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

CHANGE OF ACCOUNTING PERIOD

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

2015

Open 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. JOSEPH'S HEALTH CENTER PROPERTIES, INC.**

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**F** Name and address of principal officer: **LOWELL SEIFTER****SAME AS C ABOVE****D** Employer identification number**23-7219294****E** Telephone number**315-703-2163****G** Gross receipts \$ **3,992,143.****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: **WWW.SJHSYR.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1972** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **TO OWN AND LEASE REAL PROPERTY FOR THE BENEFIT OF ST. JOSEPH'S HOSPITAL HEALTH CENTER.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **9****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **2****5** Total number of individuals employed in calendar year 2015 (Part V, line 2a)**5** **0****6** Total number of volunteers (estimate if necessary)**6** **0****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **0.****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0.**

Revenue

8 Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c-9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

0. **0.****8,158,428.** **4,035,058.****-48,915.** **-42,915.****19,776.** **0.****8,129,289.** **3,992,143.**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) **0.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12**0.** **0.****0.** **0.****0.** **0.****0.** **0.****4,556,213.** **1,983,998.****4,556,213.** **1,983,998.****3,573,076.** **2,008,145.**

Net Assets or Fund Balances

20 Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

End of Year

61,790,621. **64,350,588.****35,086,042.** **36,067,276.****26,704,579.** **28,283,312.****Part II Signature Block**

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

Sign

Here

Signature of officer

Date

LOWELL SEIFTER, AUTHORIZED OFFICER

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name

ANGELA M. FRANCO

Preparer's signature

ANGELA M. FRANCO

Date

2/14/17Check ☐ if self-employed

PTIN

P00589741

Firm's EIN ▶

16-1226221Phone no. **315-446-3600**

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

☒ Yes ☐ No

ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.

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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

THE ST. JOSEPH'S HEALTH CENTER PROPERTIES IS A CORPORATION THAT SUPPORTS ST. JOSEPH'S HOSPITAL HEALTH CENTER (THE HOSPITAL) ALLOWING THE HOSPITAL TO FULFILL ITS CORPORATE PURPOSES. THE PURPOSE OF THE CORPORATION IS TO OWN AND LEASE PROPERTY FOR THE HOSPITAL ENABLING IT

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 \$ 1,779,025. including grants of \$ _____) (Revenue \$ 4,035,058.)
THE ST. JOSEPH'S HEALTH CENTER PROPERTIES IS A CORPORATION THAT SUPPORTS ST. JOSEPH'S HOSPITAL HEALTH CENTER (THE HOSPITAL) ALLOWING THE HOSPITAL TO FULFILL ITS CORPORATE PURPOSES. THE PURPOSE OF THE CORPORATION IS TO OWN AND LEASE PROPERTY FOR THE HOSPITAL ENABLING IT TO FOCUS ON THE PROVISION OF HEALTHCARE SERVICES.

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

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

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

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **1,779,025.**

**ST. JOSEPH'S HEALTH CENTER PROPERTIES,
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>		X
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>		X
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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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

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Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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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.	9	
1b Enter the number of voting members included in line 1a, above, who are independent	2	
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 Contractors

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

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

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

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

[illegible]

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INC.

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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				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a SUPPORT SERVICES	Business Code 531120	4,035,058.	4,035,058.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		4,035,058.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		20,915.			20,915.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses		-63,830.			
	c Gain or (loss)		0.			
	d Net gain or (loss)		-63,830.			-63,830.
	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						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			3,992,143.	4,035,058.	0.	-42,915.

ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.

Form 990 (2015)

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	7,412.	7,412.		
b Legal	38,551.		38,551.	
c Accounting	10,500.		10,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,500.		1,500.	
12 Advertising and promotion				
13 Office expenses	635.	635.		
14 Information technology				
15 Royalties				
16 Occupancy	287,329.	287,329.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	154,422.		154,422.	
22 Depreciation, depletion, and amortization	990,465.	990,465.		
23 Insurance				
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 MORTGAGE INTEREST	483,381.	483,381.		
b MISCELLANEOUS	9,803.	9,803.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,983,998.	1,779,025.	204,973.	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)

**ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.**

Form 990 (2015)

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Part X Balance Sheet

Check 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		1	
	2 Savings and temporary cash investments	1,878,529.	2	2,333,874.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	431.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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			
	7 Notes and loans receivable, net		7	1,342,083.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	57,389.	9	50,946.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,825,846.		
	b Less: accumulated depreciation	10b 1,957,432.	10c	48,868,414.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	1,328,584.	13	1,130,584.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,079,613.	15	10,624,687.
16 Total assets. Add lines 1 through 15 (must equal line 34)	61,790,621.	16	64,350,588.	
Liabilities	17 Accounts payable and accrued expenses	109,245.	17	10,500.
	18 Grants payable		18	
	19 Deferred revenue	108,778.	19	115,583.
	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	34,847,334.	23	35,920,508.
	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	20,685.	25	20,685.
	26 Total liabilities. Add lines 17 through 25	35,086,042.	26	36,067,276.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	25,429,579.	27	27,008,312.
	28 Temporarily restricted net assets	1,275,000.	28	1,275,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	26,704,579.	33	28,283,312.	
34 Total liabilities and net assets/fund balances	61,790,621.	34	64,350,588.	

Form 990 (2015)

ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.

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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	3,992,143.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,983,998.
3	Revenue less expenses Subtract line 2 from line 1	3	2,008,145.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,704,579.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-429,412.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,283,312.

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		

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. JOSEPH'S HEALTH CENTER PROPERTIES, INC.** Employer identification number **23-7219294**

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

1

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		
ST. JOSEPH'S HOSPITAL HEALTH CEN	15-0532254	3	X		0.	0.
Total					0.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

ST. JOSEPH'S HEALTH CENTER PROPERTIES,

Schedule A (Form 990 or 990-EZ) 2015 INC.

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Part III 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 ☐						

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 ☐		
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 ☐		
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 ☐		
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 ☐		
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 ☐		

Schedule A (Form 990 or 990-EZ) 2015

ST. JOSEPH'S HEALTH CENTER PROPERTIES,

Schedule A (Form 990 or 990-EZ) 2015 INC.

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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 ☐						

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	X	
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).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
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.		X
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).		X
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.		X
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).		X
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).		X
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.		X
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.		X
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.		X
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.		X
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.)		

ST. JOSEPH'S HEALTH CENTER PROPERTIES,

Schedule A (Form 990 or 990-EZ) 2015 **INC.**

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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		X
11b		X
11c		X

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		X

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		

ST. JOSEPH'S HEALTH CENTER PROPERTIES,

Schedule A (Form 990 or 990-EZ) 2015 INC.

23-7219294 Page 6

Part IV 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	☐ 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

ST. JOSEPH'S HEALTH CENTER PROPERTIES,

Schedule A (Form 990 or 990-EZ) 2015 INC.

23-7219294 Page 7

Part IV 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

ST. JOSEPH'S HEALTH CENTER PROPERTIES,

Schedule A (Form 990 or 990-EZ) 2015 INC.

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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)

PART IV, SECTION C

THE POWER AND AUTHORITY TO MAKE CHANGES TO THE MISSION, CERTIFICATE OF
INCORPORATION, BY-LAWS, BOARD OF DIRECTORS AND OFFICERS FOR THE
SUPPORTING ORGANIZATION, ST. JOSEPH'S PROPERTIES, INC. AND THE
SUPPORTED ORGANIZATION, ST. JOSEPH'S HOSPITAL HEALTH CENTER (EIN
15-0532254), RESIDES WITH ST. JOSEPH'S HEALTH, INC. (47-4754987).

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. JOSEPH'S HEALTH CENTER PROPERTIES, INC.**

Employer identification number
23-7219294

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

	Held at the End of the 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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

b If "Yes" on 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		4,614,308.		4,614,308.
b Buildings		45,673,698.	1,930,378.	43,743,320.
c Leasehold improvements				
d Equipment		16,761.	2,015.	14,746.
e Other		521,079.	25,039.	496,040.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,868,414.

Schedule D (Form 990) 2015

**ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.**

Schedule D (Form 990) 2015

23-7219294 Page **3**

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 ST. JOSEPH'S HOSPITAL HEALTH CENTER	10,525,278.
(2) DUE FROM SJHHC FOUNDATION	86,850.
(3) DUE FROM RADISSON SJH PROPERTIES, LLC	6,600.
(4) SECURITY DEPOSITS	5,959.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	10,624,687.

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) DUE TO FRANCISCAN ASSOCIATES	20,685.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	20,685.

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

ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.

Schedule D (Form 990) 2015

23-7219294 Page 4

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 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 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)

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC.**Employer identification number
23-7219294**Part II****Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

2 Enter the amount of tax incurred by 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.

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

Total

▶ \$

Part III**Grants or Assistance Benefiting Interested Persons.**

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

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

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

Schedule L (Form 990 or 990-EZ) 2015

ST. JOSEPH'S HEALTH CENTER PROPERTIES,

Schedule L (Form 990 or 990-EZ) 2015 INC.

23-7219294 Page 2

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
VINCENT SWEENEY (PRESIDENT	BOARD MEMBER	96,113.	FAIR MARKET		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 INTERESTED PERSON:

VINCENT SWEENEY (PRESIDENT SYRACUSE OFFICE ENVIRONMENTS)

(D) DESCRIPTION OF TRANSACTION: FAIR MARKET VALUE CONTRACT WITH SYRACUSE OFFICE ENVIRONMENTS FOR OFFICE EQUIPMENT PURCHASED.

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. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.

Employer identification number
23-7219294

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

TO FOCUS ON THE PROVISION OF HEALTHCARE SERVICES.

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:

ST. JOSEPH'S HEALTH, INC., AS SOLE MEMBER, MAY ELECT THE BOARD OF DIRECTORS
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;

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization	ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC.	Employer identification number	23-7219294
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(E) APPROVE THE STRATEGIC PLAN OF THE CORPORATION, AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AS PART OF THE CONSOLIDATED STRATEGIC PLAN OF THE REGIONAL HEALTH MINISTRY IN WHICH THE, CORPORATION PARTICIPATES;

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

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

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

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

J) APPROVE ANY 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,

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CAPITAL LEASE, MORTGAGE, DISPOSITION, HYPOTHECATION, OR OTHER TRANSACTION IN EXCESS OF LIMITS ESTABLISHED BY TRINITY HEALTH (PLEDGES OR ENCUMBRANCES OF CERTAIN REAL PROPERTY AND IMMOVABLE GOODS MAY ALSO BE SUBJECT TO THE APPROVAL OF CATHOLIC HEALTH MINISTRIES), AND IF REQUIRED BY THE SYSTEM AUTHORITY MATRIX, RECOMMEND THE SAME TO TRINITY HEALTH FOR ADOPTION AND AUTHORIZATION;

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

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

RESERVED POWERS OF TRINITY HEALTH:

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

(A) ADOPT, AMEND, MODIFY OR RESTATE THE CERTIFICATE OF 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

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AUTHORITY MATRIX ARE SUBJECT TO THE AUTHORITY OF TRINITY HEALTH, OR IF TRINITY HEALTH RECEIVES A RECOMMENDATION AS TO ANY SUCH ACTION, APPROVE SUCH ACTION AS RECOMMENDED;

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

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

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

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

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

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

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

PRIOR TO THE SUBMISSION OF THE FORM 990 THE BOARD OF DIRECTORS RECEIVES A COPY IN ADVANCE OF THE NEXT SCHEDULED BOARD MEETING. THIS ALLOWS THEM THE TIME TO REVIEW THE DOCUMENT PRIOR TO THE MEETING. AT THE FOLLOWING BOARD MEETING, THE MEMBERS DISCUSS ANY QUESTION OR CONCERNS AND AS APPROPRIATE FOLLOW-UP OCCURS.

Name of the organization ST. JOSEPH'S HEALTH CENTER PROPERTIES,
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FORM 990, PART VI, SECTION B, LINE 12C:

CONSISTENT WITH THE PROPERTIES BYLAWS WHICH REQUIRES A DUTY TO DISCLOSE, ON AN ANNUAL BASIS AT A DEFINED TIME ALL BOARD OF DIRECTORS ARE GIVEN THE CONFLICT OF INTEREST POLICY AND FORM TO REVIEW AND COMPLETE. THE PRESIDENT OF THE BOARD OF DIRECTORS 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 DIRECTOR 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 DIRECTOR MEETING MINUTES REFLECT WHENEVER A BOARD MEMBER ABSTAINS FROM VOTING.

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

ST. JOSEPH'S HEALTH CENTER PROPERTIES DOES NOT HAVE ANY DIRECT COMPENSATION ARRANGEMENTS FOR A CEO, EXECUTIVE DIRECTOR, OFFICERS OR KEY EMPLOYEES.

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

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

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ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC. ALSO PROVIDES THIS INFORMATION
WHENEVER REQUESTED.

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

UNRESTRICTED RESTRICTED NET ASSET: EQUITY TRANSFER TO

AFFILIATES -300,900.

UNRESTRICTED RESTRICTED NET ASSET: EQUITY TRANSFER TO

TRINITY -128,512.

TOTAL TO FORM 990, PART XI, LINE 9 -429,412.

FORM 990, PART XII, 2C FINANCIAL STATEMENT AND REPORTING:

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.

Name of the organization

ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC.

Employer identification number
23-7219294

OMB No. 1545-0047

2015

Open to Public Inspection

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					MOUNT CARMEL HEALTH SYSTEM
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			

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 INDUSTRIES, 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

**ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.**

Schedule R (Form 990)

23-7219294

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

ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.

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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

ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.

Schedule R (Form 990)

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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

**ST. JOSEPH'S HEALTH CENTER PROPERTIES,
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Schedule R (Form 990)

23-7219294

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	PHARMACY	MICHIGAN			TRINITY HEALTH-MICHIGAN
GRAND RAPIDS, MI 49503					
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 I Continuation of Identification of Disregarded Entities

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ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.

Schedule R (Form 990)

23-7219294

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.		X
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., COHOS, 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

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

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						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., MELROSE PARK, IL 60160	FOUNDATION	ILLINOIS	501(C)(3)	LINE 11C, III-FI	N/A		X
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649 701 W. NORTH AVE., MELROSE PARK, IL 60160	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM		X
GRAND RAPIDS MEDICAL EDUCATION PARTNERS, INC. - 23-7270669, 945 OTTAWA AVE NW, GRAND RAPIDS, MI 49503	MEDICAL EDUCATION TRAINING PROGRAMS	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN		X
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443	SELF INSURANCE	MICHIGAN	501(C)(3)	LINE 11B, II	MERCY HEALTH PARTNERS		X
HACKLEY LIFE COUNSELING - 38-1386362 125 E. SOUTHERN AVENUE MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS		X
HAWTHORNE RIDGE, INC. - 80-0102840 30 COMMUNITY WAY EAST GREENBUSH, NY 12061	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
HERITAGE HOUSE NURSING CENTER, INC. - 14-1725101, 2920 TIBBITS AVE, TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48152	LONG TERM CARE	MARYLAND	501(C)(3)	LINE 9	HOLY CROSS HEALTH, INC.		X
HOLY CROSS HEALTH FOUNDATION, INC. - 20-8428450, 11801 TECH ROAD, SILVER SPRING, MD 20904	FOUNDATION	MARYLAND	501(C)(3)	LINE 7	HOLY CROSS HEALTH, INC.		X
HOLY CROSS HEALTH, INC. - 52-0738041 1500 FOREST GLEN RD., SILVER SPRING, MD 20910	HEALTHCARE AND HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
HOLY CROSS HOSPITAL, INC. - 59-0791028 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE AND HOSPITAL SERVICES	FLORIDA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X

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						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. - 81-0723591, 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

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

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						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 STOUX 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

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						Yes	No
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE WEST ELM STREET, SUITE 100, CONSHOCKEN, PA MERCY COMMUNITY HEALTH, INC., - 06-1492707	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN TRINITY CONTINUING CARE SERVICES		X
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 MERCY HEALTH NETWORK, INC., - 42-1478417	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X
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

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

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						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	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	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	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

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						Yes	No
MERCY UIHLEIN HEALTH CORPORATION - 16-1535133, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, NY 19073	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
MISSION HEALTH CORPORATION - 38-3181557 37595 SEVEN MILE ROAD LIVONIA, MI 48152	BUILDING MANAGEMENT SERVICES	DELAWARE	501(C)(3)	LINE 11A, I	N/A		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-FI	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	
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	COMMUNITY OUTREACH	MICHIGAN	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	X	

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						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 501 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	

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						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

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						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

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

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						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 ABELE 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)	LINE 11C, 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

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						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, HORNEILL, 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 HORNEILL, 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, 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
ST. JOSEPH'S HOSPITAL HEALTH CENTER - 15-0532254, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. JOSEPH'S HEALTH, INC.		X

**ST. JOSEPH'S HEALTH CENTER PROPERTIES,
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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

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						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

ST. JOSEPH'S HEALTH CENTER PROPERTIES,
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Part II Continuation of Identification of Related Tax-Exempt Organizations

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						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

Continuation of Identification of Related Tax-Exempt Organizations

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ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC.

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

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

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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
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
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
EAST NORRITON MEDICAL ASSOCIATES - 23-2319531, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	MEDICAL OFFICE BUILDING	PA	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
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
FRESNO IMAGING CENTER - 77-0363563, 1303 E. HERNDON AVE., FRESNO, CA 93720	DIAGNOSTIC IMAGING, IN DISSOLUTION	CA	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	MEDICAID & MEDICARE/SPECIA NEEDS MANAGED CARE	PA	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

ST. JOSEPH'S HEALTH CENTER PROPERTIES,
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) 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
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
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
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	IL	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	MRI SERVICES	IA	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	IA	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
MDR/MRI TECHNICAL SERVICES, LLC - 16-1590982, 5640 EAST TAFT ROAD #3770, SYRACUSE, NY 13220	MRI SERVICES	NY	N/A	N/A	N/A	N/A			N/A	N/A		N/A

ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC.

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							Yes	No			
MEDILUCENT MOB I - 20-4911370											
793 W. STATE STREET	MEDICAL OFFICE										
COLUMBUS, OH 43222	BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDWORKS, LLC - 06-1490483											
375 EAST CEDAR STREET	REHABILITATION										
NEWINGTON, CT 06111	SERVICES	CT	N/A	N/A	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	SUBLEASE MRI										
60616	EQUIPMENT	IL	N/A	N/A	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	CARDIOVASCULAR	IA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
50401	SERVICES	IA	N/A	N/A	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	N/A	N/A
MERCY/USP HEALTH VENTURES,											
LLC - 47-1290300, 15305											
DALLAS PARKWAY, STE 1600, LB	OUTPATIENT										
28, ADDISON, TX 75001	SURGERY	IA	N/A	N/A	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	MEDICAL OFFICE										
STREET, COLUMBUS, OH 43222	BUILDING RENTAL	OH	N/A	N/A	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	MEDICAL OFFICE										
HOSP, 2601 HOLME AVE,	BUILDING	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NEWCO AMBULATORY SURGERY CTR,											
LLP - 30-0136708, 4190 24TH											
AVENUE, FORT GRATIOT, MI	OUTPATIENT										
48059	SURGERY CENTER	MI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC.

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							Yes	No		Yes	No	
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	N/A	N/A
RADISSON SJH 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	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	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	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	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	N/A	N/A
SMMC MOB II, LP - 36-4559869 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A	N/A	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, CONSHOHOCKEN, PA 19428	LONG TERM INTENSIVE CARE	PA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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	N/A

ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC.

Schedule R (Form 990)

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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. 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 CT	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A 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
WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106	RADIOLOGY/IMAGI	MI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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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									
DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
FRANCISCAN HEALTH SUPPORT, INC. - 16-1236354									
333 BUTTERNUT DRIVE, SUITE 100									
DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
FRANCISCAN MANAGEMENT SERVICES, INC. -									
16-1351193 333 BUTTERNUT DRIVE, SUITE 100									
DEWITT, NY 13214	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
GOTTLIEB MANAGEMENT SERVICES, INC. -									
36-3330529 701 W. NORTH AVE., MELROSE PARK,									
IL 60160	MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A		X
H.E.F., INC. - 38-3086401									
1820 44TH STREET SE									
KENTWOOD, MI 49508	OFFICE STAFFING	MI	N/A	C CORP	N/A	N/A	N/A		X
HACKLEY HEALTH MANAGEMENT, INC. - 38-2961814									
1820 44TH STREET SE									
KENTWOOD, MI 49508	WEIGHT MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A		X
HACKLEY HEALTH VENTURES, INC. - 38-2589959									
1820 44TH STREET SE									
KENTWOOD, MI 49508	OTHER MEDICAL SERVICES	MI	N/A	C CORP	N/A	N/A	N/A		X
HACKLEY HEALTHCARE EQUIPMENT CORP. -									
38-2578569 1820 44TH STREET SE, KENTWOOD,									
MI 49508	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	N/A	N/A	N/A		X
HACKLEY PROFESSIONAL CENTER, INC. -									
38-3024797 1820 44TH STREET SE, KENTWOOD,									
MI 49508	REAL ESTATE RENTAL	MI	N/A	C CORP	N/A	N/A	N/A		X
HACKLEY PROFESSIONAL PHARMACY, INC. -									
38-2447870 1820 44TH STREET SE, KENTWOOD,									
MI 49508	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A		X
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

ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC.

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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
MUSKEGON, MI 49442 HURON ARBOR CORPORATION - 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	N/A	N/A	N/A		X
5301 EAST HURON RIVER DR., YPSILANTI, MI 48197		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 501 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

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								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

ST. JOSEPH'S HEALTH CENTER PROPERTIES,
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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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								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 HORSELL, NY 14843	PROPERTY HOLDINGS	NY	N/A	C CORP	N/A	N/A	N/A		X
SUPE 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 IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

**ST. JOSEPH'S HEALTH CENTER PROPERTIES,
INC.**

Part IV 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 entry 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)				

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

[illegible]

Part VII Supplemental Information

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