | |
| ST PETER'S AUXILIARY 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2843206 | AUXILIARY | NY | 501(c)(3) | 11A, I | SPHCS | Yes | |
| ST PETER'S HEALTH CARE SERVICES 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2702507 | MGMT/SUPP SVS | NY | 501(c)(3) | 9 | SPHP | Yes | |
| ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692 | HOSPITAL | NY | 501(c)(3) | 3 | SPHCS | Yes | |
| ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BLVD SUITE 309 ALBANY, NY 12208 22-2262982 | FUNDRAISING | NY | 501(c)(3) | 7 | SPHCS | Yes | |
| EDDY LICENSED HOME CARE AGENCY 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568 | HOME HEALTH | NY | 501(c)(3) | 3 | LTC (EDDY) | Yes | |
| THE COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940 | FUNDRAISING | NY | 501(c)(3) | 7 | COM HOSPICE | Yes | |
| THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921 | HOSPICE | NY | 501(c)(3) | 3 | SPHCS | Yes | |
| VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749 | NURSING HOME | NY | 501(c)(3) | 3 | SPH | Yes | |
| NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756 | SUPPORT ORG | NY | 501(c)(3) | 11B, II | SPHP | Yes | |
| ALBANY MEMORIAL HOSPITAL 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457 | HOSPITAL | NY | 501(c)(3) | 3 | NE HEALTH | Yes | |
| SAMARITAN HOSPITAL 2215 BURDETT AVE TROY, NY 12180 14-1338544 | HOSPITAL | NY | 501(c)(3) | 3 | NE HEALTH | Yes | |
| THE NORTHEAST HEALTH FOUNDATION INC 2224 BURDETT AVE TROY, NY 12180 22-2743478 | SUPPORT FDN | NY | 501(c)(3) | 7 | NE HEALTH | Yes | |
| SAMARITAN CHILD CARE CENTER INC 2213 BURDETT AVE TROY, NY 12180 14-1710225 | CHILD DAYCARE | NY | 501(c)(3) | 9 | NE HEALTH | Yes | |
| SUNNYVIEW HOSPITAL & REHABILITATION CTR 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386 | REHAB HOSP | NY | 501(c)(3) | 3 | NE HEALTH | Yes | |
| JAMES A EDDY MEMORIAL GERIATRIC CENTER 2256 BURDETT AVE TROY, NY 12180 22-2570478 | NURSING HOME | NY | 501(c)(3) | 9 | LTC (EDDY) | Yes | |
| CAPITAL REGION GERIATRIC CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597 | NURSING HOME | NY | 501(c)(3) | 9 | LTC (EDDY) | Yes | |
| HERITAGE HOUSE NURSING CENTER INC 2920 TIBBITS AVE TROY, NY 12180 14-1725101 | NURSING HOME | NY | 501(c)(3) | 9 | LTC (EDDY) | Yes | |
| THE MARJORIE DOYLE ROCKWELL CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885 | ADULT HOME | NY | 501(c)(3) | 9 | LTC (EDDY) | Yes | |

| 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 |
| BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028 | ASSIST LIVING | NY | 501(c)(3) | 9 | LTC (EDDY) | Yes | |
| HAWTHORNE RIDGE INC 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840 | ASSIST LIVING | NY | 501(c)(3) | 9 | LTC (EDDY) | Yes | |
| GLEN EDDY INC ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150 | ASSIST LIVING | NY | 501(c)(3) | 9 | LTC (EDDY) | Yes | |
| BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563 | REAL EST HLDG | NY | 501(c)(2) | N/A | LTC (EDDY) | Yes | |
| SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754 | PACE PROGRAM | NY | 501(c)(3) | 9 | LTC (EDDY) | Yes | |
| HOME AID SERVICE OF EASTERN NEW YORK INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867 | HOME CARE | NY | 501(c)(3) | 9 | LTC (EDDY) | Yes | |
| SETON HEALTH SYSTEM INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186 | HOSPITAL | NY | 501(c)(3) | 3 | SPHP | Yes | |
| SETON HLTH SCHUYLER RIDGE RES HLTHCAR 1 ABELE BLVD CLIFTON PARK, NY 12065 14-1756230 | SKILLED NURS | NY | 501(c)(3) | 9 | SETON HS | Yes | |
| SETON HEALTH FOUNDATION 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416 | SUPPORT ORG | NY | 501(c)(3) | 11A, I | SETON HS | Yes | |
| SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031 | SUPPORT ORG | NY | 501(c)(3) | 9 | SETON HS | Yes | |
| EMPIRE HOME INFUSION SERVICE INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732 | HOME CARE | NY | 501(c)(3) | 9 | HAS OF E | Yes | |
| LTC (EDDY) INC 2212 BURDETT AVE TROY, NY 12180 22-2564710 | SUPPORT ORG | NY | 501(c)(3) | 11A, I | NE HEALTH | Yes | |
| ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715 | MGMT/SUPP SVS | NY | 501(c)(3) | 11B, II | CATH HLTH E | Yes | |
| ST PETER'S HEALTH PARTNERS MEDICAL ASSO 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336 | PHYS PRATICE | NY | 501(c)(3) | 3 | SPHP | Yes | |
| BRIGHTSIDE INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-2182395 | BEHAV CARE | MA | 501(c)(3) | 9 | SOP HS | Yes | |
| FARREN CARE CENTER INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-2501711 | LT CARE | MA | 501(c)(3) | 3 | SOP HS | Yes | |
| MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-3398280 | ACUTE CARE | MA | 501(c)(3) | 3 | SOP HS | Yes | |
| MERCY SPECIALIST PHYSICIANS INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 26-4033168 | NEURO MED SVS | MA | 501(c)(3) | 3 | SOP HS | Yes | |
| SISTERS OF PROVIDENCE CARE CENTERS INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 22-2541103 | LT CARE | MA | 501(c)(3) | 3 | SOP HS | Yes | |
| SISTERS OF PROVIDENCE HEALTH SYSTEM INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 04-3398374 | MGMT/SUPP SVS | MA | 501(c)(3) | 11A, I | CATH HLTH E | Yes | |

| 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 |
| MERCY LIFE INC C/O SPHS 1221 MAIN STREET SUITE 1 HOLYOKE, MA 01040 45-3086711 | ACUTE CARE | MA | 501(c)(3) | 3 | SOP HS | Yes | |
| PIONEER VALLEY CARDIOLOGY ASSOCIATES IN C/O SPHS 1221 MAIN STREET SUITE 2 HOLYOKE, MA 01040 45-4208896 | CARDIO SVCS | MA | 501(c)(3) | 3 | SOP HS | Yes | |
| MCAULEY CENTER INC 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086 | INDEP LIVING | CT | 501(c)(3) | 9 | MERCY C H | Yes | |
| MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707 | MGMT/SUPP SVS | CT | 501(c)(3) | 11A, I | CATH HLTH E | Yes | |
| MERCY COMMUNITY HOMECARE SERVICES 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1488137 | IN-HOME HC | CT | 501(c)(3) | 9 | MERCY C H | Yes | |
| MERCY SERVICES CORP 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1453323 | SUPPORT SVCS | CT | 501(c)(3) | 1 | MERCY C H | Yes | |
| MERCYKNOLL INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0757380 | SKILLED NURS | CT | 501(c)(3) | 3 | MERCY C H | Yes | |
| SAINT MARY HOME II INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1164104 | ELDERLY CARE | CT | 501(c)(3) | 3 | MERCY C H | Yes | |
| ST MARY HOME INCORPORATED 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843 | SKILLED NURS | CT | 501(c)(3) | 3 | MERCY C H | Yes | |
| MERCY HEALTHCARE CENTER 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211 | INACTIVE | NY | 501(c)(3) | 3 | CATH HLTH E | Yes | |
| MERCY UIHLEIN HEALTH CORPORATION 185 OLD MILITARY ROAD LAKE PLACID, NY 12946 16-1535133 | INACTIVE | NY | 501(c)(3) | 11B, II | MERCY HCC | Yes | |
| UIHLEIN MERCY CENTER 185 OLD MILITARY ROAD LAKE PLACID, NY 12946 15-0532190 | INACTIVE | NY | 501(c)(3) | 3 | MERCY HCC | Yes | |
| ST JAMES MERCY FOUNDATION INC 411 CANISTEO STREET HORNELL, NY 14843 16-1486437 | FOUNDATION | NY | 501(c)(3) | 7 | SJMHS | Yes | |
| ST JAMES MERCY HEALTH SYSTEM INC 411 CANISTEO STREET HORNELL, NY 14843 22-3127184 | MGMT/SUPP SVS | NY | 501(c)(3) | 11B, II | CATH HLTH E | Yes | |
| ST JAMES MERCY HOSPITAL 411 CANISTEO STREET HORNELL, NY 14843 16-0743310 | HOSPITAL | NY | 501(c)(3) | 3 | SJMHS | Yes | |
| MARIAN COMMUNITY HOSPITAL 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 24-0711230 | INACTIVE | PA | 501(c)(3) | 3 | MAXIS HS | Yes | |
| MAXIS HEALTH SYSTEM 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 91-1940902 | INACTIVE | PA | 501(c)(3) | 11B, II | MAXIS HS | Yes | |
| SAINT MICHAEL'S MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046 | HOSPITAL | NJ | 501(c)(3) | 3 | CATH HLTH E | Yes | |
| ST JAMES CARE INC 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230 | INACTIVE | NJ | 501(c)(3) | 9 | SMMC | Yes | |
| ST MICHAEL'S FOUNDATION INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976 | FOUNDATION | NJ | 501(c)(3) | 11A, I | SMMC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| UNIVERSITY HEIGHTS PROPERTY COMPANY INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162 | MED PROP HLDG | NJ | 501(c)(2) | N/A | SMMC | Yes | |
| LIFE ST FRANCIS CORPORATION 601 HAMILTON AVENUE TRENTON, NJ 08629 22-2797282 | HEALTH SVCS | NJ | 501(c)(3) | 11A,I | SFMC TRENT | Yes | |
| ST FRANCIS MEDICAL CENTER FOUNDATION INC 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476 | FOUNDATION | NJ | 501(c)(3) | 11A,I | SFMC TRENT | Yes | |
| ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049 | HOSPITAL | NJ | 501(c)(3) | 3 | CATH HLTH E | Yes | |
| LANGHORNE MRI INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529 | INACTIVE | PA | 501(c)(3) | 9 | ST MARY MC | Yes | |
| LANGHORNE PHYSICIAN SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699 | PHYSICIAN SVS | PA | 501(c)(3) | 9 | ST MARY MC | Yes | |
| LIFE ST MARY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184 | ELDERLY CARE | PA | 501(c)(3) | 9 | ST MARY MC | Yes | |
| ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910 | HOSPITAL | PA | 501(c)(3) | 3 | CATH HLTH E | Yes | |
| ST MARY MEDICAL CENTER FOUNDATION INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468 | FOUNDATION | PA | 501(c)(3) | 7 | ST MARY MC | Yes | |
| EAST NORRITON PHYSICIAN SERVICES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2515999 | PHYSICIAN SVS | PA | 501(c)(3) | 3 | MHS OF SE | Yes | |
| MERCY CATHOLIC MED CTR OF SOUTHEASTERN P ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1352191 | HOSPITAL | PA | 501(c)(3) | 3 | MHS OF SE | Yes | |
| MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059 | HOME HEALTH | PA | 501(c)(3) | 9 | MHS OF SE | Yes | |
| MERCY HEALTH FOUNDATION OF SOUTHEASTERN ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2829864 | FUNDRAISING | PA | 501(c)(3) | 11B,II | MHS OF SE | Yes | |
| MERCY HEALTH PLAN ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 22-2483605 | HEALTH PLANS | PA | 501(c)(3) | 11B,II | MHS OF SE | Yes | |
| MERCY HEALTH SYSTEM OF SOUTHEASTERN PA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2212638 | MGMT/SUPP SVS | PA | 501(c)(3) | 11B,II | CATH HLTH E | Yes | |
| MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099 | HOME HEALTH | PA | 501(c)(3) | 9 | MHS OF SE | Yes | |
| MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058 | HOME HEALTH | PA | 501(c)(3) | 11B,II | MHS OF SE | Yes | |
| MERCY MANAGEMENT OF SOUTHEASTERN PA ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2627944 | PHYS PRACT | PA | 501(c)(3) | 11B,II | MHS OF SE | Yes | |
| MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-1396763 | HOSPITAL | PA | 501(c)(3) | 3 | MHS OF SE | Yes | |
| NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951 | FUNDRAISING | PA | 501(c)(3) | 11B,II | MHS OF SE | Yes | |

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| | | | | | | Yes | No |
| NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121 | HOSPITAL | PA | 501(c)(3) | 3 | MHS OF SE | Yes | |
| NAZARETH PHYSICIAN SERVICES INC ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 20-3261266 | PHYS PRACT | PA | 501(c)(3) | 3 | MHS OF SE | Yes | |
| NE PHYSICIAN SERVICES ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2497355 | PHYS PRACT | PA | 501(c)(3) | 3 | MHS OF SE | Yes | |
| ST AGNES CONTINUING CARE CENTER ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2840137 | CONT CARE SVS | PA | 501(c)(3) | 3 | MHS OF SE | Yes | |
| ST AGNES CONTINUING CARE CENTER FOUNDAT ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2415137 | FUNDRAISING | PA | 501(c)(3) | 11B, II | MHS OF SE | Yes | |
| LIFE AT LOURDES INC 1600 HADDON AVENUE CAMDEN, NJ 08103 26-1854750 | ELDERLY CARE | NJ | 501(c)(3) | 3 | OLOLHCS | Yes | |
| LOURDES ANCILLARY SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525 | SUPPORT ORG | NJ | 501(c)(3) | 11B, II | OLOLHCS | Yes | |
| LOURDES DIALYSIS AT INNOVA INC 1600 HADDON AVENUE CAMDEN, NJ 08103 26-3237625 | HOSPITAL | NJ | 501(c)(3) | 3 | OLOLHCS | Yes | |
| LOURDES MEDICAL CENTER BURLINGTON COUNTY 218 SUNSET ROAD WILLINGBORO, NJ 08103 22-3612265 | HOSPITAL | NJ | 501(c)(3) | 3 | OLOLHCS | Yes | |
| OUR LADY OF LOURDES HEALTH CARE SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528 | MGMT/SUPP SVS | NJ | 501(c)(3) | 11B, II | CATH HLTH E | Yes | |
| OUR LADY OF LOURDES HEALTH FOUNDATION I 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960 | FOUNDATION | NJ | 501(c)(3) | 7 | OLOLHCS | Yes | |
| LOURDES CARDIOLOGY SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794 | CARDIO SVCS | NJ | 501(c)(3) | 3 | OLOLHCS | Yes | |
| OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001 | HOSPITAL | NJ | 501(c)(3) | 3 | OLOLHCS | Yes | |
| FRANCISCAN ELDERCARE CORPORATION PO BOX 2500 WILINGTON, DE 19805 22-3008680 | SKILLED NURS | DE | 501(c)(3) | 9 | SFH | Yes | |
| ST FRANCIS FOUNDATION PO BOX 2500 WILINGTON, DE 19805 51-0374158 | FOUNDATION | DE | 501(c)(3) | 11B, II | SFH | Yes | |
| ST FRANCIS HOSPITAL PO BOX 2500 WILINGTON, DE 19805 51-0064326 | HOSPITAL | DE | 501(c)(3) | 3 | CATH HLTH E | Yes | |
| LIFE AT ST FRANCIS HEALTHCARE INC 7TH AND CLAYTON STREETS WILINGTON, DE 19805 45-2569214 | ELDERLY CARE | DE | 501(c)(3) | 3 | SFH | Yes | |
| MCAULEY MINISTRIES MCAULEY HALL 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142 | MGMT/SUPP SVS | PA | 501(c)(3) | 11A, I | PMHS | Yes | |
| MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115 | COMM TREATMT | PA | 501(c)(3) | 9 | PMHS | Yes | |
| PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211 | MGMT/SUPP SVS | PA | 501(c)(3) | 11B, II | CATH HLTH E | Yes | |

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| | | | | | | Yes | No |
| ST JOSEPH'S OF THE PINES INC 100 GROSSMAN DRIVE SUITE B SOUTHERN PINES, NC 28387 56-0694200 | HOSPITAL | NC | 501(c)(3) | 3 | CATH HLTH E | Yes | |
| LIFE ST JOSEPH OF THE PINES INC 100 GROSSMAN DRIVE SUITE B SOUTHERN PINES, NC 28387 27-2159847 | HLTHCARE SVS | NC | 501(c)(3) | 3 | SJ PINES | Yes | |
| MERCY SENIOR CARE INC 300 CHATILLON ROAD PO BOX 866 ROME, GA 30162 58-1366508 | COM OUTREACH | GA | 501(c)(3) | 7 | SJHS | Yes | |
| SAINT JOSEPH'S HEALTH SYSTEM INC 424 DECATUR STREET ATLANTA, GA 30312 58-1744848 | MGMT/SUPP SVS | GA | 501(c)(3) | 11B, II | CATH HLTH E | Yes | |
| SAINT JOSEPH'S MERCY CARE SERVICES INC 424 DECATUR STREET ATLANTA, GA 30312 58-1752700 | COM OUTREACH | GA | 501(c)(3) | 7 | SJHS | Yes | |
| MERCY SERVICES DOWNTOWN INC 424 DECATUR STREET ATLANTA, GA 30312 27-2046353 | REAL EST HLDG | GA | 501(c)(3) | 11B, II | SJHS | Yes | |
| ST MARY'S HEALTH CARE SYSTEM INC 1230 BAXTER STREET ATHENS, GA 30606 58-0566223 | HOSPITAL | GA | 501(c)(3) | 3 | CATH HLTH E | Yes | |
| ST MARY'S FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606 58-2544232 | FUNDRAISING | GA | 501(c)(3) | 11B, II | ST MARY HCS | Yes | |
| ST MARY'S HIGHLAND HILLS INC 1230 BAXTER STREET ATHENS, GA 30606 02-0576648 | ASST LIVING | GA | 501(c)(3) | 3 | ST MARY HCS | Yes | |
| ST MARY'S MEDICAL GROUP INC 1230 BAXTER STREET ATHENS, GA 30606 26-1858563 | HOSPITAL | GA | 501(c)(3) | 3 | ST MARY HCS | Yes | |
| GOOD SAMARITAN HOSPITAL INC 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984 | HOSPITAL | GA | 501(c)(3) | 3 | ST MARY HCS | Yes | |
| MERCY MEDICAL CORPORATION PO BOX 1090 101 VILLA DRIVE DAPHNE, AL 36526 63-6002215 | HOSPITAL | AL | 501(c)(3) | 3 | CATH HLTH E | Yes | |
| MERCY LIFE OF ALABAMA PO BOX 1090 101 VILLA DRIVE DAPHNE, AL 36526 27-3163002 | HOSPITAL | AL | 501(c)(3) | 3 | MMC | Yes | |
| ALLEGANY FRANCISCAN MINISTRIES INC 33920 US HIGHWAY 19 NORTH SUITE 2 PALM HARBOR, FL 34684 58-1492325 | MGT & SUPPORT | FL | 501(c)(3) | 11B, II | CATH HLTH E | Yes | |
| HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028 | HOSPITAL | FL | 501(c)(3) | 3 | CATH HLTH E | Yes | |
| HOLY CROSS MEDICAL PROPERTIES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283 | REAL EST MGMT | FL | 501(c)(2) | N/A | HOLY CR H | Yes | |
| MERCY HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791034 | HOSPITAL | FL | 501(c)(3) | 3 | CATH HLTH E | Yes | |
| GLOBAL HEALTH MINISTRY 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 23-3068656 | HEALTH CARE | PA | 501(c)(3) | 7 | CATH HLTH E | Yes | |
| INTRACOASTAL HEALTH SYSTEMS 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 65-0556413 | MGMT/SUPP SVS | PA | 501(c)(3) | 11A, I | CATH HLTH E | Yes | |
| ADVANTAGE HEALTHSAINT MARY'S MEDICAL GR 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974 | HLTHCARE SVS | MI | 501(c)(3) | 9 | TRINITY H-MI | Yes | |

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| | | | | | | Yes | No |
| AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053 | HOSPICE SVCS | MI | 501(c)(3) | 9 | TRINITY HHS | Yes | |
| AUXILIARY OF HOLY ROSARY HOSPITAL 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469 | SUPPORTS SVS | OR | 501(c)(3) | 9 | SAMC-ONTARIO | Yes | |
| BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277 | ACUTE/AMB SVS | IA | 501(c)(3) | 3 | MHS-IOWA | Yes | |
| BAUM HARMON MERCY HOSPITAL & CLINICS FDN 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307 | SUPPORT SVCS | IA | 501(c)(3) | 11A, I | BM HARM MH | Yes | |
| CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173 | SUPPORT SVCS | MI | 501(c)(3) | 11B, II | TRINITY H-MI | Yes | |
| COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440 | HLTHCARE SVS | IN | 501(c)(3) | 3 | SJRMC | Yes | |
| CRANBROOK HOSPICE CARE 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320699 | HOSPICE SVCS | MI | 501(c)(3) | 11A, I | TRINITY HHS | Yes | |
| DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340 | HOSPITAL | OH | 501(c)(3) | 3 | MT CARMEL HS | Yes | |
| DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941 | SUPPORT SVCS | IA | 501(c)(3) | 11A, I | MHS-IOWA | Yes | |
| DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271 | SUPPORT SVCS | IA | 501(c)(3) | 11A, I | MHS-IOWA | Yes | |
| GOTTLIEB COMMUNITY HEALTH SERVICES CORP 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852 | SUPPORT SVCS | IL | 501(c)(3) | 9 | GOTTLIEB MH | Yes | |
| GOTTLIEB MEMORIAL FOUNDATION 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011 | SUPPORT SVCS | IL | 501(c)(3) | 11C, III-FI | NA | Yes | |
| GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649 | HLTHCARE SVCS | IL | 501(c)(3) | 3 | LOYOLA UHS | Yes | |
| HACKLEY HOSPITAL SELF INSURANCE PROF LI PO BOX 3302 MUSKEGON, MI 49443 38-2299878 | SELF INSUR | MI | 501(c)(3) | 11C, III-FI | MERCY HP | Yes | |
| HACKLEY LIFE COUNSELING 1352 TERRACE ST MUSKEGON, MI 49442 38-1386362 | COUNS/ED/SUPP | MI | 501(c)(3) | 9 | MERCY HP | Yes | |
| HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48333 52-1945054 | LT CARE/REHAB | MD | 501(c)(3) | 9 | TRINITY CCS | Yes | |
| HOLY CROSS HEALTH FOUNDATION INC 11801 TECH ROAD SILVER SPRING, MD 20904 20-8428450 | FUNDRAISING | MD | 501(c)(3) | 11A, I | HOLY CROSS H | Yes | |
| HOLY CROSS HEALTH INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041 | HLTHCARE SVCS | MD | 501(c)(3) | 3 | TRINITY HC | Yes | |
| HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708 | HOSPICE SVCS | IA | 501(c)(3) | 7 | MHS-IOWA | Yes | |
| HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710 | HOSPICE SVCS | IA | 501(c)(3) | 11A, I | NA | Yes | |

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| | | | | | | Yes | No |
| HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707 | HOSPICE SVCS | MI | 501(c)(3) | 11A, I | TRINITY H-MI | Yes | |
| IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559 | HLTHCARE SVCS | MI | 501(c)(3) | 9 | TRINITY H-MI | Yes | |
| LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448 | MGMT/SUPP SVC | IL | 501(c)(3) | 11B, II | TRINITY HC | Yes | |
| LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560 | HLTHCARE SVCS | IL | 501(c)(3) | 3 | LOYOLA UHS | Yes | |
| MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101 38-3320705 | HOME HLTH SVS | IA | 501(c)(3) | 11A, I | MHS-IOWA | Yes | |
| MARYCREST HEIGHTS PO BOX 9184 FARMINGTON HILLS, MI 48333 27-0291722 | ELDRLY HOUS | MI | 501(c)(3) | 11A, I | TRINITY CCS | Yes | |
| MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013 | HLTHCARE SVCS | MI | 501(c)(3) | 3 | C MCAULEY HS | Yes | |
| MERCY AMICARE HOME HEALTHCARE OAKLAND 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320698 | HOME HLTH SVS | MI | 501(c)(3) | 11A, I | TRINITY HHS | Yes | |
| MERCY AMICARE HOME HEALTHCARE PORT HURO 505 HURON AVENUE PORT HURON, MI 48060 38-3320701 | HOME HLTH SVS | MI | 501(c)(3) | 11A, I | TRINITY HHS | Yes | |
| MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350 | SUPPORT SVCS | IL | 501(c)(3) | 11A, I | MERCY HS CHI | Yes | |
| MERCY GENERAL HLTH PTNRS AMICARE HOMECA 684 HARVEY STREET MUSKEGON, MI 49442 38-3321856 | HOME HLTH SVS | MI | 501(c)(3) | 11A, I | TRINITY HHS | Yes | |
| MERCY HEALTH NETWORK 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417 | HLTHCARE MGMT | DE | 501(c)(3) | 11A, I | NA | Yes | |
| MERCY HEALTH PARTNERS 1415 LEAHY STREET MUSKEGON, MI 49442 38-2589966 | SUPPORT SVCS | MI | 501(c)(3) | 3 | TRINITY H-MI | Yes | |
| MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080 | HLTHCARE SVCS | DE | 501(c)(3) | 3 | TRINITY H-MI | Yes | |
| MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327 | MGMT/SUPP SVS | IL | 501(c)(3) | 11A, I | TRINITY HC | Yes | |
| MERCY HEALTHCARE FOUNDATION - CLINTON 1410 N 4TH ST CLINTON, IA 52732 42-1316126 | FUNDRAISING | IA | 501(c)(3) | 11C, III-FI | NA | Yes | |
| MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152 | HLTHCARE SVCS | IL | 501(c)(3) | 3 | MERCY HS CHI | Yes | |
| MERCY HOSPITAL CADILLAC FOUNDATION 400 HOBART CADILLAC, MI 49601 20-3357131 | SUPPORT SVCS | MI | 501(c)(3) | 11A, I | TRINITY H-MI | Yes | |
| MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480 | AUXILIARY | MI | 501(c)(3) | 11A, I | TRINITY H-MI | Yes | |
| MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618 | HLTHCARE SVCS | DE | 501(c)(3) | 3 | MHS-IOWA | Yes | |

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| | | | | | | Yes | No |
| MERCY MEDICAL CENTER - SIOUX CITY FOUNDA 801 5TH STREET SIOUX CITY, IA 51102 14-1880022 | SUPPORT SVCS | IA | 501(c)(3) | 7 | MHS-IOWA | Yes | |
| MERCY MEDICAL CENTER FOUNDATION - NORTH 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151 | SUPPORT SVCS | IA | 501(c)(3) | 11C, III-FI | NA | Yes | |
| MERCY NORTH HOMECARE AND HOSPICE 7985 MACKINAW TRAIL CADILLAC, MI 49601 38-3313897 | HOME HLTH SVS | MI | 501(c)(3) | 11A, I | TRINITY HHS | Yes | |
| MERCY PHYSICIAN GROUP INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 20-8192593 | HLTHCARE SVCS | ID | 501(c)(3) | 9 | SAMC-NAMPA | Yes | |
| MERCY SVCS FOR AGING NON-PROFIT HOUSING PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605 | LT CARE | MI | 501(c)(3) | 11B, II | TRINITY CCS | Yes | |
| MISSION HEALTH CORPORATION 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557 | AMBUL CARE | DE | 501(c)(3) | 11A, I | NA | Yes | |
| MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555 | COLLEGE | OH | 501(c)(3) | 2 | MT CARMEL HT | Yes | |
| MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781 | HLTH INSUR | OH | 501(c)(4) | N/A | MT CARMEL HS | Yes | |
| MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229 | MEDICARE HMO | OH | 501(c)(4) | N/A | MT CARMEL HS | Yes | |
| MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334 | MGMT/SUPP SVS | OH | 501(c)(3) | 3 | TRINITY HC | Yes | |
| MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966 | SUPPORT SVCS | OH | 501(c)(3) | 11A, I | MT CARMEL HS | Yes | |
| MOUNT CARMEL HOME CARE LLC 501 WEST SCHROCK ROAD NO 350 WESTERVILLE, OH 43081 26-2729300 | HOME HLTH SVS | OH | 501(c)(3) | 9 | TRINITY HHS | Yes | |
| MRI MOBILE SERVICES OF WEST MICHIGAN 1820-44TH STREET KENTWOOD, MI 49508 38-3073745 | MRI SERVICES | MI | 501(c)(3) | 9 | TRINITY H-MI | Yes | |
| MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918 | SUPPORT SVCS | MI | 501(c)(3) | 7 | MERCY HP | Yes | |
| OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234 | HLTHCARE SVCS | NE | 501(c)(3) | 3 | MHS-IOWA | Yes | |
| OAKLAND MERCY HOSPITAL FOUNDATION 601 EAST 2ND STREET OAKLAND, NE 68045 31-1678345 | SUPPORT SVCS | NE | 501(c)(3) | 11C, III-FI | NA | Yes | |
| OSUMOUNT CARMEL HEALTH ALLIANCE 793 WEST STATE STREET COLUMBUS, OH 43222 31-1654603 | HLTHCARE SVCS | OH | 501(c)(3) | 11A, I | NA | Yes | |
| PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647 | HLTHCARE SVCS | MI | 501(c)(3) | 11A, I | TRINITY H-MI | Yes | |
| PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 49442 38-2638284 | HLTHCARE/EDUC | MI | 501(c)(3) | 9 | TRINITY H-MI | Yes | |
| PROFESSIONAL OFFICE CORPORATION 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324 | HLTHCARE SVCS | CA | 501(c)(3) | 11A, I | SAMC | 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 |
| SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713 | HLTHCARE SVCS | CA | 501(c)(3) | 3 | TRINITY HC | Yes | |
| SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011 | SUPPORT SVCS | ID | 501(c)(3) | 11A, I | SARMC | Yes | |
| SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978 | SUPPORT SVCS | ID | 501(c)(3) | 11A, I | SARMC | Yes | |
| SAINT ALPHONSUS FOUNDATION-BAKER CITY I 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869 | SUPPORT SVCS | OR | 501(c)(3) | 7 | SAMC-BAKER C | Yes | |
| SAINT ALPHONSUS FOUNDATION-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560 | SUPPORT SVCS | OR | 501(c)(3) | 11A, I | SAMC-ONTARIO | Yes | |
| SAINT ALPHONSUS HEALTH SYSTEM INC 1055 NORTH CURTIS RD BOISE, ID 83706 27-1929502 | MGMT/SUPP SVS | ID | 501(c)(3) | 11A, I | TRINITY HC | Yes | |
| SAINT ALPHONSUS MEDICAL CENTER-BAKER CIT 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052 | HLTHCARE SVCS | OR | 501(c)(3) | 3 | SAHS | Yes | |
| SAINT ALPHONSUS MEDICAL CENTER-NAMPA IN 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896 | HLTHCARE SVCS | ID | 501(c)(3) | 3 | SAHS | Yes | |
| SAINT ALPHONSUS MED CTR-NAMPA HEALTH FDN 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256 | SUPPORT SVCS | ID | 501(c)(3) | 7 | SAMC-NAMPA | Yes | |
| SAINT ALPHONSUS MEDICAL CENTER-ONTARIO 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847 | HLTHCARE SVCS | OR | 501(c)(3) | 3 | SAHS | Yes | |
| SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895 | HLTHCARE SVCS | ID | 501(c)(3) | 3 | SAHS | Yes | |
| SAINT JOSEPH REG MED CTR-PLYMOUTH CAMP 1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN 46563 35-1142669 | HLTHCARE SVCS | IN | 501(c)(3) | 3 | SJRMCM | Yes | |
| SAINT JOSEPH REG MED CTR-SOUTH BEND CAMP PO BOX 1935 SOUTH BEND, IN 46634 35-0868157 | HLTHCARE SVCS | IN | 501(c)(3) | 3 | SJRMCM | Yes | |
| SAINT JOSEPH REG MED CTR MISHAWAKA AUX 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285 | AUXILIARY | IN | 501(c)(4) | N/A | SJRMCM-S BEN | Yes | |
| SAINT JOSEPH REG MED CTR PLYMOUTH AUX I 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563 | AUXILIARY | IN | 501(c)(3) | 11B, II | SJRMCM-PLYM | Yes | |
| SAINT JOSEPH REGIONAL MEDICAL CENTER IN 801 EAST LASALLE AVE SOUTH BEND, IN 46617 35-1568821 | MGMT/SUPP SVS | IN | 501(c)(3) | 11A, I | TRINITY HC | Yes | |
| SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468 | ELDRLY HOUS | IN | 501(c)(3) | 9 | TRINITY CCS | Yes | |
| SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW GRAND RAPIDS, MI 49505 38-3320700 | HOME HLTH SVS | MI | 501(c)(3) | 11A, I | TRINITY HCS | Yes | |
| SAINT MARY'S FOUNDATION 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602 | SUPPORT SVCS | MI | 501(c)(3) | 7 | TRINITY H-MI | Yes | |
| ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789 | SUPPORT SVCS | MI | 501(c)(3) | 11A, I | TRINITY H-MI | Yes | |

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| | | | | | | Yes | No |
| THE FOUNDATION OF SAINT JOSEPH'S REG MED 4215 EDISON LAKES PARKWAY MISHAWAKA, IN 46545 35-1654543 | SUPPORT SVCS | IN | 501(c)(3) | 11A, I | SJRMCMC | Yes | |
| TRI-HOSPITAL EMERGENCY MEDICAL SERVICES 309 GRAND RIVER PORT HURON, MI 48060 38-2485700 | AMBUL SVCS | MI | 501(c)(3) | 11D, III | NA | Yes | |
| TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297 | MRI SERVICES | MI | 501(c)(3) | 3 | TRINITY H-MI | Yes | |
| TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656 | MGMT SERVICES | MI | 501(c)(3) | 11A, I | TRINITY HC | Yes | |
| TRINITY CONTINUING CARE SERVICES-INDIANA PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047 | LT CARE/HOUS | IN | 501(c)(3) | 9 | TRINITY CCS | Yes | |
| TRINITY HEALTH-MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393 | HLTHCARE SVCS | MI | 501(c)(3) | 3 | TRINITY HC | Yes | |
| ST MARY BUILDING & DEVELOPMENT COMPANY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502 | REAL EST HLDG | IN | 501(c)(3) | N/A | ST MARY MC | Yes | |
| TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733 | MED/LIFE INS | MI | 501(c)(9) | N/A | TRINITY HC | Yes | |
| TRINITY HOME HEALTH SERVICES INC 17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-2621935 | MGMT SERVICES | MI | 501(c)(3) | 11A, I | TRINITY HC | Yes | |
| CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152 | MANAGEMENT | VT | 501(C)(3) | LINE 1 | NA | | No |
| GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527 | HLTHCARE SVCS | MI | 501(C)(3) | LINE 11A,I | TRINITY HC | Yes | |
| GRAND RAPIDS MEDICAL EDUCATION PARTNERS 1000 MONROE AVENUE NW GRAND RAPIDS, MI 49503 23-7270669 | MED EDUCATION | MI | 501(C)(3) | LINE 11A,I | TRINITY HM | Yes | |
| HOLY CROSS OUTPATIENT SERVICES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068 | HLTHCARE SVCS | FL | 501(C)(3) | LINE 9 | HOLY CROSS H | Yes | |
| MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312 58-1448522 | FOUNDATION | GA | 501(C)(3) | LINE 7 | ST JOSEPH HS | Yes | |
| MERCY MEDICAL GROUP C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805 | HLTHCARE SVCS | MA | 501(C)(3) | LINE 3 | SISTER OF PR | Yes | |
| PROBILITY THERAPY SERVICES 2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239 | HLTHCARE SVCS | MI | 501(C)(3) | LINE 9 | TRINITY HM | Yes | |
| SJHSJOC HOLDINGS INC 424 DECATUR STREET ATLANTA, GA 30312 47-2299757 | HLTHCARE SVCS | GA | 501(C)(3) | LINE 11B,II | ST JOSEPH HS | Yes | |
| ST MARY EMERGENCY MEDICAL SERVICES 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512 | HLTHCARE SVCS | PA | 501(C)(3) | LINE 9 | ST MARY MC | Yes | |
| ST MARY'S SACRED HEART HOSPITAL INC 367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176 | HLTHCARE SVCS | GA | 501(C)(3) | LINE 3 | ST MARY HCS | Yes | |
| TRINITY HEALTH CORPORATION 20555 VICTORIA PARKWAY LIVONIA, MI 48152 35-1443425 | HLTHCARE SVCS | IN | 501(C)(3) | LINE 11B,II | CATHOLIC HM | Yes | |

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|--|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124 | PACE PROGRAM | MI | 501(C)(3) | LINE 9 | TRINITY HC | Yes | |
| WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200 | HEALTH NETWRK | MI | 501(C)(4) | N/A | MERCY HP | Yes | |