

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047

2015Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **JAN 1, 2016** and ending **JUN 30, 2016****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**ST JOSEPHS HOSPITAL HEALTH CENTER**

Doing business as

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

301 PROSPECT AVE

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

SYRACUSE, NY 13203-1899**F** Name and address of principal officer: **LOWELL A SEIFTER, ESQ****301 PROSPECT AVE, SYRACUSE, NY 13203****D** Employer identification number**15-0532254****E** Telephone number**315-703-2163****G** Gross receipts \$ **309,530,963.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **SJHSYR.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1895** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: RELIGIOUS & CHARITABLE, TEACHING HOSPITAL
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 17
	4	Number of independent voting members of the governing body (Part VI, line 1b) 11
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0
	6	Total number of volunteers (estimate if necessary) 455
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 7,265,837.
	9	Program service revenue (Part VIII, line 2g) 553,323,910.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,527,037.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 56,678,818.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 618,795,602.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 312,641,418.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 304,314,935.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 616,956,353.
	19	Revenue less expenses. Subtract line 18 from line 12 1,839,249.
	20	Total assets (Part X, line 16) 485,398,291.
	21	Total liabilities (Part X, line 26) 409,230,768.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20 76,167,523.

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	<i>Lowell A Seifter</i>	Date	2/15/17
	Type or print name and title	LOWELL A SEIFTER, ESQ, AUTHORIZED OFFICER		
Paid Preparer Use Only	Print/Type preparer's name	<i>Angela M. Franco, CPA</i>	Date	2/14/17
	Firm's name	FUST CHARLES CHAMBERS LLP	Check if self-employed	<input type="checkbox"/> PTIN P00589741
	Firm's address	5784 WIDEWATERS PARKWAY SYRACUSE, NY 13214	Firm's EIN	16-1226221
			Phone no.	315-446-3600

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

☒ X**1** Briefly describe the organization's mission:

OUR MISSION: WE ARE PASSIONATE HEALERS DEDICATED TO HONORING THE SACRED IN OUR SISTERS AND BROTHERS.

OUR VISION: TO BE WORLD-RENOWNED FOR PASSIONATE PATIENT CARE AND

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 \$ 82,031,533. including grants of \$ _____) (Revenue \$ 88,893,936.)
HEART DISEASE AND STROKE

CARDIOVASCULAR DISEASE IS THE LEADING CAUSE OF DEATH IN THE NATION, NEW YORK STATE AND ONONDAGA COUNTY. SINCE ST. JOSEPH'S PERFORMED THE FIRST OPEN HEART SURGERY IN CENTRAL NEW YORK IN 1958, IT HAS CONTINUED TO LEAD THE WAY IN THE PREVENTION, DETECTION AND TREATMENT OF HEART DISEASE. FOR EXAMPLE:

- **SURGEONS PERFORMED 600 OPEN HEART SURGERIES.**
- **INTERVENTIONAL CARDIOLOGISTS PERFORMED 2,626 CARDIAC CATHETERIZATIONS AND 1,037 PERCUTANEOUS CORONARY INTERVENTIONS.**
- **SPECIALISTS CONDUCTED 296 ELECTROPHYSIOLOGY CASES, INCLUDING**

4b (Code _____) (Expenses \$ 12,915,980. including grants of \$ _____) (Revenue \$ 9,233,738.)
MISSION SERVICES & OTHER

PRIMARY CARE CENTERS & MENTAL HEALTH

PRIMARY CARE CENTERS

COMMITTED TO IMPROVING ACCESS TO HEALTH CARE SERVICES FOR THOSE WHO ARE UNDERSERVED, ST. JOSEPH'S HAS ESTABLISHED PRIMARY CARE SITES IN AREAS WHERE MANY OF THESE INDIVIDUALS LIVE. THIS HELPS ADDRESS A KNOWN BARRIER, WHICH IS ACCESS TO TRANSPORTATION FOR THOSE WITHOUT INSURANCE OR WHO USE MEDICAID.

PRIMARY CARE CENTER-WEST (PCC WEST): PCC WEST PRIMARILY SERVES PATIENTS

4c (Code _____) (Expenses \$ 10,024,386. including grants of \$ _____) (Revenue \$ 8,993,880.)
HOME CARE

ST. JOSEPH'S CERTIFIED HOME HEALTH CARE AGENCY: THE ST. JOSEPH'S HOSPITAL HEALTH CENTER NETWORK OFFERS IN-HOME SERVICES TO A DIVERSE POPULATION THROUGH ITS AFFILIATE ORGANIZATION, FRANCISCAN HEALTH SUPPORT, AND THE HOSPITAL-OWNED ST. JOSEPH'S CERTIFIED HOME HEALTH CARE AGENCY. HOME CARE HELPS PATIENTS TRANSITION FROM HOSPITAL TO HOME AND SUPPORTS PEOPLE WHO ARE AT HOME BY PROVIDING SERVICES THEY NEED TO AVOID READMISSION TO THE HOSPITAL OR A NURSING HOME. THE TWO AGENCIES CONDUCTED NEARLY 82,504 HOME VISITS LAST YEAR, HELPING MANY IN CENTRAL NEW YORK TO REMAIN IN THE COMFORT OF THEIR OWN HOMES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 139,788,653. including grants of \$ _____) (Revenue \$ 198,275,485.)

4e Total program service expenses **244,760,552.**

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? If "Yes," complete Schedule I, Parts I and II		X
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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

Form 990 (2015)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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.	17	
b Enter the number of voting members included in line 1a, above, who are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **MEREDITH PRICE - 315-703-2208**
301 PROSPECT AVE, SYRACUSE, NY 13203-1899

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and 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 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) PAWAN RAO, MD BOARD TRUSTEE	10.00	X						0.	0.	0.
(2) WILLIAM ROBERTS, MD BOARD TRUSTEE	10.00	X						0.	0.	0.
(3) GEORGE DEPTULA, ESQ BOARD TRUSTEE - CHAIR	10.00 2.00	X		X				0.	0.	0.
(4) JOHN MURPHY, III BOARD TRUSTEE	10.00	X						0.	0.	0.
(5) GINA MYERS, PHD BOARD TRUSTEE	10.00	X						0.	0.	0.
(6) SR. MARY OBRIST BOARD TRUSTEE - TREASURER	10.00 2.00	X		X				0.	0.	0.
(7) LUCINDA DRESCHER BOARD TRUSTEE	10.00	X						0.	0.	0.
(8) KATHRYN RUSCITTO BOARD TRUSTEE - PRESIDENT	40.00 16.00	X		X				0.	0.	0.
(9) CHARLES ZIMMERMAN BOARD TRUSTEE	10.00	X						0.	0.	0.
(10) LOWELL A SEIFTER, ESQ BOARD TRUSTEE - SECRETARY	40.00 10.00	X		X				0.	0.	0.
(11) SR. HELEN MARIE BURNS BOARD TRUSTEE	10.00	X						0.	0.	0.
(12) MERRIETTE POLLARD BOARD TRUSTEE	10.00	X						0.	0.	0.
(13) JOHN MARSHALL, CPA BOARD TRUSTEE	10.00 2.00	X						0.	0.	0.
(14) PAUL TREMONT BOARD TRUSTEE	10.00	X						0.	0.	0.
(15) RICHARD O'CONNELL BOARD TRUSTEE	10.00	X						0.	0.	0.
(16) SANTO DIFINO, MD BOARD TRUSTEE	10.00	X						0.	0.	0.
(17) VINCENT SWEENY BOARD TRUSTEE	10.00	X						0.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

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

0

- 3 Did the organization list any **former officer, director, or trustee, key employee, or highest compensated employee** on line 1a? *If "Yes," complete Schedule J for such individual* ...
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,023,487.				
	e Government grants (contributions)	1e	892,401.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$		9,130.				
	h Total. Add lines 1a-1f			1,915,888.			
	Program Service Revenue	Business Code					
2 a PATIENT SERVICE REVENUE		621990		276,661,277.	276,661,277.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				276,661,277.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,621,529.			2,621,529.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses	61,818.					
	c Rental income or (loss)	63,627.					
	d Net rental income or (loss)	-1,809.					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses		-465,311.				
	c Gain or (loss)		0.				
	d Net gain or (loss)		-465,311.				
	8 a 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						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a INTERCOMPANY REIMBURSEMENT REVENUE	900099		23,034,413.	23,034,413.			
b OTHER EXEMPT OPERATING INCOME	900099		5,540,639.	5,540,639.			
c INCOME FROM JOINT VENTURES	621500		160,710.	160,710.			
d All other revenue	900099						
e Total. Add lines 11a-11d			28,735,762.				
12 Total revenue. See instructions.			309,467,336.	305,397,039.	0.	2,154,409.	

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,985,660.	341,221.	1,644,439.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	125,654,924.	102,864,832.	22,790,092.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,918,300.	2,327,427.	590,873.	
9 Other employee benefits	20,769,722.	14,237,014.	6,532,708.	
10 Payroll taxes	9,009,838.	7,185,600.	1,824,238.	
11 Fees for services (non-employees):				
a Management	3,651,444.	172,171.	3,479,273.	
b Legal	685,003.		685,003.	
c Accounting	385,843.	19,790.	366,053.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	102,134.		102,134.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	36,236,626.	30,512,816.	5,723,810.	
12 Advertising and promotion	617,283.	136,217.	481,066.	
13 Office expenses	794,959.	383,037.	411,922.	
14 Information technology	3,353,895.	2,674,827.	679,068.	
15 Royalties				
16 Occupancy	6,982,891.	5,569,044.	1,413,847.	
17 Travel	370,049.	348,042.	22,007.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	435,699.	234,458.	201,241.	
20 Interest	3,491,895.		3,491,895.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,130,774.	13,662,277.	3,468,497.	
23 Insurance	1,455,395.	1,160,719.	294,676.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLY EXPENSE	62,115,882.	59,540,354.	2,575,528.	
b OTHER EXPENSES	1,243,359.	728,835.	514,524.	
c EQUIPMENT RENTAL	1,014,159.	708,920.	305,239.	
d OTHER EXPENSES (DISREGARD)	998,680.	998,680.		
e All other expenses	954,271.	954,271.		
25 Total functional expenses. Add lines 1 through 24e	302,358,685.	244,760,552.	57,598,133.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,881,953.	1	1,801,781.
	2 Savings and temporary cash investments	33,902,139.	2	20,290,152.
	3 Pledges and grants receivable, net	6,691,914.	3	5,416,956.
	4 Accounts receivable, net	78,173,431.	4	77,680,501.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	3,210,089.	7	3,051,702.
	8 Inventories for sale or use	6,085,889.	8	6,351,401.
	9 Prepaid expenses and deferred charges	3,422,897.	9	4,390,438.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 272,430,473.		
	b Less: accumulated depreciation	10b 33,613,590.	10c	238,816,883.
	11 Investments - publicly traded securities	62,944,193.	11	77,083,608.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	42,984,940.	15	45,585,268.
16 Total assets. Add lines 1 through 15 (must equal line 34)	485,398,291.	16	480,468,690.	
Liabilities	17 Accounts payable and accrued expenses	86,433,047.	17	88,535,567.
	18 Grants payable		18	
	19 Deferred revenue	436,940.	19	247,367.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,947,029.	23	183,774.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	314,413,752.	25	340,637,187.
	26 Total liabilities. Add lines 17 through 25	409,230,768.	26	429,603,895.
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	63,730,807.	27	38,794,564.
	28 Temporarily restricted net assets	9,103,099.	28	8,709,038.
	29 Permanently restricted net assets	3,333,617.	29	3,361,193.
	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	76,167,523.	33	50,864,795.
	34 Total liabilities and net assets/fund balances	485,398,291.	34	480,468,690.

Form 990 (2015)

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	309,467,336.
2	Total expenses (must equal Part IX, column (A), line 25)	2	302,358,685.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,108,651.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	76,167,523.
5	Net unrealized gains (losses) on investments	5	198,467.
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	-32,609,846.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50,864,795.

Part XII Financial Statements and Reporting

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

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 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"/>		

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

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

Schedule A (Form 990 or 990-EZ) 2015

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 Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 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.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____
3 Volunteer hours ▶ _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

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

Schedule C (Form 990 or 990-EZ) 2015

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		15,008.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		45,039.
j Total. Add lines 1c through 1i			60,047.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:**LINE 1(F), GRANTS FOR LOBBYING PURPOSES**

DUES PAID HANYS - \$6,016, AND AHA - \$8,992

LINE 1(I), OTHER ACTIVITIES

TRINITY HEALTH CORPORATION- \$45,039

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☒ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

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

☐

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	12,436,716.	13,612,669.	13,028,076.	16,045,585.	13,325,942.
b Contributions	981,196.	3,174,919.	3,986,922.	724,983.	2,422,941.
c Net investment earnings, gains, and losses	216,121.	-74,476.	223,532.	625,008.	536,966.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,563,803.	4,276,396.	3,625,861.	4,367,500.	240,264.
f Administrative expenses					
g End of year balance	12,070,230.	12,436,716.	13,612,669.	13,028,076.	16,045,585.

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 ☒ 28.00 %

c Temporarily restricted endowment ☒ 72.00 %

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)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 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" on 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		3,925,693.		3,925,693.
b Buildings		160,379,138.	6,329,166.	154,049,972.
c Leasehold improvements		65,429.	8,905.	56,524.
d Equipment		99,948,106.	27,247,255.	72,700,851.
e Other		8,112,107.	28,264.	8,083,843.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				238,816,883.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM SJLS	804,488.
(2) DUE FROM SJHHC FOUNDATION	-41,332.
(3) DUE FROM FRANCISCAN MGT/HEALTH SUPPORT SERVICES-NET	1,977,146.
(4) DUE FROM AFFILIATE-MDR/MRI	926,587.
(5) DUE FROM AFFILIATE-LACNY	14,332,728.
(6) EQUITY INTEREST IN NET ASSETS OF SJHHC FOUNDATION	19,691,220.
(7) RESTRICTED ASSETS	1,414,264.
(8) DUE FROM LIVERPOOL DIALYSIS	2,000.
(9) BOND INTEREST CAP PREMIUM	2,495.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	45,585,268.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ACCRUED POST RETIRE HEALTH	
(3) BENEFITS-LT	20,156,226.
(4) ACCRUED WORKERS COMP	14,413,877.
(5) PENSION PLAN LIABILITY	7,829,132.
(6) SJHHC PROPERTIES	10,525,278.
(7) MALPRACTICE LIABILITY	12,299,398.
(8) 457B PLAN LIABILITY	3,387,582.
(9) THIRD PARTY PAYOR	21,664,948.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	340,637,187.

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

Schedule D (Form 990) 2015

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.

PART V, LINE 4:

ENDOWMENTS ARE INTENDED TO SUPPORT HOSPITAL MISSION SERVICES, EDUCATION, AND TECHNOLOGY ADVANCEMENTS.

PART X, LINE 2:

THE SYSTEM AND SUBSTANTIALLY ALL OF ITS SUBSIDIARIES HAVE BEEN RECOGNIZED AS TAX-EXEMPT PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE. THE SYSTEM ALSO HAS TAXABLE SUBSIDIARIES, NAMELY THE FRANCISCAN COMPANIES, WHICH ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. CERTAIN OF THE TAXABLE SUBSIDIARIES HAVE ENTERED INTO TAX SHARING AGREEMENTS AND FILE CONSOLIDATED FEDERAL INCOME TAX RETURNS WITH OTHER CORPORATE TAXABLE SUBSIDIARIES. THE SYSTEM INCLUDES PENALTIES AND INTEREST, IF ANY, WITH ITS

Part XIII Supplemental Information (continued)

PROVISION FOR INCOME TAXES IN OTHER NON-OPERATING ITEMS IN THE
CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS.

Part XIII Supplemental Information (continued)**Part X** Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
SECURED NOTE TO RELATED 3RD PARTY (TRINITY)	250,049,025.
LOAN PAYABLE FOR PATIENT LOAN PROGRAM	312,413.
OTHER	-692.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?
If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
- ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
- ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %
- b** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b		X
5c		
6a	X	
6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2917994.		2917994.	.97%
b Medicaid (from Worksheet 3, column a)			52362672.	37220836.	15141836.	5.01%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			55280666.	37220836.	18059830.	5.98%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			10592283.	3595125.	6997158.	2.31%
g Subsidized health services (from Worksheet 6)			11208758.	6183376.	5025382.	1.66%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits			21801041.	9778501.	12022540.	3.97%
k Total. Add lines 7d and 7j			77081707.	46999337.	30082370.	9.95%

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

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

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 ☒ Yes ☐ No

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 0.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 0.

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) 5 66,266,302.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 100,179,016.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 -33,912,714.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year? 9a ☒ Yes ☐ No

b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI 9b ☒ Yes ☐ No

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 LABORATORY ALLIANCE OF CNY	LABORATORY SERVICES	50.00%	.00%	.00%
2 MDR	MRI SERVICES	40.00%	.00%	60.00%
3 SJLS	DIALYSIS SERVICES	51.00%	.00%	49.00%

Section A Hospital Facilities

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number
(and if a group return, the name and EIN of the subordinate hospital
organization that operates the hospital facility)

12230203 781828 STJOESHOSPIT 2015.05030 ST JOSEPHS HOSPITAL HEALTH STJOESH2

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group ST. JOSEPH'S HOSPITAL HEALTH CENTER, INCLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	3	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.SJHSYR.ORG</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>WWW.SJHSYR.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group ST. JOSEPH'S HOSPITAL HEALTH CENTER, INC

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP.	X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.SJHSYR.ORG</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.SJHSYR.ORG</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.SJHSYR.ORG</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

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

Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group **ST. JOSEPH'S HOSPITAL HEALTH CENTER, INC**

- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? ..

	Yes	No
19		X

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a ☐ Reporting to credit agency(ies)
 b ☐ Selling an individual's debt to another party
 c ☐ Actions that require a legal or judicial process
 d ☐ Other similar actions (describe in Section C)

- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Notified individuals of the financial assistance policy on admission
 b ☒ Notified individuals of the financial assistance policy prior to discharge
 c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 e ☐ Other (describe in Section C)
 f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? ..

	Yes	No
21	X	

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
 b ☐ The hospital facility's policy was not in writing
 c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 d ☐ Other (describe in Section C)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
 b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
 c ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
 d ☐ Other (describe in Section C)

	Yes	No

- 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..

	Yes	No
23		X

If "Yes," explain in Section C.

- 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..

	Yes	No
24		X

If "Yes," explain in Section C.

Schedule H (Form 990) 2015

Part V Facility Information (continued)

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

ST. JOSEPH'S HOSPITAL HEALTH CENTER, INC:

PART V, SECTION B, LINE 5: ST. JOSEPH'S WAS AN ACTIVE PARTICIPANT ON THE CENTRAL NEW YORK CARE COLLABORATIVE (CNYCC) ADVISORY COMMITTEE GUIDING THE CNYCC'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. WHILE THIS COLLABORATIVE NEEDS ASSESSMENT PROCESS WAS UNDERTAKEN WITH THE GOAL OF OUTLINING PRIORITY PROJECTS FOR CENTRAL NEW YORK'S DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP), THE SCOPE OF THE RESULTING CHNA IS COMPREHENSIVE IN NATURE, COVERING BOTH THE NEEDS OF THE UNINSURED AND MEDICAID POPULATIONS, AS WELL AS IT EXPLORES THE BROADER HEALTH NEEDS OF OUR COMMUNITY BEYOND THIS POPULATION.

SUPPLEMENTING THE DATA PRESENTED IN THE DSRIP CHNA IS AN ASSESSMENT COMPLETED BY THE ONONDAGA COUNTY HEALTH DEPARTMENT IN APRIL 2016, IN PREPARATION FOR THE NYS DOH-MANDATED COMMUNITY SERVICE PLAN IN COLLABORATION WITH THE COUNTY HEALTH DEPARTMENT AS WELL AS THE OTHER HOSPITALS IN ONONDAGA COUNTY. THE FINDINGS OF THIS STUDY LARGELY CONFIRM AND IN SOME CIRCUMSTANCES FURTHER UNDERSCORE COMMUNITY HEALTH NEEDS THAT SURFACED IN THE COMPREHENSIVE DSRIP ANALYSIS.

ST. JOSEPH'S HOSPITAL HEALTH CENTER, INC:

PART V, SECTION B, LINE 6A: UPSTATE UNIVERSITY HOSPITAL AND CROUSE HOSPITAL

ST. JOSEPH'S HOSPITAL HEALTH CENTER, INC:

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 6B: THE ONONDAGA COUNTY HEALTH DEPARTMENT, JOHN BEN SNOW INC, AND CENTRAL NEW YORK CARE COLLABORATIVE.

ST. JOSEPH'S HOSPITAL HEALTH CENTER, INC:

PART V, SECTION B, LINE 7D: THE CHNA WAS AVAILABLE TO BE MAILED OUT BY REQUEST FREE OF CHARGE.

ST. JOSEPH'S HOSPITAL HEALTH CENTER, INC:

PART V, SECTION B, LINE 11: THE FOLLOWING INITIATIVES ARE IN PROCESS TO MEET THE GOAL OF PREVENTING CHRONIC DISEASE:

1. PARTICIPATE THROUGH ST. JOSEPH'S PRIMARY CARE CENTER-WEST IN A COLLABORATIVE PARTNERSHIP WITH SYRACUSE UNIVERSITY'S LERNER CENTER AND EXCELLUS ON THE IMPLEMENTATION OF A DIABETES PREVENTION PROGRAM
2. PARTICIPATE IN THE IMPLEMENTATION OF A COLLABORATIVE, COMMUNITY-BASED PROGRAM (TRANSFORMING COMMUNITIES INITIATIVE) WITH THE ONONDAGA COUNTY HEALTH DEPARTMENT, WESTSIDE INITIATIVE, NORTHSIDE UP, SYRACUSE UNIVERSITY, AND HEALTHECONNECTIONS TO DEVELOP ENVIRONMENTS AND PROMOTE POLICY CHANGES TO IMPACT OBESITY AND TOBACCO USE.
3. PARTICIPATE IN EFFORTS TO ADVOCATE FOR TOBACCO21 LEGISLATION AT THE LOCAL (COUNTY) AND STATE LEVEL.
4. IMPLEMENT TOBACCO SCREENING AND FOLLOW-UP PROTOCOLS WITHIN HOSPITAL PRIMARY CARE CENTERS AS PART OF THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM PROJECT.
5. PARTICIPATE IN A PLACED-BASED COMMUNITY EFFORT IN COLLABORATION WITH

Part V Facility Information (continued)

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

THE DUNBAR CENTER, SOUTHWEST COMMUNITY CENTER, AND THE AMERICAN HEART ASSOCIATION TO IMPROVE ACCESS TO PREVENTIVE HEALTH SERVICES AS A MEANS OF DECREASING CARDIOVASCULAR HEALTH DISPARITIES.

THE FOLLOWING INITIATIVES ARE IN PROCESS TO MEET THE GOAL OF PROMOTION OF MENTAL HEALTH AND THE PREVENTION OF SUBSTANCE ABUSE:

1. CONTINUE TO SUPPORT A HOST OF OUTPATIENT BEHAVIORAL HEALTH PROGRAMS, INCLUDING BUT NOT LIMITED TO ADULT & CHILDREN'S OUTPATIENT SERVICES; HEALTH HOME PROGRAM; COMMUNITY RESIDENCES; THE LINK PROGRAM; PEER ADVOCACY PROGRAM; PERSONALIZED RECOVERY ORIENTED SERVICES; AND PROJECT CHANCE (COLLABORATION WITH ONONDAGA COUNTY, RESCUE MISSION & SALVATION ARMY).
2. IMPLEMENT A "VITAL ACCESS PROVIDER" BEHAVIORAL HEALTH GRANT PROGRAM TO OPTIMIZE CURRENT RESOURCES AND EXPAND ACCESS TO SERVICES.
3. IMPLEMENT THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM PROJECT "STRENGTHEN MENTAL HEALTH SYSTEMS."
4. IMPLEMENT A PROJECT TO SUPPORT THE REDUCTION OF OPIATE USE IN ONONDAGA COUNTY IN COLLABORATION WITH THE ONONDAGA COUNTY HEALTH DEPARTMENT, CROUSE HOSPITAL, UPSTATE UNIVERSITY HOSPITAL, SYRACUSE UNIVERSITY'S LERNER CENTER FOR PUBLIC HEALTH PROMOTION, AND THE CENTRAL NEW YORK CARE COLLABORATIVE.

THE FOLLOWING INITIATIVES ARE IN PROCESS TO MEET THE GOAL OF PROMOTION OF HEALTHY WOMEN, INFANTS AND CHILDREN:

1. MAINTAIN ACCESS TO CRITICAL OB/GYN AND FAMILY MEDICINE SERVICES THROUGH THE HOSPITAL'S PRIMARY CARE CLINICS.
2. SUPPORT PRENATAL CARE THROUGH OUTREACH TO VULNERABLE POPULATIONS,

Part V Facility Information (continued)

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

WITH POTENTIAL IMPLEMENTATION OF THE CENTERING PREGNANCY PROGRAM.

3. PARTICIPATION IN DSRIP PROGRAM PROJECT, FOCUSING ON PRECONCEPTION AND INTERCONCEPTION (BETWEEN PREGNANCIES) RISKS (SMOKING, USE OF ALCOHOL/DRUGS, UNINTENDED PREGNANCY) AND IMPLEMENTATION OF STRATEGIES TO REDUCE THOSE RISKS.

SIGNIFICANT HEALTH NEEDS THAT WILL NOT BE ADDRESSED:

ST. JOSEPH'S HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. ST. JOSEPH'S WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEED:

PROMOTION OF A HEALTH AND SAFE ENVIRONMENT: WITHIN THE CHNA, FALLS ACCOUNTED FOR THE #1 (AGE 85+; 410/10,000), #6 (AGED 75-84; 159.7/10,000) AND #9 (AGED 65-74; 51.7/10,000) OF THE TOP 10 LEADING CAUSES OF HOSPITALIZATIONS AMONG THE GENERAL ONONDAGA COUNTY POPULATION. THESE TRENDS, COMBINED WITH THE PROJECTED POPULATION GROWTH OF THE 65+ AGE COHORT, AND THE STAKEHOLDER IDENTIFICATION OF ELDER SUPPORT AS A COMMUNITY NEED PROVIDED THE DATA TO SUPPORT HIGHLIGHTING THIS TOPIC AS A COMMUNITY NEED. DUE TO SYSTEM CONSTRAINTS RELATED TO HAVING THE CAPACITY AND EXPERTISE TO DEVELOP COMMUNITY-BASED, TARGETED INTERVENTIONS FOR THESE POPULATIONS, ST. JOSEPH'S HAS NOT INCLUDED THIS PRIORITY IN ITS CHNA IMPLEMENTATION PLAN. ST. JOSEPH'S WILL, HOWEVER, CONTINUE TO SUPPORT CURRENT COMMUNITY-BASED PROGRAMMING AND PROVIDER EDUCATION INITIATIVES AS CAN BE ACCOMMODATED WITH CURRENT RESOURCES.

Part V	Facility Information <i>(continued)</i>
---------------	--

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

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

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

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

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

Schedule H (Form 990) 2015

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:

COMBINATION OF THE RATIO OF COSTS TO CHARGES AS WELL AS SPECIFICALLY
IDENTIFIED COSTS AND OFFSETS DERIVED FROM ACCOUNTING AND PATIENT
ACCOUNTING SYSTEMS. WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST, TOTAL
COST EXCLUDE BAD DEBT EXPENSE.

PART I, LINE 7G:

PLEASE SEE DESCRIPTION OF COMMUNITY BENEFIT ACTIVITIES NOTED IN THE 990
PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

LINE 7, COLUMN (F):

FOR THE SHORT PERIOD ENDING 6/30/2016, THERE WAS A BAD DEBT RECOVERY
THAT WAS INCLUDED IN REVENUE, THEREFORE ST. JOSEPH'S HOSPITAL HEALTH
CENTER HAD NO BAD DEBT EXPENSE.

PART III, LINE 4:

532089 11-05-15

Schedule H (Form 990) 2015

Part VI Supplemental Information (Continuation)

SEE FINANCIAL STATEMENT PAGES 15 AND 16.

PART III, SECTION A, LINE 3: CHARITY CARE IS REPORTED IN PART I, LINE 7A AND IS NOT DUPLICATED IN BAD DEBT REPORTED IN PART III, SECTION A, LINE 2.

PART III, LINE 8:

PLEASE SEE DESCRIPTION OF COMMUNITY BENEFIT ACTIVITIES NOTED IN THE 990 PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS. THE METHODOLOGY USED TO CALCULATE THE MEDICARE SHORTFALL IS MEDICARE COSTS BASED ON THE MEDICARE COST REPORT RCC LESS MEDICARE PAYMENTS FROM THE PS&R AND PHYSICIAN RELATED PAYMENTS NOT REPORTED ON THE PS&R.

PART III, LINE 9B:

ANY PATIENT AT SJHHC WILL RECEIVE MEDICAL TREATMENT WHETHER OR NOT THE PATIENT IS INSURED OR UNINSURED IN ACCORDANCE WITH THE POLICY AND THE PROCEDURES HEREWITH. SJHHC MAY RESERVE THE RIGHT TO REFUSE FINANCIAL AID ON PRE-SCHEDULED ELECTIVE PROCEDURES ONLY. IT IS THE INTENT OF THE FINANCIAL COUNSELING REPRESENTATIVES, TO FOLLOW-UP ON EVERY CLAIM WITHIN A 30-DAY PERIOD, IN AN EFFORT TO PROVIDE FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE PROGRAMS DEFINED IN OUR FINANCIAL ASSISTANCE POLICY. THE ACCOUNT WILL BE NOTED EACH MONTH AS TO THE FOLLOW-UP EFFORTS MADE BY THE FINANCIAL COUNSELORS BARING ANY UNFORESEEN ISSUES, DELAYS WITH PATIENT CONTACTS, DELAYS WITH THE DSS, ETC.

FOR THOSE PATIENTS WHO ARE INTERESTED IN FINANCIAL ASSISTANCE, PATIENTS WILL BE CONTACTED BY A SJHHC FINANCIAL COUNSELOR (FC) AND INSTRUCTED ON THE AVAILABILITY TO ENROLL IN MEDICAID, CHILD HEALTH PLUS (CHP) AND FAMILY HEALTH PLUS (FHP), THROUGH A REFERRAL TO THOSE MEDICAID MANAGED CARE (MMC)

Part VI Supplemental Information (Continuation)

FACILITATED ENROLLER WHO HAS A MEDICAID MANAGED CARE CONTRACT WITH SJHHC, OR A REFERRAL TO THE LOCAL COUNTY DEPARTMENT OF SOCIAL SERVICES DEPENDING ON THE PATIENTS DEMOGRAPHICS. REGARDLESS OF WHO COMPLETES THE MEDICAID APPLICATION, THE COMPLETION OF ONE MEDICAID APPLICATION ALLOWS A PATIENT ACCESS TO ENROLL IN MEDICAID, CHP OR FHP, DEPENDING ON THE COMBINED INCOME AND ASSETS OF THE PATIENT AND THEIR FAMILY (IF APPLICABLE). OTHER OPTIONS TO BE DISCUSSED WILL BE FINANCIAL AID AND MONTHLY PAYMENT PLANS.

AT ALL PATIENT ACCESS POINTS THERE WILL BE FA PAMPHLETS NOTIFYING PATIENTS AND FAMILY MEMBERS OF THE EXISTENCE AND AVAILABILITY OF THE FINANCIAL COUNSELING UNIT. PATIENTS AND FAMILY MEMBERS MAY DISCUSS ALL PROGRAMS OFFERED EITHER IN PERSON OR BY PHONE.

NOTE: PATIENTS WHO MAY BE ELIGIBLE FOR MEDICAID, CHILD HEALTH PLUS OR FAMILY HEALTH PLUS, WHO DO NOT COMPLY WITH THE APPLICATION REQUIREMENTS OF THEIR LOCAL DEPARTMENT OF SOCIAL SERVICES MAY NOT BE ELIGIBLE FOR FINANCIAL AID. THESE PATIENTS MAY ALSO BE SUBJECT TO BAD DEBT, IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE SJHHC BAD DEBT POLICY.

IN ADDITION, OUR DATA MAILERS BEING SENT TO PATIENTS FOR ANY AMOUNT THEY MAY OWE ON A BILL NOW INCLUDES THE PHONE NUMBER OF OUR FINANCIAL COUNSELING UNIT IF THE PATIENT NEEDS FINANCIAL ASSISTANCE. THIS SECTION IS ALSO COLORIZED FOR EASY RECOGNITION.

PART VI, LINE 2:

PLEASE SEE DESCRIPTION OF COMMUNITY BENEFIT ACTIVITIES NOTED IN THE 990 PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

Part VI Supplemental Information (Continuation)

PART VI, LINE 3:

PLEASE SEE DESCRIPTION OF FINANCIAL AID POLICY AT SCHEDULE H, PART III
LINE 9B FOR A DESCRIPTION OF PATIENT EDUCATION OF ELIGIBILITY FOR
ASSISTANCE.

PART VI, LINE 4:

PLEASE SEE FORM 990, PART III

PART VI, LINE 5:

PLEASE SEE FORM 990, PART III

PART VI, LINE 6:

PLEASE SEE FORM 990, PART III

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

NY

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open To Public Inspection

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
---------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

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

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

Part III **Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]**Total**

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SYRACUSE OFFICE ENVIRONMEN	BUSINESS 35% OWNED	96,113.	BUSINESS TR		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SYRACUSE OFFICE ENVIRONMENT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS 35% OWNED BY BOARD MEMBER & RELATIVE

(D) DESCRIPTION OF TRANSACTION: BUSINESS TRANSACTION

PART IV LINES 1 - 3

1. SYRACUSE OFFICE ENVIRONMENT IS AN ENTITY THAT DOES BUSINESS WITH ST. JOSEPH'S AND IS OWNED >35% BY A BOARD MEMBER, VINCENT SWEENEY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUTSTANDING CLINICAL OUTCOMES.

**CORE VALUES: IN THE SPIRIT OF GOOD STEWARDSHIP, WE HEAL BY PRACTICING:
COMPASSION THROUGH OUR KINDNESS, CONCERN AND GENUINE CARING; REVERENCE
IN HONORING THE DIGNITY OF THE HUMAN SPIRIT; EXCELLENCE BY EXPECTING
THE BEST OF OURSELVES AND OTHERS; INTEGRITY BY BEING AND SPEAKING THE
TRUTH.**

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THREE-DIMENSIONAL MAPPINGS.

- SURGEONS IMPLANTED 365 PACEMAKERS.

NATIONAL RECOGNITIONS INCLUDE:

**-BEST REGIONAL HOSPITAL BY U.S. NEWS AND WORLD REPORT
-100 GREAT COMMUNITY HOSPITALS BY BECKER'S HOSPITAL REVIEW
-ONLY MAGNET DESIGNATED HOSPITAL IN CENTRAL NEW YORK
-AWARDED 3 STARS IN CABG, AVR & AVR+CABG BY SOCIETY OF THORACIC
SURGEONS**

**-WOMEN'S CHOICE AWARD FOR HEART CARE AND OBSTETRICS
-HIGH PERFORMING IN HIP AND KNEE REPLACEMENTS BY U.S. NEWS AND WORLD
REPORT**

**-AWARDED BABY FRIENDLY HOSPITAL BY BABY-FRIENDLY USA, INC. SPONSORED BY
UNICEF AND THE WHO**

-PRIMARY CARE OFFICES CERTIFIED NCQA LEVEL 3 PATIENT CENTERED MEDICAL

HOME

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

-LEAPFROG REPORTS ST. JOSEPH'S 3RD LOWEST C-SECTION RATE IN NY

-AWARDED LEED GOLD CERTIFICATION BY THE U.S. GREEN BUILDING COUNCIL

-MOST WIRED HOSPITAL SEVEN CONSECUTIVE YEARS

-CARDIAC ICU RECEIVED THE GOLD BEACON AWARD OF EXCELLENCE

-AMERICAN ACADEMY OF SLEEP MEDICINE ACCREDITATION

-COMPREHENSIVE CENTER ACCREDITATION FOR BARIATRIC SURGERY

-FULL ACCREDITATION FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE

-SURGICAL INTENSIVE CARE RECEIVED BEACON AWARD OF EXCELLENCE

REGIONAL DISTINCTIONS:

-2015 RISK TAKERS AND DREAM MAKERS AWARD

-NAACP COMMUNITY SERVICE AWARD

-EXCELLUS BLUECROSS BLUESHIELD COMMUNITY HEALTH AWARD

-HANYS 2015 COMMUNITY HEALTH INITIATIVES AWARD

-EXCELLENCE IN HEALTH CARE AWARD, COMMUNITY PARTNER

-BLUE DISTINCTION CENTER PLUS FOR KNEE AND HIP REPLACEMENT

-BLUE DISTINCTION CENTER PLUS FOR SPINE SURGERY

-BLUE DISTINCTION CENTER PLUS FOR CARDIAC CARE

-BLUE DISTINCTION CENTER FOR MATERNITY CARE

EKG TRANSMISSION FROM AMBULANCES: ST. JOSEPH'S EMERGENCY DEPARTMENT RECEIVES EKGS FROM AMBULANCES IN THE FIELD THAT ARE IN ROUTE TO THE HOSPITAL. THE NEW, WEB-BASED SYSTEM, CALLED LIFENET STEMI MANAGEMENT SOLUTION FROM PHYSIO-CONTROL, ALLOWS EMERGENCY MEDICAL TECHNICIANS (EMTS) TO ALERT THE ED STAFF TO INCOMING PATIENTS WITH A DANGEROUS FORM OF HEART ATTACK KNOWN AS STEMI (ST ELEVATION MYOCARDIAL INFARCTION).

STEMI POSES A SERIOUS THREAT TO THE HEART MUSCLE, AND THE QUICKER

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

PATIENTS RECEIVE TREATMENT THE MORE LIKELY THEY ARE TO HAVE A POSITIVE OUTCOME. EMTS USE THE SYSTEM TO TRANSMIT 12-LEAD EKGs FROM THE FIELD DIRECTLY TO THE ED. THIS HELPS SAVE TIME, WHICH IS THE KEY TO SAVING HEART MUSCLE.

BY HAVING THE OPPORTUNITY TO READ THE EKG SOONER, THE ED PHYSICIANS CAN ACTIVATE THE AMI TEAM, THE SPECIFIC STAFF WHO CARE FOR HEART ATTACK PATIENTS, EARLIER. THIS EARLY WARNING SYSTEM PROVIDES AN ENORMOUS BENEFIT TO HEART ATTACK PATIENTS BECAUSE IT WILL RESULT IN A REDUCTION OF DOOR TO WIRE TIMES. THE TOOL IS PARTICULAR HELPFUL DURING OFF-SHIFTS AND WEEKENDS WHEN IT MAY TAKE A BIT LONGER TO CONVENE THE AMI TEAM.

ACCORDING TO LOCAL AMBULANCE CORPS, THIS TECHNOLOGY IS A HUGE STEP TOWARD BETTER PATIENT CARE, PARTICULARLY FOR THOSE AMBULANCE CORPS THAT SERVES COUNTIES WITHOUT CARDIAC CATHETERIZATION LABS. OFTEN THOSE EMS PROVIDERS HAVE TO MANAGE UNSTABLE PATIENTS FOR MORE THAN 30 MILES TO DELIVER THEM TO THE LEVEL OF CARE THEY REQUIRE. THE CAPABILITY OF TRANSMITTING 12 LEAD EKGs HELPS PATIENTS GET THE CARE THEY NEED SOONER, SAVING BOTH LIVES AND HEART MUSCLE.

CERTIFIED CHEST PAIN CENTER: IN 2013, ST. JOSEPH'S HOSPITAL RECEIVED CHEST PAIN CENTER ACCREDITATION FROM THE SOCIETY OF CHEST PAIN CENTERS. ST. JOSEPH'S IS ONE OF TWO HOSPITALS IN CENTRAL NEW YORK WITH THIS ACCREDITATION.

ST. JOSEPH'S UNDERTOOK A RIGOROUS RE-EVALUATION AND REFINEMENT OF HEART CARE PROCESSES TO INTEGRATE THE INDUSTRY'S BEST PRACTICES AND NEWEST PARADIGMS INTO ITS CARDIAC CARE SERVICES. THE HOSPITAL'S

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

STATE-OF-THE-ART CARDIOVASCULAR PROGRAM WORKS SEAMLESSLY WITH AREA
EMERGENCY MEDICAL SERVICES TO ENSURE THAT PATIENTS GET THE TREATMENT
THEY NEED DURING THE CRITICAL EARLY STAGES OF A HEART ATTACK.

AS AN ACCREDITED CHEST PAIN CENTER, ST. JOSEPH'S ENSURES PATIENTS WHO
COME TO THE HOSPITAL COMPLAINING OF CHEST PAIN OR DISCOMFORT ARE GIVEN
THE IMMEDIATE TREATMENT NECESSARY TO AVOID AS MUCH HEART DAMAGE AS
POSSIBLE. PROTOCOL-BASED PROCEDURES DEVELOPED BY LEADING EXPERTS IN
CARDIAC CARE TO REDUCE TIME OF TREATMENT IN THE CRITICAL EARLY STAGES
OF A HEART ATTACK ARE PART OF ST. JOSEPH'S OVERALL CARDIAC SERVICES.

IN ADDITION TO CHEST PAIN CENTER ACCREDITATION, ST. JOSEPH'S IS THE
ONLY HOSPITAL IN SYRACUSE DESIGNATED AS A MISSION LIFELINE STEMI
HOSPITAL BY THE AMERICAN HEART ASSOCIATION FOR ITS SYSTEMATIC AND
MULTIDISCIPLINARY APPROACH TO TREATING HEART ATTACKS.

OUTREACH TO NORTHERN NEW YORK: ST. JOSEPH'S CONTINUED ITS TELEMEDICINE
PROGRAM WITH SAMARITAN MEDICAL CENTER IN WATERTOWN, N.Y., TO ACHIEVE
OPTIMAL CARDIAC CARE FOR CENTRAL AND NORTHERN NEW YORK.

SAMARITAN HOUSES A FREESTANDING CATHETERIZATION LABORATORY THAT
SERVICES THE LARGELY RURAL JEFFERSON, ST. LAWRENCE, LEWIS AND FRANKLIN
COUNTIES. SAMARITAN'S CATH LAB UTILIZES THE EXPERTISE OF ST. JOSEPH'S
INVASIVE CARDIOLOGISTS. ALL PATIENTS ARE SCREENED FOR RISK FACTORS AND
ANY CARDIAC CATH CANDIDATES WHO DISPLAY AT-RISK SYMPTOMATOLOGY ARE
REFERRED TO ST. JOSEPH'S HOSPITAL FOR INPATIENT CARDIAC CATHETERIZATION
PROCEDURES, ANGIOPLASTY OR CARDIAC SURGERY INTERVENTIONS.

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

ST. JOSEPH'S EXPRESS ADMISSION LINE IS A HOTLINE USED PRIMARILY FOR THE SPEEDY TRANSFER OF CARDIAC PATIENTS FROM RURAL HOSPITALS WITHOUT CARDIAC CATHETERIZATION LABS. IT CAN ALSO BE A LIFESAVING TOOL USED TO TRANSFER ANY PATIENT IN NEED TO THE APPROPRIATE LEVEL OF CARE AS SOON AS POSSIBLE.

WHEN A PATIENT REQUIRES SPECIALTY CARE UNAVAILABLE AT HIS OR HER CURRENT HEALTH CARE FACILITY, MEDICAL PERSONNEL CALL THE EXPRESS LINE, WHICH IS ANSWERED 24-HOURS-A-DAY, SEVEN-DAYS-A-WEEK BY ST. JOSEPH'S ADMINISTRATIVE NURSING COORDINATOR. THE NURSING COORDINATOR LISTENS TO THE DESCRIPTION OF THE PATIENT'S CONDITION, CONTACTS THE ST. JOSEPH'S PHYSICIAN ON CALL FOR THE PARTICULAR SPECIALTY NEEDED, AND WITHIN MINUTES ALL THREE PARTIES ARE ENGAGED IN A THREE-WAY POTENTIALLY LIFESAVING CONVERSATION. THE ST. JOSEPH'S PHYSICIAN CAN OBTAIN CRITICAL PATIENT INFORMATION AND GIVE SPECIFIC INSTRUCTIONS FOR CARE DURING TRANSPORT, WHILE THE NURSING COORDINATOR SIMULTANEOUSLY CHECKS FOR AVAILABLE BEDS AND ALERTS THOSE NEEDED TO PREPARE FOR THE PATIENT'S ARRIVAL. TO EXPEDITE THE PROCESS, HOSPITAL REPRESENTATIVES FROM BOTH LOCATIONS THEN TAKE CARE OF PAPERWORK AND OTHER IMPORTANT INFORMATION, WHILE THE PATIENT IS ENROUTE.

THE EXPRESS LINE HAS LITERALLY BEEN A LIFESAVER, BECAUSE PRECIOUS TIME IS NOT SPENT SEARCHING FOR AN OPEN BED OR TRIAGING THE PATIENT A SECOND TIME UPON ARRIVAL AT ST. JOSEPH'S, BUT ONLY ON MAKING SURE THE PATIENT RECEIVES THE BEST POSSIBLE MEDICAL CARE IMMEDIATELY AND THROUGHOUT HIS OR HER STAY.

REHABILITATION: ST. JOSEPH'S OFFERS THE ONLY COMPREHENSIVE CARDIAC

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

REHABILITATION PROGRAM THAT IS CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION AND IS THE LARGEST SUCH PROGRAM IN CENTRAL NEW YORK. ST. JOSEPH'S PROVIDED 6,801 PATIENT VISITS. A MEDICALLY SUPERVISED EXERCISE PROGRAM IS ALSO HELD AT THE SITE. THIS PROGRAM IS SPECIFICALLY DESIGNED FOR PEOPLE WHO WANT TO EXERCISE AND MAINTAIN THEIR INDEPENDENCE, BUT WHOSE CHRONIC DISEASE STATES PUT THEM AT RISK FOR EXERCISING IN STANDARD GYMS.

SEE CONTINUATION ON SCHEDULE O, PAGE 84

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
OF ALL AGES FROM SYRACUSE'S NEAR WEST SIDE. THE BI-LINGUAL STAFF PROVIDES OBSTETRICS, GYNECOLOGICAL CARE, PEDIATRIC WELL AND SICK VISITS, IMMUNIZATIONS, PHYSICAL EXAMS, BLOOD DRAWS, NUTRITION AND FINANCIAL COUNSELING, AND REFERRALS TO SPECIALISTS, AS NEEDED. PHYSICIANS ARE AVAILABLE 24-HOURS-A-DAY, SEVEN-DAYS-A-WEEK.

PCC WEST SAW 10,881 PATIENT VISITS. MANY FAMILIES COME FROM CUBA, PUERTO RICO, UKRAINE, SOMALIA, SUDAN, BOSNIA AND BURMA AND 31.9% OF PATIENTS ARE NON-ENGLISH SPEAKING OR HAVE LIMITED ENGLISH PROFICIENCY. 82.9% OF PATIENTS ARE MEDICAID, MEDICARE OR SELF-PAY.

PRIMARY CARE CENTER OB/GYN (PCC OB/GYN): LOCATED AT PCC MAIN CAMPUS, 101 UNION AVE SUITE 706, SYRACUSE, SPECIALIZES IN WOMEN'S HEALTH CARE. IN ADDITION TO PHYSICIANS, CERTIFIED NURSE MIDWIVES, NURSE PRACTITIONER AND REGISTERED NURSES PROVIDE PREGNANCY CARE AND GYNECOLOGICAL SERVICES. LAB SERVICES, WIC ASSISTANCE, PCAP APPLICATIONS, MATERNAL TESTING AND SONOGRAMS, SOCIAL SERVICES, NUTRITIONAL COUNSELING,

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

FINANCIAL COUNSELING AND PHLEBOTOMY ARE ALSO AVAILABLE AT THE PCC
OB/GYN OFFICE.

THERE IS A STRONG CONNECTION BETWEEN PRE- AND POST-NATAL CARE FROM
OUTPATIENT OBSTETRICS TO INPATIENT MATERNITY AND NEWBORN SERVICES AND
THEN BACK TO OUTPATIENT OBSTETRICS AND PEDIATRIC SERVICES. 83.2% OF OB
PATIENTS ARE MEDICAID, MEDICARE OR SELF-PAY. A LARGE PERCENTAGE OF
PATIENTS ARE VIETNAMESE.

THE PEDIATRICS OFFICE, WHICH SAW 2,803 PATIENT VISITS, PROVIDES
PEDIATRIC SERVICES FOR PATIENTS UP TO AGE 17, WELL-CHILD VISITS, SICK
VISITS, IMMUNIZATIONS, PHYSICAL EXAMS AND REFERRALS TO SPECIALISTS, AS
NEEDED. NUTRITION AND FINANCIAL COUNSELING ALSO ARE AVAILABLE AND
SOCIAL WORKERS ARE ON SITE. AT THE PEDIATRIC OFFICE, HEALTH AND FAMILY
EDUCATION AND MENTAL HEALTH SCREENINGS ARE ALSO AVAILABLE, AS WELL AS
AN INITIATIVE TO IMPROVE CHILD LITERACY THROUGH THE REACH OUT AND READ
PROGRAM.

PRIMARY CARE CENTER-MAIN (PCC MAIN): LOCATED ON THE HOSPITAL CAMPUS,
PCC MAIN IS AVAILABLE TO PROVIDE ALL THE HEALTH CARE NEEDS OF FAMILIES,
INCLUDING PRENATAL, PEDIATRIC AND ADULT CARE. SERVICES INCLUDE 24-HOUR
PHYSICIAN COVERAGE, OBSTETRICS, CARING FOR CHILDREN, WOMEN'S HEALTH,
CARE OF HOSPITALIZED PATIENTS, AND OFFICE CARE FOR MOST MEDICAL
PROBLEMS, AS WELL AS FAMILY THERAPY COUNSELING, MENTAL HEALTH
SCREENING, LAB SERVICES, WIC ASSISTANCE, PCAP APPLICATIONS AND
NUTRITIONAL, FINANCIAL AND SOCIAL WORK COUNSELING. THERE WERE 15,666
PATIENT VISITS, 83.8% OF THE PATIENTS ARE MEDICAID, MEDICARE OR
SELF-PAY.

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

DENTAL OFFICE: ST. JOSEPH'S DENTAL OFFICE CARES FOR MANY OF THE AREA'S UNDERINSURED, AS WELL AS PATIENTS WITH MENTAL AND/OR PHYSICAL DISABILITIES. A 24-HOUR ON-CALL SYSTEM IS IN PLACE IN ALL OF ST. JOSEPH'S PRIMARY CARE SITES. THERE WERE 5,366 PATIENT VISITS, INCLUDING OUR NEW PORTABLE DENTAL UNIT THAT BEGAN IN LATE 2015; 23.8% OF THE PATIENTS ARE MEDICAID, MEDICARE OR SELF-PAY.

IN ADDITION, THE PRIMARY CARE CENTERS INCORPORATE A DENTAL ASSESSMENT IN ALL AGE GROUPS AND IF NECESSARY, REFERRALS ARE MADE TO ST. JOSEPH'S DENTAL OFFICE. ST. JOSEPH'S DENTAL OFFICE, THROUGH THE GENEROUS GRANT PROVIDED BY THE HEALTH FOUNDATION OF WESTERN & CENTRAL NY, NOW PROVIDES PORTABLE DENTAL SERVICES TO CHILDREN IN THE COMMUNITY WHO MAY NOT HAVE THE ABILITY TO RECEIVE DENTAL HYGIENE CARE.

SPECIALTIES SERVICES: ST. JOSEPH'S TAKES REFERRALS FROM ITS EMERGENCY DEPARTMENT, PRIMARY CARE SERVICES AND PHYSICIANS THROUGHOUT THE COMMUNITY FOR ORTHOPEDICS/SPORTS MEDICINE, ALLERGY/ASTHMA SERVICES, SURGICAL SERVICES AND INFECTIOUS DISEASE. 76.2% OF THE PATIENTS SEEN IN SPECIALTIES SERVICES ARE MEDICAID, MEDICARE OR SELF-PAY. THERE WERE 1,583 PATIENT VISITS.

MENTAL HEALTH AND MENTAL DISORDERS

IN RESPONSE TO A CRITICAL COMMUNITY NEED, ST. JOSEPH'S MENTAL HEALTH SERVICES PROMOTES POSITIVE MENTAL HEALTH AND ADDRESSES A BROAD RANGE OF PSYCHIATRIC ILLNESSES INCLUDING BIPOLAR DISORDER, DEPRESSION, PSYCHOTIC DISORDERS, MOOD AND ANXIETY DISORDERS, SUBSTANCE ABUSE AND ADDICTION,

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

AND CHILD AND ADOLESCENT PSYCHIATRIC DISORDERS. EACH PATIENTS
INDIVIDUAL TREATMENT NEEDS ARE RESPONDED TO WITH PLANNING FOR
PATIENT-SPECIFIC CARE WHICH MAY INCLUDE INDIVIDUAL PSYCHOTHERAPY, GROUP
THERAPY, FAMILY COUNSELING, INPATIENT CARE, PSYCHOPHARMACOLOGY,
REHABILITATION SERVICES AND VOCATIONAL COUNSELING.

WHILE OUTSTANDING SERVICES ARE GIVEN TO ALL PATIENTS, WITH NEARLY ONE
QUARTER OF ITS PATIENT POPULATION 17 YEARS AND YOUNGER, PROVIDERS AT
ST. JOSEPH'S WORK DILIGENTLY TO OFFER INNOVATIVE STATE-OF-THE-ART
TREATMENT OPTIONS THAT ARE SUCCESSFUL WITH, AND CAPTURE THE INTEREST
OF, CHILDREN. ST. JOSEPH'S MENTAL HEALTH SERVICES RECORDED 43,753
OUTPATIENT VISITS AS WELL AS 132 ADMISSIONS INTO THE COMPREHENSIVE
PSYCHIATRIC EMERGENCY PROGRAM EOB AND 329 PSYCHIATRIC ADMISSIONS.

ST. JOSEPH'S, THE LARGEST PROVIDER OF MENTAL HEALTH SERVICES IN
ONONDAGA COUNTY, HAS OFFERED COMPREHENSIVE MENTAL HEALTH CARE TO THE
COMMUNITY SINCE 1947. DESIGNATED BY NEW YORK STATE AS A COMMUNITY
MENTAL HEALTH CENTER SINCE 1967, ST. JOSEPH'S PROVIDES A FULL CONTINUUM
OF MENTAL HEALTH SERVICES. IN ADDITION TO A 30-BED INPATIENT UNIT, ST.
JOSEPH'S OFFERS OUTPATIENT PSYCHOTHERAPY, REHABILITATION AND SUPPORTED
EMPLOYMENT PROGRAMS, TRANSITIONAL LIVING SERVICES, ACCESS FOR THE
HOMELESS AND LINK, A SCHOOL-BASED PROGRAM FOR CHILDREN AND FAMILIES.
ST. JOSEPH'S ALSO OPERATES THE REGIONS ONLY PSYCHIATRIC EMERGENCY
PROGRAM, PROVIDING COMPASSIONATE CARE FOR COMMUNITY MEMBERS DURING SOME
OF THEIR MOST SERIOUS PSYCHIATRIC CRISES.

THE MISSION OF ST. JOSEPH'S MENTAL HEALTH SERVICES REFLECTS A CONCERN
WITH PREVENTING MENTAL ILLNESS, PROMOTING MENTAL HEALTH AND PROVIDING

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

COMPREHENSIVE CARE FOR THOSE PERSONS SUFFERING FROM MENTAL DISORDERS. MENTAL HEALTH SERVICES PLACES EMPHASIS ON CONSIDERATION OF BIOLOGICAL, CULTURAL, ETHNIC, FAMILY AND SOCIAL ENVIRONMENT IN TREATING PATIENTS, AS WELL AS THE BELIEF THAT COMPREHENSIVE AND APPROPRIATE TREATMENT CAN BEST BE IMPLEMENTED AT THE LEAST RESTRICTIVE LEVEL OF CARE THAT IS THERAPEUTICALLY ADVISABLE. ADEQUATE CARE OF THE MENTALLY ILL HAS BECOME AN URGENT NEED IN THE CENTRAL NEW YORK COMMUNITY, AND ST. JOSEPH'S CONTINUES TO FIND WAYS TO PROVIDE GREATER ACCESS TO MENTAL HEALTH CARE FOR THOSE IN NEED.

ST. JOSEPH'S MENTAL HEALTH SERVICES AND CPEP PARTNER WITH A VARIETY OF LOCAL ORGANIZATIONS, INCLUDING ONONDAGA COUNTY DEPARTMENT OF MENTAL HEALTH, SOCIAL SERVICES AND PROBATION, ONONDAGA CASE MANAGEMENT SERVICES, INC., UNITED WAY OF CENTRAL NY, ONONDAGA WRAPAROUND, THE SYRACUSE RESCUE MISSION, SALVATION ARMY, EMERGENCY SHELTER BARNABAS HOUSE, STATE STREET APARTMENTS BOOTH HOUSE, LOCAL LAW ENFORCEMENT, UNIVERSITY HOSPITAL, ONONDAGA CASE MANAGEMENT SERVICES, INC., FAMILY TAPESTRY, ELMCREST CHILDREN'S CENTER, HILLSIDE CHILDREN'S CENTER, LIBERTY RESOURCES, INC., CENTRAL NEW YORK SERVICES, INC., NORTH SYRACUSE SCHOOL DISTRICT, EAST-SYRACUSE MINOA SCHOOL DISTRICT AND THE SYRACUSE BEHAVIORAL HEALTH CENTER.

PROGRAMS:

- ADULT OUTPATIENT AND CHILDREN AND YOUTH OUTPATIENT CLINICS
- COMPREHENSIVE HOMELESS ACCESS TO NONTRADITIONAL CLINICAL EXPERIENCES (CHANCE)
- PERSONALIZED RECOVERY ORIENTED SERVICES (PROS)

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

- PSYCHIATRIC HOME CARE SERVICES
- RESIDENTIAL SERVICES PROGRAM
- ST. JOSEPH'S VOCATIONAL SERVICES
- VOLUNTEER PROGRAM FOR SYRACUSE BEHAVIORAL HEALTH CLIENTS
- LEADING, INTEGRATING, NETWORKING FOR KIDS (LINK)
- COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM (CPEP)
- CPEP MOBILE CRISIS OUTREACH PROGRAM
- CHILDREN'S HEALTH INNOVATION PROJECT (CHIP)
- CPEP FACILITY EXPANSION AND RE-LOCATION
- DOCTORS ACROSS NEW YORK PHYSICIAN LOAN REPAYMENT PROGRAM
- SCHOOL-BASED PROGRAM AT ONE CITY SCHOOL IN COOPERATION WITH SYRACUSE CITY SCHOOL DISTRICT
- TELEPSYCHIATRY SERVICES TO FOUR RURAL SITES

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR CERTIFIED HOME HEALTH CARE AGENCY IS RANKED AMONG THE TOP 100 HOME CARE AGENCIES IN THE NATION AND PROVIDES SUCH SERVICES AS SKILLED NURSING; PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY; HOME HEALTH AIDE AND PERSONAL CARE SERVICES; SOCIAL SERVICES; AND NUTRITIONAL CARE. FRANCISCAN HEALTH SUPPORT OFFERS HOME HEALTH AIDE AND PERSONAL CARE SERVICES, SKILLED NURSING, AND MEDICAL EQUIPMENT.

TOGETHER, THE TWO AGENCIES COMBINE FORCES TO PROVIDE THE BEST POSSIBLE CARE TO THOSE THEY SERVE, OFTEN THOSE IN THE COMMUNITY WHO ARE MOST AT NEED, INCLUDING THE ELDERLY, HOMEBOUND, ACUTELY ILL, OR DYING.

THE NEED FOR HOME CARE SERVICES IN THE COMMUNITY HAS INCREASED GREATLY DUE TO THE EXPANDING ELDERLY POPULATION, THE EVER-SHORTENING HOSPITAL

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

STAY, AND NURSING HOME DIVERSION INITIATIVES AND OUR AGENCIES CONTINUE
TO INCREASE EFFORTS TO MEET THIS DEMAND AND THE NEEDS OF THE COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 6:

ST. JOSEPH'S HEALTH, INC. IS THE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER OF THE CORPORATION, ST. JOSEPH'S HEALTH, INC. MAY ELECT THE
BOARD OF TRUSTEES AND REMOVE BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBER AUTHORITY:

THE FOLLOWING ACTIONS SHALL BE RESERVED EXCLUSIVELY TO THE MEMBER OF THE
CORPORATION. SUBJECT TO THE RESERVED POWERS OF TRINITY HEALTH, THE MEMBER
MAY INITIATE AND IMPLEMENT ANY PROPOSAL WITH RESPECT TO ANY OF THE
FOLLOWING, OR IF ANY PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING IS
OTHERWISE INITIATED, IT SHALL NOT BECOME EFFECTIVE UNLESS THE REQUISITE
APPROVALS AND OTHER ACTIONS SHALL HAVE BEEN TAKEN BY THE MEMBER AND TRINITY
HEALTH, AS REQUIRED PURSUANT TO THE CORPORATION'S GOVERNANCE DOCUMENTS:

(A) APPROVE THE AMENDMENT OR RESTATEMENT OF THE CERTIFICATE OF
INCORPORATION AND KEY BYLAWS PROVISIONS OF THE CORPORATION, IN WHOLE OR IN
PART, AND RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION;

(B) APPROVE THE AMENDMENT OR RESTATEMENT OF NON-KEY BYLAWS PROVISIONS OF
THE CORPORATION, IN WHOLE OR IN PART;

(C) APPOINT AND REMOVE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS;

(D) APPOINT AND REMOVE THE PRESIDENT OF THE CORPORATION;

(E) APPROVE THE STRATEGIC PLAN OF THE CORPORATION, AND IF REQUIRED BY THE
SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

AS PART OF THE CONSOLIDATED STRATEGIC PLAN OF THE REGIONAL HEALTH MINISTRY
IN WHICH THE, CORPORATION PARTICIPATES;

(F) APPROVE THOSE SIGNIFICANT FINANCE MATTERS WHICH PURSUANT TO THE SYSTEM
AUTHORITY MATRIX ARE SUBJECT TO THE AUTHORITY OF THE MEMBER, AND IF
REQUIRED BY THE SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY
HEALTH FOR ADOPTION AND AUTHORIZATION;

(G) APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION,
AND RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AS PART OF THE
CONSOLIDATED OPERATING AND CAPITAL BUDGETS OF THE REGIONAL HEALTH MINISTRY
IN WHICH THE CORPORATION PARTICIPATES;

(H) APPROVE ANY MERGER, CONSOLIDATION, TRANSFER OR RELINQUISHMENT OF
MEMBERSHIP RIGHTS, OR THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE OPERATING
ASSETS OF THE CORPORATION (CERTAIN TRANSACTIONS AND TRANSFERS OF REAL
PROPERTY AND IMMOVABLE GOODS MAY ALSO BE SUBJECT TO THE APPROVAL OF
CATHOLIC HEALTH MINISTRIES), AND IF REQUIRED BY THE SYSTEM AUTHORITY
MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AND
AUTHORIZATION;

(I) APPROVE ANY DISSOLUTION, WINDING UP OR ABANDONMENT OF OPERATIONS,
LIQUIDATION, FILING OF ACTION IN BANKRUPTCY, RECEIVERSHIP OR SIMILAR ACTION
AFFECTING THE CORPORATION, AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX,
RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AND AUTHORIZATION;

J) APPROVE ANY FOUNNATION OR DISSOLUTION OF AFFILIATES, PARTNERSHIPS,
COSPONSORSHIPS, JOINT MEMBERSHIP ARRANGEMENTS, AND OTHER JOINT VENTURES
INVOLVING THE CORPORATION, AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX,
RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AND AUTHORIZATION;

(K) APPROVE ANY PLEDGE OR ENCUMBRANCE OF ASSETS WHETHER PURSUANT TO A SALE,
CAPITAL LEASE, MORTGAGE, DISPOSITION, HYPOTHECATION, OR OTHER TRANSACTION
IN EXCESS OF LIMITS ESTABLISHED BY TRINITY HEALTH (PLEDGES OR ENCUMBRANCES

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

OF CERTAIN REAL PROPERTY AND IMMOVABLE GOODS MAY ALSO BE SUBJECT TO THE APPROVAL OF CATHOLIC HEALTH MINISTRIES), AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AND AUTHORIZATION;

(L) APPROVE ANY CHANGE TO THE STRUCTURE OR OPERATIONS OF THE CORPORATION WHICH WOULD AFFECT ITS STATUS AS A NOT-FOR-PROFIT ENTITY, EXEMPT FROM TAXATION UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, AND RECOMMEND THE SAME TO TRINITY HEALTH FOR APPROVAL; AND

(M) APPROVE ALL OTHER MATTERS AND TAKE ALL OTHER ACTIONS RESERVED TO MEMBERS OF NOT-FOR-PROFIT CORPORATIONS (OR SHAREHOLDERS OF FOR-PROFIT CORPORATIONS, AS THE CASE MAY BE) BY THE LAWS OF THE STATE IN WHICH THE CORPORATION IS DOMICILED OR AS RESERVED IN THE GOVERNANCE DOCUMENTS OF THE CORPORATION.

RESERVED POWERS OF TRINITY HEALTH:

THE FOLLOWING ACTIONS SHALL BE RESERVED EXCLUSIVELY TO TRINITY HEALTH. TRINITY HEALTH MAY INITIATE AND IMPLEMENT ANY PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING, OR IF A PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING IS OTHERWISE INITIATED, IT SHALL NOT BECOME EFFECTIVE UNLESS THE REQUISITE APPROVAL AND OTHER ACTIONS SHALL HAVE BEEN TAKEN BY TRINITY HEALTH, AS REQUIRED PURSUANT TO THE CORPORATION'S GOVERNANCE DOCUMENTS:

(A) ADOPT, AMEND, MODIFY OR RESTATE THE CERTIFICATE OF INCORPORATION AND KEY BYLAWS PROVISIONS OF THE CORPORATION, IN WHOLE OR IN PART, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED;

(B) APPROVE THOSE SIGNIFICANT FINANCE MATTERS WHICH PURSUANT TO THE SYSTEM AUTHORITY MATRIX ARE SUBJECT TO THE AUTHORITY OF TRINITY HEALTH, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

SUCH ACTION AS RECOMMENDED;

(C) APPROVE ANY MERGER, CONSOLIDATION, TRANSFER OR RELINQUISHMENT OF MEMBERSHIP RIGHTS, OR THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE OPERATING ASSETS OF THE CORPORATION (CERTAIN TRANSACTIONS AND TRANSFERS OF REAL PROPERTY AND IMMOVABLE GOODS MAY ALSO BE SUBJECT TO THE APPROVAL OF CATHOLIC HEALTH MINISTRIES), OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED; (D) APPROVE ANY DISSOLUTION, WINDING UP OR ABANDONMENT OF OPERATIONS, LIQUIDATION, FILING OF ACTION IN BANKRUPTCY, RECEIVERSHIP OR SIMILAR ACTION AFFECTING THE CORPORATION, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED;

(E) APPROVE ANY FORMATION OR DISSOLUTION OF AFFILIATES, PARTNERSHIPS, COSPONSORSHIPS, JOINT MEMBERSHIP ARRANGEMENTS, AND OTHER JOINT VENTURES INVOLVING THE CORPORATION, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED;

(F) APPROVE ANY PLEDGE OR ENCUMBRANCE OF ASSETS WHETHER PURSUANT TO A SALE, CAPITAL LEASE, MORTGAGE, DISPOSITION, HYPOTHECATION, OR OTHER TRANSACTION IN EXCESS OF LIMITS ESTABLISHED BY TRINITY HEALTH (PLEDGES OR ENCUMBRANCES OF CERTAIN REAL PROPERTY AND IMMOVABLE GOODS MAY ALSO BE SUBJECT TO THE APPROVAL OF CATHOLIC HEALTH MINISTRIES), OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED;

(G) APPROVE ANY CHANGE TO THE STRUCTURE OR OPERATION OF THE CORPORATION WHICH WOULD AFFECT ITS STATUS AS A NOT-FOR-PROFIT ENTITY, EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED;

(H) APPOINT AND REMOVE THE INDEPENDENT FISCAL AUDITOR OF THE CORPORATION;

(I) IN RECOGNITION OF THE BENEFITS ACCRUING TO THE CORPORATION FROM TRINITY

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

HEALTH, AND IN ACCORDANCE TO ANY OTHER RIGHTS RESERVED TO TRINITY HEALTH UNDER APPLICABLE LAW OR GOVERNANCE DOCUMENTS OF THE CORPORATION, TRINITY HEALTH SHALL HAVE THE POWER TO TRANSFER ASSETS OF THE CORPORATION, OR TO REQUIRE THE CORPORATION TO TRANSFER ASSETS, TO TRINITY HEALTH OR AN ENTITY CONTROLLED BY, CONTROLLING OR UNDER COMMON CONTROL WITH TRINITY HEALTH WHETHER WITHIN OR WITHOUT THE STATE OF DOMICILE OF THE CORPORATION, TO THE EXTENT NECESSARY TO ACCOMPLISH TRINITY HEALTH'S GOALS AND OBJECTIVES. THE CORPORATION SHALL NOT BE REQUIRED TO VIOLATE ITS CORPORATE OR CHARITABLE PURPOSES, THE TERMS OF ANY RESTRICTED GIFTS, THE COVENANTS OF ITS DEBT INSTRUMENTS, OR THE LAW OF ANY APPLICABLE JURISDICTION AS A RESULT OF ANY ASSET TRANSFERS TO BE MADE TO OR DIRECTED BY THE MEMBER OR TRINITY HEALTH PURSUANT TO THIS PROVISION; AND

J) NEITHER THE CORPORATION, NOR ANY OF ITS AFFILIATES, SHALL TRANSFER ASSETS TO ENTITIES OTHER THAN TRINITY HEALTH WITHOUT THE APPROVAL OF TRINITY HEALTH, EXCEPT FOR (I) TRANSFERS PREVIOUSLY APPROVED BY TRINITY HEALTH, EITHER INDIVIDUALLY OR AS PART OF TRINITY HEALTH'S BUDGET PROCESS, (II) TRANSFERS TO ANY ENTITY WHICH IS A DIRECT OR INDIRECT SUBSIDIARY OF TRINITY HEALTH AND THAT IS SUBJECT TO THE RESERVED POWERS SET FORTH IN THESE BYLAWS, OR (III) TRANSFERS IN THE ORDINARY COURSE OF BUSINESS.

FORM 990, PART VI, SECTION B, LINE 11:

THE FINANCE COMMITTEE AND THE BOARD OF TRUSTEES WILL REVIEW THE FORM 990 PRIOR TO ITS SUBMISSION. A COPY OF THE 990 WILL BE PROVIDED TO THE COMMITTEE AND BOARD PRIOR TO THE MEETING FOR DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 12C:

CONSISTENT WITH THE HOSPITAL BYLAWS WHICH REQUIRES A DUTY TO DISCLOSE, ON AN ANNUAL BASIS AT A DEFINED TIME, ALL BOARD OF TRUSTEES ARE GIVEN THE

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

CONFLICT OF INTEREST POLICY AND FORM TO REVIEW AND COMPLETE. THE PRESIDENT OF THE BOARD OF TRUSTEES TRACKS THE SUBMISSION PROCESS TO ENSURE THAT ALL FORMS ARE COMPLETED AND SUBMITTED. THE INFORMATION FROM THE CONFLICT OF INTEREST STATEMENTS ARE REVIEWED AT A SUBSEQUENT BOARD MEETING. ANY NEW INDIVIDUALS APPOINTED AS A TRUSTEE WILL COMPLETE THIS REVIEW AND SUBMISSION PROCESS AFTER THEY HAVE BEEN CONFIRMED. THE INTERESTED PERSON IS REQUIRED TO LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF AND VOTE ON THE TRANSACTION OR ARRANGEMENT THAT RESULTS FROM THE CONFLICT OF INTEREST. THE BOARD OF TRUSTEE MEETING MINUTES REFLECT WHENEVER A BOARD MEMBER ABSTAINS FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

THE HOSPITAL BYLAWS ESTABLISHES AN EXECUTIVE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS DETERMINED TO BE FREE OF ANY CONFLICT OF INTEREST, IS CHARGED WITH DETERMINING EXECUTIVE COMPENSATION AND ESTABLISHING PERFORMANCE CRITERIA ACCORDING TO AN APPROVED COMPENSATION PHILOSOPHY. THE COMMITTEE WORKS WITH AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING AND ADVISORY FIRM, YAFFE & COMPANY, THAT PROVIDES MARKET SURVEY DATA CONCERNING COMPENSATION AND BENEFIT LEVELS FOR FUNCTIONALLY COMPARABLE HEALTHCARE EXECUTIVES IN SIMILAR HOSPITALS ACROSS THE REGION AND THE NATION BASED ON SEVERAL FACTORS INCLUDING SIZE, GEOGRAPHY, HOSPITAL TYPE AND COMPLEXITY. THE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF THE SENIOR EXECUTIVES AND ENSURES THAT ALL FORMS OF EXECUTIVE COMPENSATION ARE REASONABLE, APPROPRIATE AND CONSISTENT WITH ITS COMPENSATION PHILOSOPHY.

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS ITS DECISIONS IN MEETING MINUTES
AND REPORTS ITS DECISIONS TO THE FULL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:

ST. JOSEPH'S HOSPITAL HEALTH CENTER DOES NOT MAKE ITS GOVERNING DOCUMENTS,
CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE
PUBLIC. IT DOES HOWEVER PRODUCE AN ANNUAL REPORT WHICH CONTAINS FINANCIAL
INFORMATION AND IS READILY DISTRIBUTED AND MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES	30,512,816.
MANAGEMENT AND GENERAL EXPENSES	5,723,810.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,236,626.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	36,236,626.

FORM 990 PART IX LINE 11G

PHYSICIAN CONTRACTS	\$11,297,632
MEDICAL PURCHASED SERVICES	8,428,439
MAINTENANCE CONTRACTS	2,892,045
OTHER PURCHASED SERVICES	5,710,396
CONTRACTED SERVICES	2,366,138
COLLECTION AGENCY FEES	945,459
TEMPORARY EMPLOYMENT SERVICES	1,236,994
LAUNDRY AND LINEN	1,098,330
MAINTENANCE AND REPAIR	835,497
OTHER PROFESSIONAL	738,107

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number

15-0532254

TRANSCRIPTION SERVICES	131,777
RECRUITMENT FEES	45,893
SOFTWARE SUBSCRIPTIONS	405,324
TREASURY MANAGEMENT FEES	60,183
OTHER DESIGN FEES	6,629
PHOTOGRAPHY SERVICES	232
LOBBYING	37,551

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY TRANSFER	-19,597,043.
PENSION & POST RETIREMENT CHANGES	-7,228,511.
PURCHASE ACCOUNTING ADJUSTMENT	-6,800,000.
CHANGE IN NET ASSETS OF ST. JOSEPH'S FOUNDATION	1,015,708.
TOTAL TO FORM 990, PART XI, LINE 9	-32,609,846.

FORM 990, PART XII, LINE 2C:

DUE TO THE ACQUISITION OF THE ORGANIZATION BY TRINITY HEALTH, INC., THE ORGANIZATION HAS CHANGED ITS INDEPENDENT AUDITORS FOR THE PERIOD SUBSEQUENT TO JANUARY 1, 2016.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACCOUNTABLE CARE ORGANIZATION OF NEW ENGLAND, LLC - 45-4565187, C/O SPHS 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	ACCOUNTABLE CARE ORGANIZATION	MASSACHUSETTS			SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.
AFFINIA HEALTH ACO, LLC - 47-3870396	ACCOUNTABLE CARE ORGANIZATION	MICHIGAN			MERCY HEALTH PARTNERS
20555 VICTOR PARKWAY LIVONIA, MI 48152					
BIG RUN URGENT CARE LTD. - 31-1581575					
6150 E. BROAD STREET, 3RD FLOOR COLUMBUS, OH 43213	MEDICAL SERVICES	OHIO			MOUNT CARMEL HEALTH SYSTEM
CENTRAL OHIO SLEEP MEDICINE LLC - 31-1701029					
6150 EAST BROAD STREET COLUMBUS, OH 43213	SLEEP MEDICINE SERVICES	OHIO			MOUNT CARMEL HEALTH SYSTEM

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
ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP - 27-2491974, 245 STATE ST. SE, GRAND RAPIDS, MI 49503	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN		X
ALBANY MEMORIAL HOSPITAL - 14-1338457 600 NORTHERN BLVD., ALBANY, NY 12204	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS		X
ALLEGANY FRANCISCAN MINISTRIES, INC. - 58-1492325, 33920 U.S. HIGHWAY 19 NORTH SUITE 269, PALM HARBOR, FL 34684	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	FLORIDA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
AMICARE HOSPICE SERVICES INC - 38-2949053 20555 VICTOR PARKWAY LIVONIA, MI 48152	HOSPICE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES		X

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

Schedule R (Form 990) 2015

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
CNY AIM, LLC - 81-1461678 301 PROSPECT AVENUE SYRACUSE, NY 13203 COLLABORATIVE LABORATORY SERVICES - 06-1520109, 114 WOODLAND STREET, HARTFORD, CT 06105 CONNECTED CARE LLC - 46-5671411 2601 ELECTRIC AVE PORT HURON, MI 48060 DELAWARE CARE COLLABORATION DCC, LLC - 47-4069475, 701 N CLAYTON STREET, WILMINGTON, DE 19805 GREATER CENTRAL VALLEY HEALTHCARE, LLC - 46-5551144, 1303 E HERNDON AVE, FRESNO, CA 93720 HACKLEY CONDO UNITS OWNERSHIP, LLC 1700 CLINTON STREET MUSKEGON, MI 49442 HEALTH ALLIANCE INTEGRATED CARE, LLC - 37-1755768, 1055 NORTH CURTIS ROAD, BOISE, ID 83706 HEALTH COLLABORATIVE OF CENTRAL OHIO LLC - 46-5603895, 6150 E. BROAD ST, COLUMBUS, OH 43213 HOLY CROSS PHYSICIAN PARTNERS ACO, LLC - 46-5530455, 4725 N FEDERAL HWY, FT. LAUDERDALE, FL 33308 HOLY CROSS PHYSICIAN PARTNERS, LLC - 36-4712116, 4725 N FEDERAL HWY, FT. LAUDERDALE, FL 33308	ACCOUNTABLE CARE ORGANIZATION LABORATORY SERVICES ACCOUNTABLE CARE ORGANIZATION ACCOUNTABLE CARE ORGANIZATION ACCOUNTABLE CARE ORGANIZATION REAL ESTATE ACCOUNTABLE CARE ORGANIZATION ACCOUNTABLE CARE ORGANIZATION ACCOUNTABLE CARE ORGANIZATION MEDICAL SERVICES	NEW YORK CONNECTICUT MICHIGAN DELAWARE CALIFORNIA MICHIGAN IDAHO OHIO FLORIDA FLORIDA			ST. JOSEPH'S HOSPITAL HEALTH CENTER ST. FRANCIS HOSPITAL AND MEDICAL CENTER TRINITY HEALTH-MICHIGAN ST. FRANCIS HOSPITAL, INC. SAINT AGNES MEDICAL CENTER MERCY HEALTH PARTNERS SAINT ALPHONSUS HEALTH SYSTEM, INC. MOUNT CARMEL HEALTH SYSTEM HOLY CROSS HOSPITAL, INC. HOLY CROSS HOSPITAL, INC.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
LHS HEALTH NETWORK, LLC - 46-2820519 1600 HADDON AVENUE CAMDEN, NJ 08103	ACCOUNTABLE CARE ORGANIZATION	NEW JERSEY			HEALTH MANAGEMENT SERVICES ORGANIZATION
LOYOLA AMBULATORY CENTERS, LLC - 36-4321058 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	AMBULATORY SERVICES	ILLINOIS			LOYOLA UNIVERSITY MEDICAL CENTER
LOYOLA PHYSICIAN PARTNERS, ACO, LLC - 38-3930598, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	ACCOUNTABLE CARE ORGANIZATION	ILLINOIS			LOYOLA UNIVERSITY HEALTH SYSTEM
LOYOLA PHYSICIAN PARTNERS, LLC - 37-1756257 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	ACCOUNTABLE CARE ORGANIZATION	ILLINOIS			LOYOLA UNIVERSITY HEALTH SYSTEM
MANNING MEDICAL, PLLC - 46-4331512 315 S. MANNING BLVD., ALBANY, NY 12208	MEDICAL SERVICES	NEW YORK			ST. PETER'S HEALTH PARTNERS
MERCY ACCOUNTABLE CARE NETWORK, LLC - 47-3945793, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	ACCOUNTABLE CARE ORGANIZATION	PENNSYLVANIA			ST. AGNES CONTINUING CARE CENTER
MERCY ACCOUNTABLE CARE, LLC - 46-2774097 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	ACCOUNTABLE CARE ORGANIZATION	PENNSYLVANIA			ST. AGNES CONTINUING CARE CENTER
MERCY CARE ALLIANCE, LLC - 47-1561725 C/O SPHS 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01041	ACCOUNTABLE CARE ORGANIZATION	MASSACHUSETTS			SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.
MERCY CARE CONNECTIONS, LLC - 35-2473948 1000 4TH STREET SW MASON CITY, IA 50401	ACCOUNTABLE CARE ORGANIZATION	IOWA			MERCY HEALTH SERVICES-IOWA, CORP.
MERCY HEALTH CLINICALLY INTEGRATED NETWORK, LLC - 47-2070753, 1415 LEAHY STREET, MUSKEGON, MI 49442	ACCOUNTABLE CARE ORGANIZATION	MICHIGAN			MERCY HEALTH PARTNERS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
MERCY QUALITY HEALTH PARTNERS ACO, LLC - 38-3971072, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	ACCOUNTABLE CARE ORGANIZATION	ILLINOIS			MERCY HEALTH SYSTEM OF CHICAGO
MERCY QUALITY HEALTH PARTNERS, LLC - 36-4798692, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	ACCOUNTABLE CARE ORGANIZATION	ILLINOIS			MERCY HEALTH SYSTEM OF CHICAGO
MERCY-CLINTON ANESTHESIA GROUP, LLC - 46-1906752, 1410 NORTH 4TH STREET, CLINTON, IA 52732	ANESTHESIOLOGISTS	IOWA			MERCY MEDICAL CENTER - CLINTON, INC.
MOUNT CARMEL HEALTH PARTNERS LLC - 47-1139205, 6150 E. BROAD ST., COLUMBUS, OH 43213	ACCOUNTABLE CARE ORGANIZATION	OHIO			MOUNT CARMEL HEALTH SYSTEM
MOUNT CARMEL HEALTH PROVIDERS III, LLC - 20-4145781, 10 WEST BROAD ST., STE 2100, COLUMBUS, OH 43215	MEDICAL SERVICES	OHIO			MOUNT CARMEL HEALTH PROVIDERS, INC.
MOUNT CARMEL HEALTH PROVIDERS TWO, LLC - 20-1983271, 6150 E. BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OHIO			MOUNT CARMEL HEALTH PROVIDERS, INC.
QUALITY HEALTH ALLIANCE, LLC - 46-5686622 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	ACCOUNTABLE CARE ORGANIZATION	PENNSYLVANIA			ST. MARY MEDICAL CENTER
QUALITY HEALTH ALLIANCE-ACO LLC - 46-5675954 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	ACCOUNTABLE CARE ORGANIZATION	PENNSYLVANIA			ST. MARY MEDICAL CENTER
SAINT AGNES HOME HEALTH AND HOSPICE, LLC 17410 COLLEGE PARKWAY, STE 150 LIVONIA, MI 48152	HOSPICE & HOME HEALTH SERVICES	CALIFORNIA			TRINITY HOME HEALTH SERVICES
SAINT FRANCIS INDEMNITY COMPANY - 90-0656448 76 ST. PAUL ST., SUITE 500 BURLINGTON, VT 05401	MALPRACTICE INSURANCE	VERMONT			ST. FRANCIS HOSPITAL AND MEDICAL CENTER

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
SAINT JOSEPH REGIONAL MEDICAL CENTER-HEALTH INSURANCE SERVICES, LLC - 46-281, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTH INSURANCE	INDIANA			SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.
SAINT MARY'S PHARMACY LLC - 38-3404443 200 JEFFERSON AVE, SE					
GRAND RAPIDS, MI 49503	PHARMACY	MICHIGAN			TRINITY HEALTH-MICHIGAN
SETON REAL PROPERTY HOLDINGS, LLC - 32-0393870, 1300 MASSACHUSETTS AVENUE, TROY, NY 12180	MANAGEMENT REAL ESTATE	NEW YORK			SETON HEALTH SYSTEM, INC.
SOUTHEAST MICHIGAN CLINICAL NETWORK LLC - 47-3856789, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	ACCOUNTABLE CARE ORGANIZATION	MICHIGAN			TRINITY HEALTH-MICHIGAN
ST. FRANCIS CENTER FOR DIGESTIVE DISEASES LLC - 46-4021558, 601 HAMILTON AVE., TRENTON, NJ 08629	AMBULATORY SURGERY CENTER	NEW JERSEY			ST. FRANCIS MEDICAL CENTER TRENTON NJ
ST. FRANCIS COMMUNITY HEALTH SERVICES - 46-1801229, 601 HAMILTON AVE., TRENTON, NJ 08629	REAL ESTATE RENTAL	NEW JERSEY			ST. FRANCIS MEDICAL CENTER TRENTON NJ
ST. JOSEPH'S HEALTH ACCOUNTABLE CARE ORGANIZATION, LLC - 47-4081578, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	ACCOUNTABLE CARE ORGANIZATION	NEW YORK			ST. JOSEPH'S HOSPITAL HEALTH CENTER
THE CARE ALLIANCE - 46-5648536 36475 FIVE MILE ROAD LIVONIA, MI 48154	ACCOUNTABLE CARE ORGANIZATION	MICHIGAN			TRINITY HEALTH-MICHIGAN
THE SAINT JOSEPH MERCY HEALTH PARTNERS CLINICALLY INTEGRATED NETWORK - 47-13, PO BOX 995, ANN ARBOR, MI 48106	ACCOUNTABLE CARE ORGANIZATION	MICHIGAN			TRINITY HEALTH-MICHIGAN
TRINITY HEALTH-WARDE LAB, LLC - 27-2681908 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE RENTAL	DELAWARE			TRINITY HEALTH-MICHIGAN

Part II Continuation of 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 organization?	
						Yes	No
ASYLUM HILL FAMILY MEDICINE CENTER, INC. - 06-1450170, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND, INC.		
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	HEALTHCARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.		X
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	BAUM HARMON MERCY HOSPITAL		X
BEECHWOOD, INC. - 14-1651563 2212 BURDETT AVE. TROY, NY 12180	TITLE HOLDING COMPANY	NEW YORK	501(C)(2)	N/A	LTC (EDDY), INC.		X
BEVERWYCK, INC. - 14-1717028 40 AUTUMN DRIVE SLINGERLANDS, NY 12159	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
BRIGHTSIDE, INC. - 04-2182395 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 9	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.		X
CAPITAL REGION GERIATRIC CENTER, INC. - 14-1701597, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN		X
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	OTHER COUNTRY	501(C)(3)	LINE 1	N/A		X
COLUMBUS ACQUISITION CORP - 26-2616342 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER		X
COMMUNITY HEALTH PARTNERS OF SOUTH BEND - 26-3051440, PO BOX 3998, SOUTH BEND, IN 46619	HEALTHCARE SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
CRANBROOK HOSPICE CARE - 38-3320699 1111 W. LONG LAKE RD., STE 102 TROY, MI 48098	HOSPICE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES		X

Part II Continuation of 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 organization?	
						Yes	No
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM		X
DUBUQUE MERCY HEALTH FOUNDATION, INC. - 26-2227941, 250 MERCY DRIVE, DUBUQUE, IA 52001	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.		X
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.		X
EAST NORRITON PHYSICIAN SERVICES - 23-2515999, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK		X
EDDY LICENSED HOME CARE AGENCY, INC. - 14-1818568, 433 RIVER ST SUITE 3000, TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 3	LTC (EDDY), INC.		X
EMBRACING AGE, INC. - 46-1051881 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 9	ST. JOSEPH'S HEALTH, INC.		X
EMPIRE HOME INFUSION SERVICE, INC. - 14-1795732, 10 BLACKSMITH DRIVE, MALTA, NY 12020	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
FARREN CARE CENTER, INC. - 04-2501711 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.		X
FRANCISCAN ELDERCARE CORPORATION - 22-3008680, P.O. BOX 2500, WILMINGTON, DE 19805	LONG TERM CARE (INACTIVE)	DELAWARE	501(C)(3)	LINE 9	ST. FRANCIS HOSPITAL		X
GLEN EDDY, INC. - 14-1794150 ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
GLOBAL HEALTH MINISTRY - 42-1253527 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
GOOD SAMARITAN HOSPITAL, INC. - 26-1720984 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.		X

Part II Continuation of 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 organization?	
						Yes	No
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION - 36-3332852, 701 W. NORTH AVE., MELROSE PARK, IL 60160	COMMUNITY OUTREACH	ILLINOIS	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL		X
GOTTLIEB MEMORIAL FOUNDATION - 74-3260011 701 W. NORTH AVE.	FOUNDATION	ILLINOIS	501(C)(3)	LINE 11C, III-FI	N/A		X
MELROSE PARK, IL 60160	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM		X
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649 701 W. NORTH AVE.	MEDICAL EDUCATION TRAINING PROGRAMS	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN		X
MELROSE PARK, IL 60160	SELF INSURANCE	MICHIGAN	501(C)(3)	LINE 11B, II	MERCY HEALTH PARTNERS		X
GRAND RAPIDS MEDICAL EDUCATION PARTNERS, INC. - 23-7270669, 945 OTTAWA AVE NW, GRAND RAPIDS, MI 49503	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS		X
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
HACKLEY LIFE COUNSELING - 38-1386362 125 E. SOUTHERN AVENUE	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
MUSKEGON, MI 49442	LONG TERM CARE	MARYLAND	501(C)(3)	LINE 9	HOLY CROSS HEALTH, INC.		X
HAWTHORNE RIDGE, INC., - 80-0102840 30 COMMUNITY WAY	FOUNDATION	MARYLAND	501(C)(3)	LINE 7	HOLY CROSS HEALTH, INC.		X
EAST GREENBUSH, NY 12061	HEALTHCARE AND HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
HERITAGE HOUSE NURSING CENTER, INC., - 14-1725101, 2920 TIBBITS AVE, TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	FLORIDA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
HOLY CROSS CARENET, INC., - 52-1945054 PO BOX 9184							
FARMINGTON HILLS, MI 48152							
HOLY CROSS HEALTH FOUNDATION, INC., - 20-8428450, 11801 TECH ROAD, SILVER SPRING, MD 20904							
HOLY CROSS HEALTH, INC., - 52-0738041 1500 FOREST GLEN RD., SILVER SPRING, MD 20910							
HOLY CROSS HOSPITAL, INC., - 59-0791028 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308							

Part III

Continuation of 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 organization?	
						Yes	No
HOLY CROSS MEDICAL PROPERTIES, INC. - 65-0666283, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	BUILDING MANAGEMENT SERVICES	FLORIDA	501(C)(2)	N/A	HOLY CROSS HOSPITAL, INC.		X
HOLY CROSS OUTPATIENT SERVICES, INC. - 46-5421068, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL, INC.		X
HOLY CROSS PRIMARY CARE, INC. - 81-2531495 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL, INC.		X
HOME & COMMUNITY HEALTH SERVICES, INC. - 81-07233591, 201 CHESTNUT HILL ROAD, STAFFORD SPRINGS, CT 06076	HOME HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 9	TRINITY HEALTH - NEW ENGLAND, INC.		X
HOME AIDE SERVICE OF EASTERN NEW YORK, INC., - 14-1514867, 433 RIVER ST SUITE 3000, TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 9	MERCY HEALTH SERVICES-IOWA, CORP.		X
HOSPICE OF SIOUXLAND - 38-3320710 4300 HAMILTON BLVD. SIOUX CITY, IA 51104	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 11A, I	N/A		X
HOSPICE OF WASHTENAW II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN		X
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN		X
JOHNSON HEALTH CARE, INC. - 81-0709903 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 9	TRINITY HEALTH - NEW ENGLAND, INC.		X
JOHNSON MEMORIAL HOSPITAL, INC. - 47-5676956 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND, INC.		X
JOHNSON MEMORIAL MEDICAL CENTER, INC. - 81-0696923, 201 CHESTNUT HILL ROAD, STAFFORD SPRINGS, CT 06076	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND, INC.		X

Part II Continuation of 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 organization?	
						Yes	No
LANGHORNE MRI, INC. - 23-2519529 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER		X
LANGHORNE PHYSICIAN SERVICES, INC. - 23-2571699 1201 LANGHORNE-NEWTOWN ROAD. LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER		X
LIFE AT LOURDES, INC. - 26-1854750 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES		X
LIFE AT ST. FRANCIS HEALTHCARE, INC. - 45-2569214 7TH & CLAYTON STREETS, WILMINGTON, DE 19805	PACE PROGRAM	DELAWARE	501(C)(3)	LINE 9	ST. FRANCIS HOSPITAL		X
LIFE ST. FRANCIS CORPORATION - 22-2797282 1435 LIBERTY STREET HAMILTON, NJ 08629	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 9	ST. FRANCIS MEDICAL CENTER TRENTON NJ		X
LIFE ST. JOSEPH OF THE PINES, INC. - 27-2159847 100 GOSSMAN DRIVE, SOUTHERN PINES, NC 28387	PACE PROGRAM	NORTH CAROLINA	501(C)(3)	LINE 3	ST. JOSEPH OF THE PINES, INC.		X
LIFE ST. MARY - 26-2976184 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER		X
LOURDES ANCILLARY SERVICES - 22-2568525 1600 HADDON AVENUE CAMDEN, NJ 08103	VOLUNTEER SERVICE AUXILIARY	NEW JERSEY	501(C)(3)	LINE 11B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES		X
LOURDES CARDIOLOGY SERVICES PC - 27-4357794 1600 HADDON AVENUE CAMDEN, NJ 08103	HEALTHCARE SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES		X
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY - 22-3612265 218 SUNSET ROAD, WILLINGBORO, NJ 08046	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES		X
LOYOLA MEDICINE TRANSPORT LLC - 47-4147171 905 W. NORTH AVE. MELROSE PARK, IL 60160	TRANSPORTATION SERVICES	ILLINOIS	501(C)(3)	LINE 9	LOYOLA UNIVERSITY MEDICAL CENTER		X
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X

Part II Continuation of 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 organization?	
						Yes	No
LOYOLA UNIVERSITY MEDICAL CENTER - 36-4015560, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM		X
LTC (EDDY), INC. - 22-2564710 2212 BURDETT AVE, TROY, NY 12180	MANAGEMENT SERVICES FOR LONG TERM CARE	NEW YORK	501(C)(3)	LINE 11B, II	ST. PETER'S HEALTH PARTNERS		X
MARIAN COMMUNITY HOSPITAL - 24-0711230 3805 WEST CHESTER PIKE, STE. 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM		X
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET SIOUX CITY, IA 51101	HOME HEALTH SERVICES (INACTIVE)	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.		X
MARYCREST HEIGHTS - 27-0291722 P.O. BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY HEALTHCARE SYSTEM	MICHIGAN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES		X
MAXIS HEALTH SYSTEM - 91-1940902 3805 WEST CHESTER PIKE, STE. 100 NEWTOWN SQUARE, PA 19073	MANAGEMENT AND SUPPORT (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
MCAULEY CENTER, INC. - 06-1058086 275 STEELE ROAD WEST HARTFORD, CT 06117	SENIOR LIVING COMMUNITY	CONNECTICUT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH, INC.		X
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP.		X
MCAULEY MINISTRIES - 94-3436142 3333 FIFTH AVENUE PITTSBURGH, PA 15213	GRANT MAKING	PENNSYLVANIA	501(C)(3)	LINE 11B, II	PITTSBURGH MERCY HEALTH SYSTEM		X
MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 1111 W. LONG LAKE RD., STE 102, TROY, MI 48098	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES		X
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 17410 COLLEGE PARKWAY, STE 150, LIVONIA, MI 48152	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES		X
MERCY CARE FOUNDATION - 58-1448522 424 DECATUR STREET ATLANTA, GA 30312	FOUNDATION	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.		X

Part II Continuation of 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 organization?	
						Yes	No
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE WEST ELM STREET, SUITE 100, CONSHOCKEN, PA	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN TRINITY CONTINUING CARE SERVICES		X
MERCY COMMUNITY HEALTH, INC., - 06-1492707 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II		X	
MERCY FAMILY SUPPORT - 23-2325059 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	X	
MERCY FOUNDATION, INC., - 36-3227350 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	FOUNDATION	ILLINOIS	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 888 TERRACE STREET, MUSKEGON, MI 49440	HOSPICE & HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA - 23-2829864, ONE WEST ELM STREET, SUITE 100, CONSHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH NETWORK, INC., - 42-1478417 1111 6TH AVENUE DES MOINES, IA 50314	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DELAWARE	501(C)(3)	LINE 11B, II	N/A		X
MERCY HEALTH PARTNERS - 38-2589966 1500 E. SHERMAN BLVD, MUSKEGON, MI 49444	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
MERCY HEALTH PLAN - 22-2483605 ONE WEST ELM STREET, SUITE 100 CONSHOCKEN, PA 19428	MEDICAID MANAGED CARE PLAN	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH SERVICES - IOWA, CORP., - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA - 23-2212638, ONE WEST ELM STREET, SUITE 100, CONSHOCKEN, PA 19428	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	X	

Part II Continuation of 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 organization?	
						Yes	No
MERCY HEALTHCARE CENTER - 15-0532211							
114 WAMBEK AVENUE	HEALTHCARE AND HOSPITAL						
TUPPER LAKE, NY 12986	SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	HEALTH CORPORATION	X	
MERCY HEALTHCARE FOUNDATION-CLINTON -							
42-1316126, 1410 N. 4TH ST., CLINTON, IA							
52732	FOUNDATION	IOWA	501(C)(3)	LINE 7	N/A		X
MERCY HOME HEALTH - 23-1352099							
1001 BALTIMORE PIKE, SUITE 310	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	X	
SPRINGFIELD, PA 19064							
MERCY HOME HEALTH SERVICES - 23-2325058	MANAGEMENT SERVICES FOR						
1001 BALTIMORE PIKE, SUITE 310	HOME HEALTH	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
SPRINGFIELD, PA 19064							
MERCY HOSPITAL AND MEDICAL CENTER -	HEALTHCARE AND HOSPITAL						
36-2170152, 2525 SOUTH MICHIGAN AVENUE,	SERVICES	ILLINOIS	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	X	
CHICAGO, IL 60616							
MERCY HOSPITAL CADILLAC FOUNDATION -							
20-3357131, 1820 44TH ST. SE, KENTWOOD, MI	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	X	
49508							
MERCY HOSPITAL GIFT SHOP - 38-1630480	VOLUNTEER SERVICE						
2601 ELECTRIC AVE.	AUXILIARY	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
PORT HURON, MI 48060							
MERCY HOSPITAL, INC. - 04-3398280	HEALTHCARE AND HOSPITAL						
C/O SPHS, 1221 MAIN STREET, SUITE 213	SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	X	
HOLYOKE, MA 01040							
MERCY HOSPITAL, INC. - 59-0791034	HEALTHCARE SERVICES						
4725 NORTH FEDERAL HIGHWAY	(INACTIVE)	FLORIDA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
FT. LAUDERDALE, FL 33308							
MERCY LIFE CENTER CORPORATION - 25-1604115	COMMUNITY OUTREACH	PENNSYLVANIA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	X	
1200 REEDSDALE STREET							
PITTSBURGH, PA 15233							
MERCY LIFE OF ALABAMA - 27-3163002	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
P.O. BOX 7957							
MOBILE, AL 36670							
MERCY LIFE, INC. - 45-3086711							
C/O SPHS, 1221 MAIN STREET, SUITE 213							
HOLYOKE, MA 01040	PACE PROGRAM	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS, INC.	X	

Part II Continuation of 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 organization?	
						Yes	No
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA - 23-2627944, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK		X
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.		X
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.		X
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.		X
MERCY MEDICAL CORPORATION - 63-6002215 P.O. BOX 7957 MOBILE, AL 36670	HOSPICE & HOME HEALTH SERVICES	ALABAMA	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION		X
MERCY MEDICAL GROUP - 45-4884805 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SERVICES MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.		X
MERCY PHYSICIAN NETWORK - 46-1187365 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428		PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X
MERCY SENIOR CARE, INC. - 58-1366508 424 DECATUR STREET ATLANTA, GA 30312	COMMUNITY OUTREACH	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.		X
MERCY SERVICES DOWNTOWN, INC. - 27-2046353 424 DECATUR STREET ATLANTA, GA 30312	TITLE HOLDING COMPANY	GEORGIA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.		X
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES		X
MERCY SPECIALIST PHYSICIANS, INC. - 26-4033168, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.		X
MERCY SUBURBAN HOSPITAL - 23-1396763 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X

Part II Continuation of 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 organization?	
						Yes	No
MERCY UIHLEIN HEALTH CORPORATION - 16-1535133, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, NY 19073 MISSION HEALTH CORPORATION - 38-3181557 37595 SEVEN MILE ROAD LIVONIA, MI 48152	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE) BUILDING MANAGEMENT SERVICES	NEW YORK DELAWARE	 501(C)(3) 501(C)(3)	 LINE 11B, II LINE 11A, I	TRINITY HEALTH CORPORATION N/A	 X X	
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	FOUNDATION	OHIO	501(C)(3)	LINE 11A, I	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HOME CARE, LLC - 26-2729300 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081	HOME HEALTH SERVICES	OHIO	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MOUNT SINAI HOSPITAL FOUNDATION, INC. - 22-2584082, 500 BLUE HILLS AVENUE, HARTFORD, CT 06112	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 11C, III-PI	N/A		X
MOUNT SINAI REHABILITATION HOSPITAL, INC. - 06-1422973, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND, INC.	X	
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 44TH STREET, KENTWOOD, MI 49508	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
MUSKOGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKOGON, MI 49440	COMMUNITY OUTREACH	MICHIGAN	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	X	

Part II Continuation of 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 organization?	
						Yes	No
NAZARETH HEALTH CARE FOUNDATION - 23-2300951 2701 HOLME AVENUE PHILADELPHIA, PA 19152	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11A, I	NAZARETH HOSPITAL		X
NAZARETH HOSPITAL - 23-2794121 2601 HOLME AVENUE PHILADELPHIA, PA 19152	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X
NAZARETH PHYSICIAN SERVICES, INC. - 20-3261266, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK		X
NE PHYSICIAN SERVICES, INC. - 23-2497355 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK		X
NORTHEAST HEALTH, INC. - 04-2450756 2212 BURDETT AVE., TROY, NY 12180	HEALTHCARE SYSTEM SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	ST. PETER'S HEALTH PARTNERS		X
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE AND HOSPITAL SERVICES	NEBRASKA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.		X
OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, 601 E. 2ND STREET, OAKLAND, NE 68045	FOUNDATION	NEBRASKA	501(C)(3)	LINE 11C, III-FI	N/A		X
ONE THOUSAND CORPORATION - 06-0922325 1000 ASYLUM AVENUE HARTFORD, CT 06105	BUILDING MANAGEMENT SERVICES	CONNECTICUT	501(C)(2)	N/A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		X
OSU/MOUNT CARMEL HEALTH ALLIANCE - 31-1654603, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	COOPERATIVE HEALTHCARE DELIVERY SYSTEM	OHIO	501(C)(3)	LINE 11A, I	N/A		X
OUR LADY OF LOURDES HEALTH CARE SERVICES - 22-2568528, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW JERSEY	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM		X
OUR LADY OF LOURDES HEALTH FOUNDATION, INC., - 22-2351960, 1600 HADDON AVENUE, CAMDEN, NJ 08103	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES		X
OUR LADY OF LOURDES MEDICAL CENTER - 21-0635001, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES		X

Part II Continuation of 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 organization?	
						Yes	No
OUR LADY OF MERCY LIFE CENTER - 14-1743506 2 MERCYCARE LANE GUILDERLAND, NY 12084	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL		X
PIONEER VALLEY CARDIOLOGY ASSOCIATES, INC. - 45-4208896, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.		X
PITTSBURGH MERCY HEALTH SYSTEM - 25-1464211 3333 5TH AVENUE PITTSBURGH, PA 15213	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
PORT HURON MERCY FAMILY CARE, INC. - 20-1855647, 2601 ELECTRIC AVE., PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN		X
PROBILITY THERAPY SERVICES - 20-2020239 2058 S. STATE STREET ANN ARBOR, MI 48104	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN		X
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS		X
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE., FRESNO, CA 93720	HEALTHCARE AND HOSPITAL SERVICES	CALIFORNIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
SAINT AGNES MEDICAL FOUNDATION (FKA PROFESSIONAL OFFICE CORPORATION) - 94-28, 1303 EAST HERNDON AVE., FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER		X
SAINT ALPHONSUS BUILDING COMPANY, INC. - 82-0401011, 1055 NORTH CURTIS RD., BOISE, ID 83706	BUILDING MANAGEMENT SERVICES	IDAHO	501(C)(3)	LINE 9	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.		X
SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE SYSTEM SUPPORT	IDAHO	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.		X
SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC., - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY		X
SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO		X

Part II Continuation of 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 organization?	
						Yes	No
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	VOLUNTEER SERVICE AUXILIARY	OREGON	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO		X
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY, INC. - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	HEALTHCARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	FOUNDATION	IDAHO	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA		X
SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC. - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	HEALTHCARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC. - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	HEALTHCARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC., - 45-1994612, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 11B, II	SAINT FRANCIS MEDICAL GROUP, INC.		X
SAINT FRANCIS FOUNDATION, INC. - 06-1008255 114 WOODLAND STREET HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND, INC.		X
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - 06-0646813, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND, INC.		X
SAINT FRANCIS MEDICAL GROUP, INC. - 06-1450168, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND, INC.		X
SAINT JAMES CARE INC. - 26-2616230 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER		X

Part II Continuation of 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 organization?	
						Yes	No
SAINT JOSEPH PACE, INC. - 47-3129127					TRINITY HEALTH		
20555 VICTOR PARKWAY					PACE		X
LIVONIA, MI 48152	PACE PROGRAM	INDIANA	501(C)(3)	LINE 7			
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, PO BOX	HEALTHCARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
670, PLYMOUTH, IN 46563							
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, 5215 HOLY	HEALTHCARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
CROSS PARKWAY, MISHAWAKA, IN 46545							
SAINT JOSEPH REGIONAL MEDICAL CENTER							
MISHAWAKA AUXILIARY, INC. - 35-6033285, 5215	VOLUNTEER SERVICE	INDIANA	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH		X
HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	AUXILIARY						
SAINT JOSEPH REGIONAL MEDICAL CENTER							
PLYMOUTH AUXILIARY, INC. - 35-6043563, 1915	VOLUNTEER SERVICE	INDIANA	501(C)(3)	LINE 11B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH		X
LAKE AVENUE, PLYMOUTH, IN 46563	AUXILIARY						
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 5215 HOLY CROSS PARKWAY,	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
MISHAWAKA, IN 46545							
SAINT JOSEPH'S HEALTH SYSTEM, INC. - 58-1744848, 424 DECATUR STREET, ATLANTA, GA	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	GEORGIA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION		X
30312							
SAINT JOSEPH'S MERCY CARE SERVICES, INC. - 58-1752700, 424 DECATUR STREET, ATLANTA, GA	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.		X
30312							
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184					TRINITY CONTINUING CARE SERVICES -		X
FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY	INDIANA	501(C)(3)	LINE 9			
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, STE 120, GRAND	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES		X
RAPIDS, MI 49505							
SAINT MARY'S FOUNDATION - 38-1779602 200 JEFFERSON ST., SE	FOUNDATION	MICHIGAN	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN		X
GRAND RAPIDS, MI 49503							
SAINT MICHAEL'S MEDICAL CENTER - 26-2616046 111 CENTRAL AVENUE	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM		X
NEWARK, NJ 07102							

Part II Continuation of 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 organization?	
						Yes	No
SAMARITAN CHILD CARE CENTER, INC. - 14-1710225, 2213 BURDETT AVE., TROY, NY 12180	CHILD CARE	NEW YORK	501(C)(3)	LINE 9	ST. PETER'S HEALTH PARTNERS		X
SAMARITAN HOSPITAL - 14-1338544 2215 BURDETT AVE., TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS		X
SENIOR CARE CONNECTION, INC. - 14-1708754 504 STATE ST., SCHENECTADY, NY 12305	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
SETON AUXILIARY, INC. - 14-1505031 1300 MASSACHUSETTS AVENUE TROY, NY 12180	VOLUNTEER SERVICE AUXILIARY	NEW YORK	501(C)(3)	LINE 9	SETON HEALTH SYSTEM, INC.		X
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE - 14-1756230, 1 ABLE BLVD., CLIFTON PARK, NY 12065	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	SETON HEALTH SYSTEM, INC.		X
SETON HEALTH FOUNDATION, INC. - 22-2345416 1300 MASSACHUSETTS AVENUE TROY, NY 12180	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM, INC.		X
SETON HEALTH SYSTEM, INC. - 14-1776186 1300 MASSACHUSETTS AVENUE TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS		X
SISTERS OF PROVIDENCE CARE CENTERS, INC. - 22-2541103, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.		X
SISTERS OF PROVIDENCE HEALTH SYSTEM, INC. - 04-3398374, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	MASSACHUSETTS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
SJ MANAGEMENT COMPANY OF SYRACUSE, INC. - 27-1763712, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	III-FI	ST. JOSEPH'S HOSPITAL HEALTH CENTER		X
SJHS/JOC HOLDINGS, INC. - 47-2299757 424 DECATUR STREET ATLANTA, GA 30312	HEALTHCARE SYSTEM SUPPORT	GEORGIA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.		X
ST. AGNES CONTINUING CARE CENTER - 23-2840137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X

Part II Continuation of 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 organization?	
						Yes	No
ST. AGNES CONTINUING CARE CENTER FOUNDATION - 23-2415137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11A, I	ST. AGNES CONTINUING CARE CENTER		X
ST. FRANCIS FOUNDATION - 51-0374158 P.O. BOX 2500 WILMINGTON, DE 19805	FOUNDATION	DELAWARE	501(C)(3)	LINE 11A, I	ST. FRANCIS HOSPITAL		X
ST. FRANCIS HOSPITAL, INC. - 51-0064326 P.O. BOX 2500 WILMINGTON, DE 19805	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
ST. FRANCIS MEDICAL CENTER FOUNDATION, INC. - 52-1025476, 601 HAMILTON AVENUE, TRENTON, NJ 08629	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	ST. FRANCIS MEDICAL CENTER TRENTON NJ		X
ST. FRANCIS MEDICAL CENTER TRENTON NJ - 22-3431049, 601 HAMILTON AVENUE, TRENTON, NJ 08629	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM		X
ST. JAMES MERCY HEALTH SYSTEM, INC. - 22-3127184, 411 CANISTEO STREET, HORNELL, NY 14843	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
ST. JAMES MERCY HOSPITAL - 16-0743310 411 CANISTEO STREET HORNELL, NY 14843	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. JAMES MERCY HEALTH SYSTEM, INC.		X
ST. JOSEPH MERCY OAKLAND FOUNDATION - 35-2356789, 44405 WOODWARD AVE., PONTIAC, MI 48341	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN		X
ST. JOSEPH OF THE PINES, INC. - 56-0694200 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	LONG TERM CARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES		X
ST. JOSEPH'S COLLEGE OF NURSING AT ST. JOSEPH'S HOSPITAL HEALTH CENTER - 20- 206 PROSPECT AVENUE, SYRACUSE, NY 13203	COLLEGE OF NURSING	NEW YORK	501(C)(3)	LINE 2	ST. JOSEPH'S HOSPITAL HEALTH CENTER		X
ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC. - 23-721294, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	BUILDING MANAGEMENT SERVICES	NEW YORK	501(C)(3)	LINE 11B, II	ST. JOSEPH'S HEALTH, INC.		X
ST. JOSEPH'S HEALTH, INC. - 47-4754987 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X

Part II: Continuation of 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 organization?	
						Yes	No
ST. JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION, INC. - 22-2149775, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	ST. JOSEPH'S HEALTH, INC.		X
ST. JOSEPH'S MEDICAL PC - 27-3899821 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 11A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER		X
ST. JOSEPH'S PHYSICIAN HEALTH PC - 16-1516863, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 11A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER		X
ST. MARY BUILDING AND DEVELOPMENT COMPANY - 46-1827502, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)	N/A	ST. MARY MEDICAL CENTER		X
ST. MARY EMERGENCY MEDICAL SERVICES - 46-5354512, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER		X
ST. MARY HOME, INCORPORATED - 06-0646843 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.		X
ST. MARY MEDICAL CENTER - 23-1913910 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
ST. MARY MEDICAL CENTER FOUNDATION, INC. - 23-2567468, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ST. MARY MEDICAL CENTER		X
ST. MARY'S FOUNDATION, INC. - 58-2544232 1230 BAXTER STREET ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 11A, I	ST. MARY'S HEALTH CARE SYSTEM, INC.		X
ST. MARY'S HEALTH CARE SYSTEM, INC. - 58-0566223, 1230 BAXTER STREET, ATHENS, GA 30606	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
ST. MARY'S HIGHLAND HILLS, INC. - 02-0576648 1230 BAXTER STREET ATHENS, GA 30606	SENIOR LIVING COMMUNITY	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.		X
ST. MARY'S MEDICAL GROUP, INC. - 26-1858563 1230 BAXTER STREET ATHENS, GA 30606	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.		X

Part II Continuation of 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 organization?	
						Yes	No
ST. MARY'S SACRED HEART HOSPITAL, INC. - 47-3752176, 367 CLEAR CREEK PARKWAY, LAVONIA, GA 30553	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.		X
ST. MICHAEL'S FOUNDATION, INC. - 22-3311976 111 CENTRAL AVENUE NEWARK, NJ 07102	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 11A, I	SAINT MICHAEL'S MEDICAL CENTER		X
ST. PETER'S HEALTH CARE SERVICES - 22-2702507, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 9	ST. PETER'S HEALTH PARTNERS		X
ST. PETER'S HEALTH PARTNERS - 45-3570715 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES, P.C. - 46-1177336, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS		X
ST. PETER'S HOSPITAL - 14-1348692 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS		X
ST. PETER'S HOSPITAL FOUNDATION, INC. - 22-2262982, 319 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS		X
SUNNYVIEW HOSPITAL & REHABILITATION CENTER - 14-1338386, 1270 BELMONT AVE., SCHENECTADY, NY 12308	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS		X
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION, INC. - 22-2505127, 1270 BELMONT AVE., SCHENECTADY, NY 12308	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	SUNNYVIEW HOSPITAL & REHABILITATION		X
THE COMMUNITY HOSPICE FOUNDATION, INC. - 22-2692940, 295 VALLEY VIEW BLVD, RENSSELAER, NY 12144	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE, INC.		X
THE COMMUNITY HOSPICE, INC. - 14-1608921 295 VALLEY VIEW BLVD RENSSELAER, NY 12144	HOSPICE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS		X
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617	FOUNDATION	INDIANA	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X

Part II Continuation of 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 organization?	
						Yes	No
THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC. - 22-2570478, 2256 BURDETT AVE., TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
THE MARJORIE DOYLE ROCKWELL CENTER, INC. - 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
THE NORTHEAST HEALTH FOUNDATION, INC. - 22-2743478, 2224 BURDETT AVE., TROY, NY 12180	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS		X
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. - 0, 114 WOODLAND STREET, HARTFORD, CT 06105	VOLUNTEER SERVICE AUXILIARY	CONNECTICUT	501(C)(3)	LINE 11A, I	N/A		X
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES - 38-2485700, 309 GRAND RIVER, PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11D, III-O	N/A		X
TRI-HOSPITAL MRI CENTER - 38-2884297 4190 24TH AVENUE FORT GRATIOT, MI 48054	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN		X
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION		X
TRINITY CONTINUING CARE SERVICES - INDIANA, INC. - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	INDIANA	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES		X
TRINITY HEALTH - MICHIGAN - 38-2113393 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
TRINITY HEALTH - NEW ENGLAND, INC. (FKA SAINT FRANCIS CARE, INC.) - 06-14911, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
TRINITY HEALTH CORPORATION - 35-1443425 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH MINISTRIES		X
TRINITY HEALTH LIFE PENNSYLVANIA, INC. - 47-5244984, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	TRINITY HEALTH PACE		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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			
ADVENT REHABILITATION LLC - 38-3306673, 607 DEWEY AVENUE, SUITE 300, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	N/A	N/A			N/A	N/A	N/A
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A			N/A	N/A	N/A
CATHERINE HORAN BUILDING ASSOCIATES LP - 04-2723429 1221 MAIN STREET, SUITE 105, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
CENTENNIAL SURGUNIT, LLC - 22-3580847, 502 CENTENNIAL BLVD, SUITE 1, VOORHEES, NJ 08043	HEALTHCARE SERVICES	NJ	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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
AFFILIATED MANAGEMENT SERVICES CORPORATION, INC. - 14-1668024, 1300 MASSACHUSETTS AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
CARBONDALE PHYSICIANS' SERVICES, INC. - 23-2365077, 100 LINCOLN AVE, CARBONDALE, PA 18407	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X
CATHERINE HORAN BUILDING, CORP. - 04-2938160 1233 MAIN STREET HOLYOKE, MA 01040	BUILDING MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A		X
CHESTNUT RISK SERVICES, LTD. 11 VICTORIA STREET HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A		X
DIVERSIFIED COMMUNITY SERVICES, INC. - 04-3128890, 1233 MAIN STREET, HOLYOKE, MA 01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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			
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CENTRAL NEW JERSEY HEART SERVICES, LLC - 20-8525458, PO BOX 148, BAYONNE, NJ 07002	CARDIAC PROGRAM	NJ	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CLINTON IMAGING SERVICES, LLC - 41-2044739, 615 VALLEY VIEW DR., STE 202, MOLINE, IL 61265	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EAST NORRITON MEDICAL ASSOCIATES - 23-2319531, ONE WEST ELM STREET, CONSHOCKEN, PA 19428	MEDICAL OFFICE BUILDING	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY FORMERLY DIAGNOSTIC IMAGING, IN DISSOLUTION	MI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FRESNO IMAGING CENTER - 77-0363563, 1303 E. HERNDON AVE., FRESNO, CA 93720	MEDICAID & MEDICARE/SPECIA NEEDS MANAGED CARE	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GATEWAY HEALTH PLAN, LP - 25-1691945, 444 LIBERTY AVE, PITTSBURGH, PA 15222		PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GREATER HARTFORD LITHOTRIPSY, LLC - 06-1578891, 144 WOODLAND ST, HARTFORD, CT 06105	LITHOTRIPSY SERVICES	CT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
HAWARDEN REGIONAL HEALTH CLINICS, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	N/A	N/A		N/A	N/A	N/A		N/A
IDAHO ASC HOLDINGS, LLC - 36-4729605, 1055 N. CURTIS ROAD, BOISE, ID 83706	HOLDING COMPANY FOR AMBULATORY SURGERY	ID	N/A	N/A	N/A	N/A		N/A	N/A	N/A		N/A
INNOVATIVE HEALTH ALLIANCE OF NEW YORK, LLC - 46-5676066, 14 COLUMBIA CIRCLE DRIVE, ALBANY, NY 12203	ACCOUNTABLE CARE ORGANIZATION	NY	N/A	N/A	N/A	N/A		N/A	N/A	N/A		N/A
LABORATORY ALLIANCE OF CNY - 16-1536202, 1304 BUCKLEY ROAD, SYRACUSE, NY 13212	LABORATORY SERVICES	NY	N/A	RELATED			X		N/A	X		50.00%
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, LP - 36-4119522, 569 BROOKWOOD VILLAGE, SUITE 901, MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	SURGICAL SERVICES MRI SERVICES	IL	N/A	N/A	N/A	N/A		N/A	N/A	N/A		N/A
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY-SAME DAY	IA	N/A	N/A	N/A	N/A		N/A	N/A	N/A		N/A
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A		N/A	N/A	N/A		N/A
MCMC POB III LIMITED PARTNERSHIP - 31-1392994, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A		N/A	N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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			
MDR/MRI TECHNICAL SERVICES, LLC - 16-1590982, 5640 EAST TAFT ROAD #3770, SYRACUSE, NY 13220	MRI SERVICES	NY	ST. JOSEPH'S HOSPITAL HEALTH CENTER RELATED					X	N/A	X	40.00%
MEDILUCENT MOB I - 20-4911370 793 W. STATE STREET COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MEDWORKS, LLC - 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	CT	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MERCY ADVANCED MRI, LLC - 26-2116721, 2525 SOUTH MICHIGAN AVE., CHICAGO, IL 60616	SUBLEASE MRI EQUIPMENT	IL	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MERCY/MANOR PARTNERSHIP - 52-1931012, PO BOX 10086, TOLEDO, OH 43699	NURSING HOME	PA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MERCY/USP HEALTH VENTURES, LLC - 47-1290300, 15305 DALLAS PARKWAY, STE 1600, LB 28, ADDISON, TX 75001	OUTPATIENT SURGERY	IA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A			N/A	N/A	N/A
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP - 23-2388040, C/O NAZARETH HOSP, 2601 HOLME AVE.	MEDICAL OFFICE BUILDING	PA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

Part III. Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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			
NEWCO AMBULATORY SURGERY CTR, LLP - 30-0136708, 4190 24TH AVENUE, FORT GRATIOT, MI 48059	OUTPATIENT SURGERY CENTER	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHYSICIANS OUTPATIENT SURGERY CENTER, LLC - 35-2325646, 1000 NE 56TH STREET, OAKLAND PARK, FL 33334	AMBULATORY SURGERY CENTER	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
RADISSON SUH PROPERTIES, LLC - 46-1892799, 5000 CAMPUSWOOD DRIVE, SUITE 100, EAST SYRACUSE, NY 13057	MEDICAL OFFICE BUILDING	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N, CURTIS RD., STE 102, BOISE, ID 83706	PHARMACY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SJLS LLC - 20-1796650 7650 SE 27TH ST, STE 200 MERCER ISLAND, WA 98040	DIALYSIS SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SJV MANAGEMENT LLC - 20-2273476, 200 CENTURY PKWY, STE 200E, MOUNT LAUREL, NJ 08054	RADIOLOGY INVESTMENT AND OPERATION OF A MEDICAL BUILDING	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SMMC MOB II, LP - 36-4559869 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047		PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
ST. AGNES LONG-TERM INTENSIVE CARE, LLP - 20-0984882, C/O MHS, ONE WEST ELM ST, STE 100, CONSHOCKEN, PA 19428	LONG TERM INTENSIVE CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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			
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	HEALTH CARE SERVICES	ID	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ST. JOSEPH'S IMAGING ASSOCIATES, PLLC - 16-1104293, 104 UNION AVE, SUITE 905, SYRACUSE, NY	RADIOLOGY SERVICES	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ST. MARY REHABILITATION HOSPITAL, LLP - 27-3938747, 680 SOUTH FORTH STREET, LOUISVILLE, KY 40202	HEALTHCARE SERVICES	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ST. PETER'S AMBULATORY SURGERY CENTER, LLC - 46-0463892, 1375 WASHINGTON AVENUE, STE. 201, ALBANY, NY	OUTPATIENT SURGERY	NY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 402 LAKE CASCADE PARKWAY, CASCADE, ID 83611	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
THE AMBULATORY SURGERY CENTER AT ST MARY, LLC - 23-2871206, 1203 LANGHORNE-NEWTOWN ROAD, TOTAL LAUNDRY COLLABORATIVE, LLC - 20-8335788, 114 WOODLAND STREET, HARTFORD, CT 06105	OUTPATIENT SURGERY LAUNDRY SERVICES	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TRINITY HEALTH PARTNERS LLC - 47-2798085, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	POPULATION HEALTH MANAGEMENT	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Part IV. Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FHS SERVICES, INC. - 27-2995699									
333 BUTTERNUT DRIVE, SUITE 100									
DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
FRANCISCAN ASSOCIATES, INC. - 20-2991688									
333 BUTTERNUT DRIVE, SUITE 100	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
DEWITT, NY 13214									
FRANCISCAN HEALTH SUPPORT, INC. - 16-1236354									
333 BUTTERNUT DRIVE, SUITE 100	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
DEWITT, NY 13214									
FRANCISCAN MANAGEMENT SERVICES, INC. -									
16-1351193, 333 BUTTERNUT DRIVE, SUITE 100,	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
DEWITT, NY 13214									
GOTTLIEB MANAGEMENT SERVICES, INC. -									
36-3330529, 701 W. NORTH AVE., MELROSE PARK,	MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A		X
IL 60160									
H.E.F., INC. - 38-3086401									
1820 44TH STREET SE	OFFICE STAFFING	MI	N/A	C CORP	N/A	N/A	N/A		X
KENTWOOD, MI 49508									
HACKLEY HEALTH MANAGEMENT, INC. - 38-2961814									
1820 44TH STREET SE	WEIGHT MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A		X
KENTWOOD, MI 49508									
HACKLEY HEALTH VENTURES, INC. - 38-2589959									
1820 44TH STREET SE	OTHER MEDICAL SERVICES	MI	N/A	C CORP	N/A	N/A	N/A		X
KENTWOOD, MI 49508									
HACKLEY HEALTHCARE EQUIPMENT CORP. -									
38-2578569, 1820 44TH STREET SE, KENTWOOD,	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	N/A	N/A	N/A		X
MI 49508									
HACKLEY PROFESSIONAL CENTER, INC. -									
38-3024797, 1820 44TH STREET SE, KENTWOOD,	REAL ESTATE RENTAL	MI	N/A	C CORP	N/A	N/A	N/A		X
MI 49508									
HACKLEY PROFESSIONAL PHARMACY, INC. -									
38-2447870, 1820 44TH STREET SE, KENTWOOD,	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A		X
MI 49508									
HEALTH CARE MANAGEMENT ADMINISTRATORS, INC.,									
- 16-1450960, 333 BUTTERNUT DRIVE, SUITE									
100, DEWITT, NY 13214	HEALTHCARE MANAGEMENT	NY	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HEALTH MANAGEMENT SERVICES ORG., INC., - 22-3366580, 500 GROVE STREET, SUITE 100, HADDON HEIGHTS, NJ 08035	MEDICAL ADMINISTRATION	NJ	N/A	C CORP	N/A	N/A	N/A		X
HOLY CROSS PRIVATE HOME SERVICES CORP., - 52-1986562, 11801 TECH ROAD, SILVER SPRING, MD 20904	HOME CARE SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
HPC CO-OWNERS ASSOCIATION - 27-0734448 1700 CLINTON	CONDOMINIUM ASSOCIATION	MI	N/A	C CORP	N/A	N/A	N/A		X
MUSKIEGON, MI 49442 HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR., YPSILANTI, MI 48197	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	N/A	N/A	N/A		X
IHA AFFILIATION CORPORATION - 38-3188895 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A		X
LANGHORNE SERVICES II, INC., - 25-3795549 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C CORP	N/A	N/A	N/A		X
LANGHORNE SERVICES, INC., - 23-2625981 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C CORP	N/A	N/A	N/A		X
LIFECARE PHYSICIANS PC - 26-1649038 601 HAMILTON AVENUE TRENTON, NJ 08629	HEALTH CARE SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A		X
LOURDES MEDICAL ASSOCIATES, PA - 22-3361862 500 GROVE STREET, SUITE 100 HADDON HEIGHTS, NJ 08035	MEDICAL SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A		X
LOURDES URGENT CARE SERVICES PC - 46-4188202 1600 HADDON AVENUE CAMDEN, NJ 08103	URGENT CARE CENTER	NJ	N/A	C CORP	N/A	N/A	N/A		X
MARYLAND CARE GROUP, INC., - 52-1815313 11801 TECH ROAD SILVER SPRING, MD 20904	HEALTHCARE HOLDING	MD	N/A	C CORP	N/A	N/A	N/A		X
MCMC EASTWICK, INC., - 23-2184261 C/O MHS ONE WEST ELM STREET, STE 100 CONSHOHOCKEN, PA 19428	MEDICAL OFFICE BUILDINGS	PA	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A		X
MERCY INPATIENT MEDICAL ASSOCIATES, INC. - 04-3029929, 1233 MAIN STREET, HOLYOKE, MA 01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A		X
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101	PRIMARY CARE PHYSICIANS	IA	N/A	C CORP	N/A	N/A	N/A		X
MERCY SERVICES CORPORATION - 36-3227348 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	DORMANT	IL	N/A	C CORP	N/A	N/A	N/A		X
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	N/A	N/A	N/A		X
NURSING NETWORK, INC - 59-1145192 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	MEDICAL SERVICES	FL	N/A	C CORP	N/A	N/A	N/A		X
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST - 04-6608649, 1221 MAIN STREET, SUITE 108, HOLYOKE, MA 01040	PROPERTY MANAGEMENT FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	MA	N/A	C CORP	N/A	N/A	N/A		X
PRIORITY PLUS OF CALIFORNIA - 77-0395267 PO BOX 27230 FRESNO, CA 93729		CA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE HOME CARE, INC., - 04-3317426 1233 MAIN STREET HOLYOKE, MA 01040	HEALTH CARE SERVICES	MA	N/A	C CORP	N/A	N/A	N/A		X
SAINT ALPHONSUS HEALTH ALLIANCE, INC. - 82-0524649, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C CORP	N/A	N/A	N/A		X
SAINT ALPHONSUS PHYSICIANS, P.A., - 33-1078261, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C CORP	N/A	N/A	N/A		X
SAINT FRANCIS BEHAVIORAL HEALTH GROUP, PC - 06-1384686, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SAINT FRANCIS CARE MEDICAL GROUP, PC - 06-1432373, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A		X
SAMARITAN MEDICAL OFFICE BUILDING, INC. - 14-1607244, 2212 BURDETT AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
SJM PROPERTIES, INC. - 16-1294991 411 CANISTEO STREET HORNEILL, NY 14843	PROPERTY HOLDINGS	NY	N/A	C CORP	N/A	N/A	N/A		X
SJPE PRACTICE MANAGEMENT SERVICES, INC. - 45-4164964, 301 PROSPECT AVE, SYRACUSE, NY 13203	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
SJPMC HOLDINGS, INC. - 47-4763735 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	PROPERTY HOLDINGS	IN	N/A	C CORP	N/A	N/A	N/A		X
ST. ELIZABETH HEALTH SUPPORT SERVICES, INC., - 16-1540486, 2209 GENESEE STREET, UTICA, NY 13501	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
ST. MARY'S HIGHLAND HILLS VILLAGE, INC. - 58-2276801, 1230 BAXTER STREET, ATHENS, GA 30606	ASSISTED LIVING	GA	N/A	C CORP	N/A	N/A	N/A		X
SYSTEM COORDINATED SERVICES, INC. - 04-2938161, 1233 MAIN STREET, HOLYOKE, MA 01040	LAB SERVICES	MA	N/A	C CORP	N/A	N/A	N/A		X
THRE SERVICES, LLC - 45-2603654 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C CORP	N/A	N/A	N/A		X
TRINITY ASSURANCE, LTD. - 98-0453602 PO BOX 1051 GRAND CAYMAN GRAND CAYMAN, CAYMAN ISLANDS	PROVISION OF INSURANCE COVERAGE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
TRINITY HEALTH ACO INC. - 47-3794666 20555 VICTOR PARKWAY LIVONIA, MI 48152	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C CORP	N/A	N/A	N/A		X
TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	GRANTOR TRUST	MI	N/A	TRUST	N/A	N/A	N/A		X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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