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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
LOYOLA UNIVERSITY MEDICAL CENTER

Doing business as
SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address)Room/suite
2160 SOUTH FIRST AVENUE

City or town, state or province, country, and ZIP or foreign postal code
MAYWOOD, IL 601533328

F Name and address of principal officer
LARRY GOLDBERG
2160 SOUTH FIRST AVENUE
MAYWOOD, IL 601533328

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

☐ Yes ☒ No

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

☐ Yes ☐ No

H(c) Group exemption number ▶

D Employer identification number
36-4015560

E Telephone number
(708) 216-9000

G Gross receipts \$ 1,259,686,409

I Tax-exempt status

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

J Website: ▶ WWW LOYOLAMEDICINE ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile IL

Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE HEALTHCARE AND HOSPITAL SERVICES				
	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	15		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	8,806		
Revenue	6 Total number of volunteers (estimate if necessary)	6	424		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,691		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
	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	
		3,106,148		16,313,968	
Expenses		1,128,794,265		1,164,058,457	
		9,730,413		-927,631	
		68,701,377		75,464,863	
		1,210,332,203		1,254,909,657	
		13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		23,804,646	
Net Assets or Fund Balances	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	23,834,056		0	
		0		687,137,383	
		644,543,888		0	
		0		0	
		522,566,539		616,157,069	
	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	
		1,150,910,074		1,115,143,255	
		836,704,222		922,296,758	
		314,205,852		-72,218,851	
		1,190,915,073		1,327,128,508	

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

2017-05-11

Date

BLAINE PETERSEN CFO

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

Paid Preparer Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

WE, LOYOLA UNIVERSITY HEALTH SYSTEM AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES LUMC IS A MEMBER OF LOYOLA UNIVERSITY HEALTH SYSTEM AND TRINITY HEALTH

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 \$ 1,117,354,547 including grants of \$ 23,834,056) (Revenue \$ 1,232,485,750)

BASED IN THE WESTERN SUBURBS OF CHICAGO, LOYOLA UNIVERSITY MEDICAL CENTER (LUMC) IS A QUATERNARY CARE SYSTEM WITH A 61-ACRE MAIN MEDICAL CENTER CAMPUS AS WELL AS HEALTH CENTERS IN MORE THAN 30 LOCATIONS THE MEDICAL CENTER CAMPUS IS LOCATED IN IN MAYWOOD, 13 MILES WEST OF THE CHICAGO LOOP AND 8 MILES EAST OF OAKBROOK, ILLINOIS THE HEART OF THE MEDICAL CENTER CAMPUS, LUMC'S HOSPITAL, IS A 547 LICENSED BED FACILITY THE MAYWOOD CAMPUS INCLUDES THE FOLLOWING A LEVEL I TRAUMA CENTER, THE CARDINAL BERNARDIN CANCER, THE RONALD MCDONALD CHILDREN'S HOSPITAL OF LUMC, A BURN CENTER, A STROKE CENTER, LOYOLA CENTER FOR HEART & VASCULAR MEDICINE, A RENOWNED TRANSPLANT CENTER AND A SPECIAL 20 BED UNIT FOR PATIENTS UNDERGOING STEM CELL TRANSPLANTS, A LEVEL III PERINATAL CENTER AND THE LOYOLA OUTPATIENT CENTER LUMC PROVIDES TOP HOSPITAL CARE IN ALL MEDICAL SPECIALTIES, INCLUDING ORTHOPAEDICS, NEPHROLOGY, CARDIOLOGY, CANCER, OPHTHALMOLOGY AND SURGERY IN FY16 THE HOSPITAL PROVIDED 141,000 PATIENT DAYS OF HEALTHCARE SERVICES AND OVER 1,074,000 OUTPATIENT VISITS TO THE COMMUNITY PLEASE VISIT SCHEDULE H AND OUR WEBSITE FOR ADDITIONAL INFORMATION ABOUT OUR SERVICES, RECOGNITIONS AND AWARDS WWW LOYOLAMEDICINE ORG

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 ▶ 1,117,354,547

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	995	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	8,806	
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	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL, AK, AL, CA, CO, CT, DC, FL, GA, HI, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, SC, UT, WA, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	BLAINE PETERSEN 2160 SOUTH FIRST AVENUE MAYWOOD, IL 601533328 (708) 216-4253

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

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

- List 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]

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	9,152,413	11,296,192	1,549,007

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,105

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC & AFFILIATES 4880 PAYSHERE CIRCLE CHICAGO, IL 60674	MANAGEMENT SERVICES	9,776,543
MA MORTENSON COMPANY 700 MEADOW LN MINNEAPOLIS, MN 55422	CONSTRUCTION SERVICES	7,890,244
GIFT OF HOPE ORGAN & TISSUE 426 SPRING LAKE DR ITASCA, IL 60143	ORGAN & TISSUE DONATION SERVICES	4,051,220
NATIONAL GOVERNMENT SERVICE 6775 W WASHINGTON ST MILWAUKEE, WI 53214	HEALTH CARE SERVICES	3,723,242
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	INFO TECHNOLOGY SERVICES	3,287,038

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 181

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	265,395				
	d	Related organizations	1d	199,867				
	e	Government grants (contributions)	1e	576,917				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,271,789				
	g	Noncash contributions included in lines 1a-1f \$		247,726				
	h	Total. Add lines 1a-1f			16,313,968			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621110	1,160,423,008	1,160,419,317	3,691		
	b	HOSPITAL PHARMACY	446110	3,635,449	3,635,449			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,164,058,457			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,643,249			3,643,249
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross rents	(i) Real 22,782	(ii) Personal				
b		Less rental expenses	0					
c		Rental income or (loss)	22,782					
d		Net rental income or (loss)		22,782			22,782	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 104,472				
b		Less cost or other basis and sales expenses	4,383,272	292,080				
c		Gain or (loss)	-4,383,272	-187,608				
d		Net gain or (loss)		-4,570,880			-4,570,880	
8a		Gross income from fundraising events (not including \$ 265,395 of contributions reported on line 1c) See Part IV, line 18	a	48,840				
b		Less direct expenses	b	101,400				
c		Net income or (loss) from fundraising events . . .		-52,560			-52,560	
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code						
11a		PARKING REVENUE	812930	4,447,956			4,447,956	
b		CAFETERIA REVENUE	722210	2,615,701			2,615,701	
c		GOV'T SUBSIDY - EHR	622110	1,788,980	1,788,980			
d	All other revenue		66,642,004	66,642,004				
e	Total. Add lines 11a-11d			75,494,641				
12	Total revenue. See Instructions			1,254,909,657	1,232,485,750	3,691	6,106,248	

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.	23,834,056	23,834,056		
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.	8,041,475	2,393,820	5,647,655	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,024,145	459,285	564,860	
7	Other salaries and wages.	566,711,302	504,827,288	61,884,014	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	25,482,225	22,684,100	2,798,125	
9	Other employee benefits.	48,574,856	43,020,001	5,554,855	
10	Payroll taxes.	37,303,380	32,914,836	4,388,544	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	646,191		646,191	
c	Accounting.	54,603		54,603	
d	Lobbying.	80,760		80,760	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	409,821		409,821	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	46,690,769	34,511,006	12,179,763	
12	Advertising and promotion.	3,100,769	40,196	3,060,573	
13	Office expenses.	17,752,382	9,392,959	8,359,423	
14	Information technology.	20,834,698	3,821,839	17,012,859	
15	Royalties.				
16	Occupancy.	20,497,301	17,528,030	2,969,271	
17	Travel.	2,265,074	1,726,195	538,879	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	3,410,015	1,077,735	2,332,280	
20	Interest.	16,876,875	16,876,875		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	43,689,176	43,689,176		
23	Insurance.	35,349,662	73,603	35,276,059	
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	MEDICAL SUPPLIES	212,002,842	212,002,842		
b	BAD DEBT	29,208,499	29,208,499		
c	HOSPITAL PROVIDER TAX	23,025,586	23,025,586		
d	EQUIPMENT MAINTENANCE	19,282,573	10,573,346	8,709,227	
e	All other expenses	120,979,473	83,673,274	37,306,199	
25	Total functional expenses. Add lines 1 through 24e.	1,327,128,508	1,117,354,547	209,773,961	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	2,928,329	1	1,002,037
	2	Savings and temporary cash investments	363,153	2	379,431
	3	Pledges and grants receivable, net	140,061	3	170,061
	4	Accounts receivable, net	220,880,831	4	185,104,501
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	58,947
	8	Inventories for sale or use	20,924,000	8	23,533,000
	9	Prepaid expenses and deferred charges	4,362,994	9	4,066,618
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	677,474,362		
	b	Less: accumulated depreciation	206,943,255		
			453,711,757	10c	470,531,107
	11	Investments—publicly traded securities	165,931,406	11	161,743,541
	12	Investments—other securities. See Part IV, line 11	145,286,172	12	132,671,902
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	36,210,000	14	36,170,000
15	Other assets. See Part IV, line 11	100,171,371	15	99,712,110	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,150,910,074	16	1,115,143,255	
Liabilities	17	Accounts payable and accrued expenses	227,405,492	17	288,141,242
	18	Grants payable		18	
	19	Deferred revenue	5,534,231	19	4,504,427
	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	42,978,204	23	41,830,589
	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	560,786,295	25	587,820,500
	26	Total liabilities. Add lines 17 through 25	836,704,222	26	922,296,758
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	292,523,667	27	158,452,593
	28	Temporarily restricted net assets	13,024,786	28	24,100,505
	29	Permanently restricted net assets	8,657,399	29	10,293,399
	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	314,205,852	33	192,846,497
	34	Total liabilities and net assets/fund balances	1,150,910,074	34	1,115,143,255

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	1,254,909,657
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,327,128,508
3	Revenue less expenses Subtract line 2 from line 1	3	-72,218,851
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	314,205,852
5	Net unrealized gains (losses) on investments	5	-8,625,074
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	-40,515,430
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	192,846,497

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID:

Software Version:

EIN: 36-4015560

Name: LOYOLA UNIVERSITY MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY GOLDBERG DIRECTOR, CEO	42 00 13 00	X		X				0	1,276,989	36,662
MARC SCHWARTZ DIRECTOR, CHAIR	2 00 3 00	X		X				0	0	0
JOY CUNNINGHAM DIRECTOR	2 00 3 00	X						0	0	0
ROBERT FLANIGAN MD DIRECTOR, PHYSICIAN	47 00 3 00	X						446,265	0	21,306
LORI HEALEY DIRECTOR	2 00 3 00	X						0	0	0
ROBERT HOMBACH DIRECTOR THROUGH 12/15	2 00 3 00	X						0	0	0
HENRY LANG DIRECTOR THROUGH 12/15	2 00 3 00	X						0	0	0
STEPHEN RAY MITCHELL MD DIRECTOR	2 00 3 00	X						0	0	0
REV JOHN J O'CALLAGHAN SJ DIRECTOR	2 00 3 00	X						0	0	0
P TERRENCE O'ROURKE MD DIR THR 12/15, CONSULTANT	2 00 15 00	X						0	485,001	11,062

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SR JOAN STEADMAN CSC DIRECTOR	2 00 3 00	X						0	0	0
JACK WEINBERG DIRECTOR	2 00 3 00	X						0	0	0
DAVID WILBER MD DIRECTOR THR 12/15, DIR CARDIO INST	47 00 3 00	X						668,626	0	17,925
STEVE BERGFELD DIRECTOR	2 00 3 00	X						0	0	0
KEITH VESELIK MD DIRECTOR, MEDICAL DIRECTOR	47 00 3 00	X						408,635	0	31,541
OMAR DUQUE DIRECTOR AS OF 1/16	2 00 3 00	X						0	0	0
SALLY JEFFCOAT DIRECTOR AS OF 1/16,EVP WEST/MIDWEST	2 00 53 00	X						0	1,465,283	40,351
RONALD POTKUL MD DIRECTOR AS OF 1/16, PHYSICIAN	47 00 3 00	X						777,654	0	21,868
BRIAN PROCTOR DO DIRECTOR AS OF 1/16, GMH COMM CHR	2 00 8 00	X						0	23,237	0
WENDY LEUTGENS PRESIDENT	49 00 1 00			X				0	551,766	34,113

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AJAY SIAL TREASURER THROUGH 11/15, SVP & CFO	29 00 21 00			X				0	595,544	34,843
BLAINE PETERSEN TREASURER AS OF 3/16, SVP & CFO	29 00 21 00			X				0	544,869	32,592
DANIEL ISACKSEN ASSISTANT TREASURER, SVP FINANCE	40 00 10 00			X				346,690	0	30,384
JILL RAPPIS SECRETARY, SVP LEGAL & GEN COUNSEL	45 00 5 00			X				16,542	417,024	50,806
MARIA PEKAR ASST SECRETARY , ASSOC GEN CNSL	47 00 3 00			X				10,444	250,069	54,709
DAVID HECHT MD MS MBA EVP, CLINICAL AFFAIRS	40 00 15 00				X			772,129	0	21,635
DANIEL POST EVP, NETWORK DEV & SYSTEM INTEGR	54 00 1 00				X			158,396	503,119	66,726
MAMDOUH BAKHOS PROFESSOR, THORATIC/CARDIO SURGERY	40 00 0 00					X		1,299,743	0	18,985
BRYAN FOY ASSOCIATE PROFESSOR	40 00 0 00					X		1,155,819	0	18,964
RUSS NOCKELS ASSOCIATE PROFESSOR	40 00 0 00					X		945,082	0	10,709

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY SCHWARTZ PROFESSOR	40 00 0 00					X		826,991	0	17,882
BRUCE LEWIS PROFESSOR	40 00 0 00					X		818,310	0	9,032
DANIEL HALE FORMER OFFICER	0 00 0 00						X	0	774,683	555,873
THOMAS ANDERSON FORMER KEY EMPLOYEE, TH-MI COO	0 00 50 00						X	0	571,507	252,113
KEDRICK ADKINS FORMER KEY EMPLOYEE	0 00 0 00						X	0	768,621	141
RICHARD O'CONNELL FORMER KEY EMPLOYEE, EVP EAST GROUP	0 00 55 00						X	0	1,558,150	47,546
DONNA HALINSKI FORMER OFFICER, VP CLINICAL AFFAIRS	50 00 0 00						X	302,095	0	42,021
SILIA MIGLIO FORMER OFFICER, CORP CONTROLLER	40 00 15 00						X	198,992	0	21,752
BENJAMIN CARTER FORMER OFFICER, TRINITY EVP, CFO	0 00 55 00						X	0	1,510,330	47,466

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

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

Part II

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

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

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

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						► ☐
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						► ☐

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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
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).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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.	3b	
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.	3c	
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.	4a	
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.	4b	
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.	4c	
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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
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 .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
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.)	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
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.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization LOYOLA UNIVERSITY MEDICAL CENTER	Employer identification number 36-4015560
--	--

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

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

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

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

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

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

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

Part II-A

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

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

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

4-Year Averaging Period Under section 501(h)

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

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

Part II-B

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

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

1

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

a

Volunteers?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total. Add lines 1c through 1i.

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

b

If "Yes," enter the amount of any tax incurred under section 4912.

c

If "Yes," enter the amount of any tax incurred by organization managers under section 4912.

d

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

(a)

Yes

No

(b)

Amount

No

Yes

No

No

Yes

112,315

Yes

80,760

No

Yes

3,329

196,404

No

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

3

Part III-B

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

1

Dues, assessments and similar amounts from members.

2

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

a

Current year.

b

Carryover from last year.

c

Total.

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.

4

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5

Taxable amount of lobbying and political expenditures (see instructions).

1

2a

2b

2c

3

4

5

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE MAJORITY OF LOBBYING ACTIVITIES CONDUCTED BY LOYOLA UNIVERSITY MEDICAL CENTER (LUMC) INVOLVED EDUCATING LEGISLATORS REGARDING APPROPRIATE HEALTH CARE PUBLIC POLICIES IN THE AREAS OF ILLINOIS MEDICAID REIMBURSEMENTS AND ISSUES RELATING TO THE PROVISION OF HEALTH CARE IN AN ACADEMIC TEACHING HOSPITAL ENVIRONMENT. LUMC ALSO MADE GRANTS TO OTHER ORGANIZATIONS IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES.

Schedule C (Form 990 or 990EZ) 2015

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 LOYOLA UNIVERSITY MEDICAL CENTER	Employer identification number 36-4015560
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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) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure											
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
a	Total number of conservation easements	<table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____											
4	Number of states where property subject to conservation easement is located ► _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No											
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____											
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

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

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$ _____
(ii)	Assets included in Form 990, Part X	► \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$ _____
b	Assets included in Form 990, Part X	► \$ _____

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	8,657,000	8,301,978	7,672,113	7,191,441	8,933,970
b Contributions	1,636,500	355,022	629,865	480,672	520,265
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					2,262,794
f Administrative expenses					
g End of year balance	10,293,500	8,657,000	8,301,978	7,672,113	7,191,441

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 ▶ 100 000 %

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)

No

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	7,400,000	8,850,000		16,250,000
b Buildings		393,964,633	84,721,675	309,242,958
c Leasehold improvements				
d Equipment		198,601,309	111,662,478	86,938,831
e Other		68,658,420	10,559,102	58,099,318
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				470,531,107

Schedule D (Form 990) 2015

Part II

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XIII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR HEALTHCARE, HOSPITAL SERVICES, RESEARCH, CAPITAL PROJECTS AND INDIGENT CARE

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-4015560
Name: LOYOLA UNIVERSITY MEDICAL CENTER

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

¹ (a) Description of Liability	(b) Book Value
ASSET RETIREMENT OBLIGATION	814,589
OTHER CURRENT LIABILITIES	4,500,987
INTERCOMPANY ACCOUNTS PAYABLE	29,874,107
DEFERRED COMPENSATION	21,806,803
LONG TERM ANNUITY PAYABLE	253,615
INTERCOMPANY NOTES PAYABLE	477,200,615
OTHER LONG TERM LIABILITIES	3,683,752
INTERCOMPANY OTHER LT LIABILITIES	49,686,032

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

Part I Fundraising Activities

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

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

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

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

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

Part II Fundraising Events.

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

Revenue		(a)Event #1 HEALTH, HOPE & HEROES 5K RUN/WALK (event type)	(b)Event #2 SPIN AND STRIDE (event type)	(c)Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	206,657	46,295	61,283	314,235
	2 Less Contributions	190,337	30,575	44,483	265,395
	3 Gross income (line 1 minus line 2)	16,320	15,720	16,800	48,840
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			2,012	2,012
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	3,295			3,295
	9 Other direct expenses	68,664	6,150	21,279	96,093
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				101,400
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-52,560

Part III Gaming.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

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

14

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

Name ▶

14a

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

☐ **Yes** ☐ **No**

b

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

c

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

Name ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

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

☐ **Yes** ☐ **No**

b

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

Part IV

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

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization LOYOLA UNIVERSITY MEDICAL CENTER	Employer identification number 36-4015560
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,825,581		5,825,581	0 450 %
b Medicaid (from Worksheet 3, column a)			210,946,606	190,229,572	20,717,034	1 600 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			216,772,187	190,229,572	26,542,615	2 050 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	10	125,391	662,263		662,263	0 050 %
f Health professions education (from Worksheet 5)	2	10,349	49,478,751	28,267,211	21,211,540	1 630 %
g Subsidized health services (from Worksheet 6)	2	8	3,061,580		3,061,580	0 240 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	1,379	24,364,314		24,364,314	1 880 %
j Total. Other Benefits	26	137,127	77,566,908	28,267,211	49,299,697	3 800 %
k Total. Add lines 7d and 7j	26	137,127	294,339,095	218,496,783	75,842,312	5 850 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy	2	71	5,412	5,412	0 %
8	Workforce development					
9	Other					
10	Total	2	71	5,412	5,412	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.229,208,499

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.30

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

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).5248,923,100

6Enter Medicare allowable costs of care relating to payments on line 5.6245,337,564

7Subtract line 6 from line 5. This is the surplus (or shortfall).73,585,536

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?9aYes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.9bYes

Part IVManagement Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

1

See Additional Data Table

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

FOSTER G MCGAW HOSPITAL

Name of hospital facility or letter of facility reporting group

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

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	5 Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6a Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> b ☐ Other website (list url) _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☒ Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	6b Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	7 Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	8 Yes	
	10 Yes	
	10b	No
	12a	No
	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FOSTER G MCGAW HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % b ☐ Income level other than FPG (describe in Section C) c ☒ Asset level d ☒ Medical indigency e ☒ Insurance status f ☒ Underinsurance discount g ☒ Residency h ☒ Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) SEE PART V b ☒ The FAP application form was widely available on a website (list url) SEE PART V c ☒ A plain language summary of the FAP was widely available on a website (list url) SEE PART V d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☐ Other (describe in Section C)	16	Yes	

Billing and Collections

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

Part V

Facility Information (continued)

FOSTER G MCGAW HOSPITAL

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

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

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

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

Form and Line Reference	Explanation

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 1 - AMBULATORY SURGERY CENTER 2160 S FIRST AVENUE MAYWOOD, IL 60153	OUTPATIENT SURGERY CENTER
2 2 - LOYOLA AMBULATORY SURGERY CENTER 15224 SUMMIT AVE SUITE 201 OAKBROOK TERRACE, IL 60181	AMBULATORY SURGERY CENTER
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS

Form and Line Reference	Explanation
PART I, LINE 6A	LOYOLA UNIVERSITY MEDICAL CENTER (LUMC) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF ILLINOIS IN ADDITION, LUMC REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG LUMC ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE

Form and Line Reference	Explanation
PART I, LINE 7	THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7 FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE FOLLOWING NUMBER, \$29,208,499, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25 PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F)

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	IN FY16, THE LUMC SECURITY AND PARKING STAFF CONDUCTED AN ACTIVE SHOOTER TRAINING FOR MEMBERS OF THE BROADVIEW BAPTIST CHURCH THE TRAINING WAS DESIGNED TO ASSIST THE CHURCH SECURITY STAFF AND MEMBERS ON THE RECOMMENDED RESPONSES TO AN ARMED ASSAILANT OR ACTIVE SHOOTER ON CHURCH PROPERTY MEMBERS OF THE BROADVIEW POLICE DEPARTMENT TACTICAL RESPONSE TEAM WERE ALSO PRESENT TO SHARE THEIR LAW ENFORCEMENT PROCEDURES WITH THE AUDIENCE ADDITIONALLY, TO SUPPORT COMMUNITY BUILDING ACTIVITIES, LUMC (AS PART OF LUHS) IS AN ACTIVE PARTNER AND SERVES AS A BACKBONE ORGANIZATION FOR THE PROVISO PARTNERS FOR HEALTH (PP4H) PP4H IS A COMMUNITY-LED COALITION THAT ENGAGES COMMUNITY COLLABORATORS TO CREATE ENVIRONMENTS THAT PROMOTE HEALTHY LIFESTYLES REPRESENTING COMMUNITY ORGANIZATIONS AND RESIDENTS, MEMBERS WORK TO ADVANCE POLICY, SYSTEMS AND/OR ENVIRONMENTAL CHANGES FOR A COLLECTIVE IMPACT TO IMPROVE COMMUNITY HEALTH AND ECONOMIC GROWTH IN FY16, LUMC (AS PART OF LUHS) AND PP4H TOGETHER APPLIED FOR, AND RECEIVED, A MAJOR GRANT FROM TRINITY HEALTH AS PART OF THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) KEY INITIATIVES, WHICH ARE ALSO ALIGNED TO THE LUMC CHNA PRIORITIES, INCLUDE TOBACCO-FREE LIVING, ACCESS TO HEALTHY FOODS, AND BEING ACTIVE THROUGH ALL STAGES OF LIFE

Form and Line Reference	Explanation
PART III, LINE 2	METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS

Form and Line Reference	Explanation
PART III, LINE 3	LUMC USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR CHARITY (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED FOR FINANCIAL STATEMENT PURPOSES, LUMC IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL THEREFORE, LUMC IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL

Form and Line Reference	Explanation
PART III, LINE 4	LUMC IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 15 OF THOSE STATEMENTS "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS) FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES AND FOR EACH TYPE OF PAYOR A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE "PART III, LINE 5 TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION

Form and Line Reference	Explanation
PART III, LINE 8	LUMC DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES PART III, LINE 8 COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT - LUMC ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - LUMC IS COMMITTED TO - CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE - BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITYIN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, LUMC HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS - PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS LUMC COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT LUMC OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH AND POLISH, REFLECTING OTHER LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL LUMC HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS LUMC MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION - BASED IN THE WESTERN SUBURBS OF CHICAGO, LUMC IS A QUATERNARY CARE SYSTEM WITH A MAIN MEDICAL CENTER CAMPUS IN A DIVERSE COMMUNITY AND OPERATES PRIMARY- AND SPECIALTY-CARE FACILITIES ACROSS COOK, DUPAGE AND WILL COUNTIES THE HEART OF THE MEDICAL CENTER CAMPUS, LUMC'S FOSTER G MCGAW HOSPITAL, IS A 547-LICENSED-BED FACILITY IN ADDITION TO THE HOSPITAL, THE FOLLOWING CLINICAL SERVICES ARE LOCATED ON CAMPUS LEVEL 1 TRAUMA CENTER, RONALD MCDONALD CHILDREN'S HOSPITAL OF LUMC, CARDINAL BERNARDIN CANCER CENTER, LOYOLA OUTPATIENT CENTER, LOYOLA CENTER FOR HEART & VASCULAR MEDICINE AND LOYOLA ORAL HEALTH CENTER THE CAMPUS ALSO IS THE HOME OF LOYOLA UNIVERSITY OF CHICAGO (LUC) STRITCH SCHOOL OF MEDICINE, LUC MARCELLA NIEHOFF SCHOOL OF NURSING, LUC GRADUATE SCHOOL'S HEALTH SCIENCES DIVISION, AND LOYOLA CENTER FOR FITNESS THE CHNA SERVICE AREA IS CENTERED AROUND THE TWO CAMPUSES OF LUMC (MAYWOOD) AND GOTTLIEB MEMORIAL HOSPITAL (MELROSE PARK) IN THE WESTERN SUBURBS OF CHICAGO THE CHNA AREA IS COMPOSED OF A DIVERSE POPULATION OF ABOUT 540,000 HISPANICS MAKE UP THE LARGEST RACE/ETHNIC GROUPS WITH 41 1% OF THE POPULATION WHITE NON-HISPANIC IS THE SECOND LARGEST GROUP WITH 33 7% AND AFRICAN-AMERICANS REPRESENT 21 5% OF THE CHNA POPULATION AN INVENTORY OF HOSPITALS FOR THE CHNA SERVICE AREA INCLUDED A TOTAL OF 12 FACILITIES DUE ITS CONVENIENT LOCATION, LUMC IS ACCESSIBLE TO THE MAJORITY OF CHICAGO'S (SIX-COUNTY) METROPOLITAN AREA OF 8 4 MILLION PEOPLE LUMC'S PRIMARY SERVICE AREA, WHICH ACCOUNTS FOR 58% OF PATIENTS SERVED AT LUMC, HAS A DIVERSE POPULATION OF ALMOST 2 MILLION ABOUT 13% OF THE POPULATION IS AGE 65 OR OLDER AVERAGE HOUSEHOLD INCOME IS \$77,474, WITH 24% OF HOUSEHOLDS OVER \$100,000 AND 22% UNDER \$25,000 HISPANICS ARE AMONG THE FASTEST-GROWING DEMOGRAPHIC MAKING UP 39% OF THE POPULATION LUMC SERVED 6 2%, HIGHEST AMONG THE AREA'S HOSPITALS, OF THE 213,216 DISCHARGED INPATIENTS FROM THIS PRIMARY SERVICE AREA IN FY16 OVER 130 HOSPITALS TRANSFERRED 4,434 INPATIENTS TO LUMC LAST YEAR FOR SPECIALIZED CARE AND TREATMENT, INCLUDING HEART DISEASE, CANCER, BURN/TRAUMA, ORGAN TRANSPLANTATION, OBSTETRICS AND NEUROLOGICAL DISORDERS

Form and Line Reference	Explanation
PART VI, LINE 5	OTHER INFORMATION - LUMC AND LUHS ARE COMMITTED TO THE JESUIT TRADITION OF ACADEMIC DISTIN CTION AND THE VALUES OF CARE, CONCERN, COOPERATION AND RESPECT FOR OUR STUDENTS AND FOR EA CH OTHER THROUGH AGREEMENTS WITH LOYOLA UNIVERSITY CHICAGO (LUC), LUMC PROVIDES CLINICAL EDUCATION SUPPORT AND TEACHING FACILITIES FOR THE UNIVERSITY'S HEALTH SCIENCES EDUCATION P ROGRAMS AT THE LUC STRITCH SCHOOL OF MEDICINE TO TRAIN FUTURE DOCTORS AND AT LUC MARCELLA NIEHOFF SCHOOL OF NURSING TO PREPARE NURSING STUDENTS LUMC DEMONSTRATED ITS COMMITMENT TO MEDICAL EDUCATION BY CONTRIBUTING APPROXIMATELY \$21.2 MILLION TO LOYOLA UNIVERSITY'S HEAL TH SCIENCES DIVISION IN SUPPORT OF FUTURE PHYSICIAN AND NURSING EDUCATION. THESE FUNDS ARE USED TO ASSIST THE STRITCH SCHOOL OF MEDICINE AND MARCELLA SCHOOL OF NURSING IN PROVIDING ITS MEDICAL AND NURSING EDUCATION ACTIVITIES, WHICH COST FAR MORE TO PROVIDE THAN THE REV ENUE AFFORDED BY TUITION AND OTHER GRANTS RECEIVED BY THE SCHOOLS. IN ADDITION, LUMC HAS A GREEEMENTS WITH 25 OTHER SCHOOLS OF NURSING. FURTHER, LUMC PROVIDES EDUCATION AND INSTRUCTI ON FOR PRE-HOSPITAL RESPONDERS (E G. PARAMEDICS, DISPATCHERS), AND STUDENTS IN SOCIAL WORK, MEDICAL TECHNOLOGY, DIETICIAN, PATHOLOGY AND PASTORAL CARE PROGRAMS. LUMC TRAINED 658 ME DICAL RESIDENTS AND FELLOWS INVOLVED IN ITS VARIOUS GRADUATE MEDICAL EDUCATION PROGRAMS, 1,143 NURSES, OVER 8,830 PRE-HOSPITAL RESPONDERS AND DOZENS OF OTHER STUDENTS IN HEALTH PRO FESSIOAL PROGRAMS. LUMC PROVIDED \$3,061,580 IN SUBSIDIZED SUPPORT FOR CLINICAL SERVICES T HAT MET AN IDENTIFIED COMMUNITY NEED. THESE SERVICES INCLUDES THE CHILD ADVOCACY PROGRAM F OR EVALUATING AND COUNSELING CHILDREN REFERRED DUE TO SUSPECTED ABUSE OR NEGLECT, THE ORAL HEALTH CENTER PROVIDING DENTAL SERVICES TO OVER 13,974 VISITS, AND PALLIATIVE CARE FOR PA TIENTS AND FAMILIES. IF LUMC DID NOT PROVIDE THESE SERVICES TO THE COMMUNITY, THESE SERVIC ES MAY NOT BE AVAILABLE, THE COMMUNITY'S CAPACITY TO PROVIDE THE SERVICE MAY BE LESS THAN THE COMMUNITY'S NEED, OR THE SERVICE MAY BECOME THE RESPONSIBILITY OF GOVERNMENT OR ANOTHE R TAX-EXEMPT ORGANIZATION. LUMC PROVIDED \$437,829 IN COMMUNITY HEALTH AND SCREENING PROGRAM S. LUMC PHYSICIANS PROVIDED OVER 2,140 HOURS OF VOLUNTEER TIME TO PROVIDE FREE CARE FOR PA TIENTS ENROLLED IN THE ACCESS TO CARE PROGRAM. ACCESS TO CARE IS A NON-PROFIT CORPORATION THAT PARTNERS WITH LUMC TO PROVIDE CARE TO UNINSURED RESIDENTS OF SUBURBAN COOK COUNTY AT LOYOLA'S MAYWOOD PRIMARY CARE CLINIC. THIS IS THE LARGEST PRIMARY CARE SITE WITHIN ACCESS TO CARE'S NETWORK. IN ADDITION, LUMC ALSO PROVIDED HOSPITALIZATION, LABORATORY AND RADIOLO GY SERVICES. ADDITIONALLY, LUMC CONTRIBUTED FINANCIAL SUPPORT TO OPERATE THE ILLINOIS POISO N CENTER (IPC), WHICH PROVIDES EXPERT POISON-PREVENTION AND TREATMENT SERVICES THROUGHOUT ILLINOIS VIA A TOLL-FREE HOTLINE THAT OPERATES AROUND THE CLOCK. METROPOLITAN CHICAGO HOSP ITALS CONTRIBUTE TO THE IPC'S ANNUAL OPERATING BUDGET, ENSURING THAT THE PUBLIC AND PHYSIC IANS ALIKE HAVE ACCESS TO TRAINED SPECIALISTS IN TOXICOLOGY IN TIMES OF AN EMERGENCY FURTH ERMORE, TO HELP IMPROVE THE HEALTH OF COMMUNITIES, LUMC PROVIDES HEALTH CARE SERVICES INCL UDING HEALTH EDUCATION, HEALTH SCREENINGS AND SUPPORT GROUPS. THESE ACTIVITIES INCLUDED CP R INSTRUCTION FOR FAMILIES, CLINICAL SERVICES FOR A WOMEN'S SHELTER, LABORATORY TESTS FOR DISADVANTAGED HIGH SCHOOL STUDENTS, HEALTH SCREENINGS FOR COMMUNITY CLERGY, LECTURES ON SP ECIFIC WOMEN'S, MEN'S AND CHILDREN'S HEALTH ISSUES, SEVERAL CHRONIC CONDITION AND GRIEF SU PPORT GROUPS, AND MAKING WEB-BASED DISEASE-SPECIFIC INFORMATION AVAILABLE TO THE COMMUNITY. LUMC CONTINUED TO ACTIVELY SUPPORT PROVISO PARTNERS FOR HEALTH (PP4H), A MULTI-SECTOR, C OMMUNITY DRIVEN COALITION OF MORE THAN 25 LOCAL COMMUNITY GROUPS AND ORGANIZATIONS FOCUSED ON CREATING ENVIRONMENTS THAT PROMOTE HEALTHY LIFESTYLES. AS A FOUNDING MEMBER OF PP4H, L UMC LEADERS ACTIVELY PARTICIPATED ON PLANNING COMMITTEES TO IDENTIFY AND IMPLEMENT STRATEG IES TO IMPROVE CHILDHOOD NUTRITION, ACCESS TO HEALTHY FOOD, TOBACCO-FREE LIVING, AND THE B UILT ENVIRONMENT TO SUPPORT HEALTH AND WELLBEING. IN 2016, LUHS/PP4H WAS AMONG SIX COLLABO RATIONS RECEIVING THE FIRST TRANSFORMING COMMUNITIES INITIATIVE GRANTS SPONSORED BY TRINIT Y HEALTH. AS PART OF THIS AWARD LUHS/PP4H IS ELIGIBLE TO RECEIVE UP TO \$500,000 A YEAR FOR FIVE YEARS TO BE DIRECTED TOWARDS THE IMPLEMENTATION OF A SERIES OF PRE-SELECTED, PRO-HEA LTH POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) INTERVENTIONS. INTERVENTIONS INCLUDE TOBACCO 21, COMPLETE STREETS, IMPLEMENTATION OF NUTRITION STANDARDS IN EARLY CHILDHOOD SETTINGS, B REASTFEEDING POLICY ENHANCEMENT, SCHOOL BOARD POLICY TO ENHANCE PHYSICAL ACTIVITY IN SCHOO LS, AND FOOD & BEVERAGE STANDARDS/COMPETITIVE FOODS POLICIES. FINALLY, IN FY16, LUMC (AS PA RT OF LUHS) AND THROUGH ITS COMMUNITY COALITION PP4H, SUPPORTED EFFORTS ON THE STATE AND L OCAL LEVELS TO ADOPT TOBACCO 21 POLICIES. TOBACCO 21 ADVOCATES INCREASING THE LEGAL AGE TO PURCHASE TOBACCO PRODUCTS FROM 18 TO 21. LUHS JOI

Form and Line Reference	Explanation
PART VI, LINE 5	NED THE TOBACCO 21 EFFORT IN ILLINOIS AND COORDINATED WITH COMMUNITY PARTNERS AND OTHERS FOR ADVOCACY OF STATE-WIDE LEGISLATION RESTRICTING SALE TO MINORS OF CIGARETTE PRODUCTS OT HER STATEWIDE ORGANIZATIONS LUHS PARTNERED WITH INCLUDED THE ILLINOIS HOSPITAL ASSOCIATION , RESPIRATORY HEALTH ASSOCIATION, AMERICAN HEART ASSOCIATION, AMERICAN LUNG ASSOCIATION, A MERICAN CANCER ASSOCIATION, AND TOBACCO FREE KIDS INITIATIVES INCLUDED A CAMPAIGN THAT EN COURAGED LUHS EMPLOYEES AND THE PUBLIC TO WRITE THEIR REPRESENTATIVE IN SUPPORT OF THE LEG ISLATION AS WELL AS MEETINGS WITH LAWMAKERS

Form and Line Reference	Explanation
PART VI, LINE 6	LUMC IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS IN FISCAL YEAR 2016, GOALS INCLUDED 1) PARTNERING WITH COMMUNITY ORGANIZATIONS IN INSURANCE ENROLLMENT ACTIVITIES TARGETED AT UNINSURED INDIVIDUALS TO IMPROVE ACCESS TO HEALTHCARE, 2) PARTICIPATING IN LOCAL ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, AND 3) DEVELOPING A STRATEGY WITH MULTI-DISCIPLINARY TEAMS TO OPTIMIZE CARE FOR VULNERABLE PERSONS, WITH PARTICULAR FOCUS ON THOSE WHO ARE DUALY ENROLLED IN MEDICAID AND MEDICARE TRINITY HEALTH APPRECIATES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL THE AWARDED PROGRAMS FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED AREAS OF NEED AND THAT WILL REDUCE OBESITY AND TOBACCO USE AS A SYSTEM, TRINITY HEALTH SUPPORTED PROGRAMS AND ORGANIZATIONS WHO ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH PROGRAMS INCLUDE GRANTING SEVEN DACA "DREAMERS" LOW INTEREST LOANS, ENABLING RECIPIENTS TO ATTEND MEDICAL SCHOOL AT STRITCH SCHOOL OF MEDICINE, AND PROVIDING A GRANT TO THE U S SOCCER FOUNDATION TO FUND ITS SOCCER FOR SUCCESS PROGRAM IN NINE COMMUNITIES, OFFERING STUDENTS IN UNDERSERVED AREAS THE OPPORTUNITY TO SAFELY AND COST-EFFECTIVELY ENGAGE IN A HEALTHY AND ACTIVE LIFESTYLE AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS ANNUALLY, THE ORGANIZATION INVESTS NEARLY \$1 BILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	IL

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 36-4015560
Name: LOYOLA UNIVERSITY MEDICAL CENTER

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

Section A. Hospital Facilities

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	FOSTER G MCGAW HOSPITAL LOYOLA UNIVERSITY MEDICAL CENTER S FIRST AVE MA,IL 60153 WWW.LOYOLAMEDICINE.ORG 0005801	X	X	X		X	X		OUTPATIENT SURGERY	

2015

36-4015560

Schedule I (Form 990) 2015

Part III

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

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

Part IV

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

Return Reference	Explanation
PART I, LINE 2	DONATIONS MADE BY LOYOLA UNIVERSITY MEDICAL CENTER (LUMC) TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H
PART II, LINE 1	LUMC PROVIDES CLINICAL EDUCATION SUPPORT AND TEACHING FACILITIES FOR THE UNIVERSITY'S HEALTH SCIENCES EDUCATION PROGRAMS AT THE LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE AND THE MARCELLA NIEHOFF SCHOOL OF NURSING

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	LOYOLA UNIVERSITY MEDICAL CENTER (LUMC) IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. LUMC'S CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF LUMC'S CEO: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2015. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: KEDRICK ADKINS - \$532,835; THOMAS ANDERSON - \$193,725; DANIEL HALE - \$504,808. COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/15: THOMAS ANDERSON - \$215,780 (PAID IN 2016); DANIEL HALE - \$545,199 (\$525,006 PAID IN 2016 AND \$20,193 TO BE PAID IN 2017). THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2015. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2015, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2015. THE FOLLOWING PAYOUTS FOR 2015 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: KEDRICK ADKINS - \$235,854; BENJAMIN CARTER - \$194,694; LARRY GOLDBERG - \$185,868; DANIEL HALE - \$129,855; SALLY JEFFCOAT - \$158,659; RICHARD O'CONNELL - \$207,673; TERRENCE O'ROURKE, MD - \$168,151. THE FOLLOWING INDIVIDUAL IS VESTED IN THE LUMC SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), A NONQUALIFIED PLAN. THE PLAN WAS FROZEN DECEMBER 31, 2013. THE FINAL SERP PAYOUT WAS MADE IN 2015 AND IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: DANIEL POST - \$158,396. COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION OR RETENTION PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$265,000 FOR 2015). THE FOLLOWING PAYOUTS FOR 2015 FOR THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: THOMAS ANDERSON - \$17,872; BENJAMIN CARTER - \$135,796; SALLY JEFFCOAT - \$29,838; RICHARD O'CONNELL - \$39,142. COLUMN (F) OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS.

Additional Data

Software ID:
Software Version:
EIN: 36-4015560
Name: LOYOLA UNIVERSITY MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LARRY GOLDBERG DIRECTOR, CEO	(i)	0	0	0	0	0	0	0
	(ii)	824,937	248,072	203,980	17,379	-	-	0
					19,283		1,313,651	
1ROBERT FLANIGAN MD DIRECTOR, PHYSICIAN	(i)	395,990	40,375	9,900	19,875	1,431	467,571	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
2P TERRENCE O'ROURKE MD DIR THR 12/15, CONSULTANT	(i)	0	0	0	0	0	0	0
	(ii)	153,089	156,533	175,379	11,031	-	-	0
					31		496,063	
3DAVID WILBER MD DIRECTOR THR 12/15, DIR CARDIO INST	(i)	596,139	58,888	13,599	15,830	2,095	686,551	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
4KEITH VESELIK MD DIRECTOR, MEDICAL DIRECTOR	(i)	374,259	30,600	3,776	10,950	20,591	440,176	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
5SALLY JEFFCOAT DIRECTOR AS OF 1/16,EVP WEST/MIDWEST	(i)	0	0	0	0	0	0	0
	(ii)	789,885	352,425	322,973	11,925	-	-	29,838
					28,426		1,505,634	
6RONALD POTKUL MD DIRECTOR AS OF 1/16, PHYSICIAN	(i)	699,488	68,638	9,528	19,875	1,993	799,522	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
7WENDY LEUTGENS PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	468,907	81,674	1,185	11,925	-	-	0
					22,188		585,879	
8AJAY SIAL TREASURER THROUGH 11/15, SVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	505,942	88,318	1,284	11,925	-	-	0
					22,918		630,387	
9BLAINE PETERSEN TREASURER AS OF 3/16, SVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	428,231	114,596	2,042	11,925	-	-	0
					20,667		577,461	
10DANIEL ISACKSEN ASSISTANT TREASURER, SVP FINANCE	(i)	315,432	30,913	345	7,950	22,434	377,074	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
11JILL RAPPIS SECRETARY, SVP LEGAL & GEN COUNSEL	(i)	16,453	0	89	0	821	17,363	0
	(ii)	321,221	92,758	3,045	41,370	-	-	0
					8,615		467,009	
12MARIA PEKAR ASST SECRETARY , ASSOC GEN CNSL	(i)	10,329	0	115	0	888	11,332	0
	(ii)	235,149	13,888	1,032	33,414	-	-	0
					20,407		303,890	
13DAVID HECHT MD MS MBA EVP, CLINICAL AFFAIRS	(i)	569,034	194,815	8,280	19,875	1,760	793,764	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
14DANIEL POST EVP, NETWORK DEV & SYSTEM INTEGR	(i)	0	0	158,396	0	0	158,396	158,396
	(ii)	427,600	74,433	1,086	42,027	-	-	0
					24,699		569,845	
15MAMDOUH BAKHOS PROFESSOR, THORATIC/CARDIO SURGERY	(i)	1,141,139	131,550	27,054	15,900	3,085	1,318,728	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
16BRYAN FOY ASSOCIATE PROFESSOR	(i)	1,137,790	0	18,029	15,900	3,064	1,174,783	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
17RUSS NOCKELS ASSOCIATE PROFESSOR	(i)	931,488	0	13,594	7,950	2,759	955,791	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
18JEFFREY SCHWARTZ PROFESSOR	(i)	791,752	25,500	9,739	15,900	1,982	844,873	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
19BRUCE LEWISPROFESSOR	(i)	715,807	96,000	6,503	7,950	1,082	827,342	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21DANIEL HALE FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	18,441	116,681	639,561	549,305	-	-	0
						6,568	1,330,556	
1THOMAS ANDERSON FORMER KEY EMPLOYEE, TH-MI COO	(i)	0	0	0	0	0	0	0
	(ii)	208,875	113,759	248,873	227,432	-	-	0
						24,681	823,620	
2KEDRICK ADKINS FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	768,621	0	-	-	767,689
						141	768,762	
3RICHARD O'CONNELL FORMER KEY EMPLOYEE, EVP EAST GROUP	(i)	0	0	0	0	0	0	0
	(ii)	859,386	383,634	315,130	11,925	-	-	39,142
						35,621	1,605,696	
4DONNA HALINSKI FORMER OFFICER, VP CLINICAL AFFAIRS	(i)	273,851	26,869	1,375	19,875	22,146	344,116	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5SILIA MIGLIO FORMER OFFICER, CORP CONTROLLER	(i)	198,590	0	402	20,080	1,672	220,744	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6BENJAMIN CARTER FORMER OFFICER, TRINITY EVP, CFO	(i)	0	0	0	0	0	0	0
	(ii)	798,221	356,711	355,398	11,925	-	-	129,972
						35,541	1,557,796	

Schedule L
(Form 990 or 990-EZ)

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

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

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

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAWN MACK	FAMILY MEMBER OF DANIEL POST, KEY EMPLOYEE	122,259	EMPLOYMENT ARRANGEMENT		No
(2) MEAGHAN KLUMP	FAMILY MEMBER OF KEITH VESELIK, MD, BOARD DIRECTOR	36,156	EMPLOYMENT ARRANGEMENT		No
(3) GAIL HECHT	FAMILY MEMBER OF DAVID HECHT, KEY EMPLOYEE	221,178	EMPLOYMENT ARRANGEMENT		No
(4) GRACE MATTERA	FAMILY MEMBER OF MARIA PEKAR, OFFICER	45,580	EMPLOYMENT ARRANGEMENT		No
(5) JENNIFER BOURJAILY	FAMILY MEMBER OF KEITH VESELIK, MD, BOARD DIRECTOR	34,112	EMPLOYMENT ARRANGEMENT		No
(6) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	337,746	PROVIDED GOODS/SERVICES TO LOYOLA UNIVERSITY MEDICAL CENTER		No
(7) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,814,122	PROVIDED GOODS/SERVICES TO LOYOLA UNIVERSITY MEDICAL CENTER		No
(8) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,287,038	PROVIDED GOODS/SERVICES TO LOYOLA UNIVERSITY MEDICAL CENTER		No
(9) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	9,111,198	PROVIDED GOODS/SERVICES TO LOYOLA UNIVERSITY MEDICAL CENTER		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

Employer identification number
36-4015560

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1,806	174,281	MARKET PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>TOYS</u>)	X	0	43,445	COST
26 Other ► (<u>AIRLINE TICKETS</u>)	X	150	30,000	COST
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

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

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

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

Part II

Supplemental Information.

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

Return Reference	Explanation
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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.**2015****Open to Public
Inspection**Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER**Employer identification number**

36-4015560

Return Reference

FORM 990, PART VI, SECTION A, LINE 2

Explanation

HENRY LANG, DIRECTOR, AND JACK WEINBERG, DIRECTOR, HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF LOYOLA UNIVERSITY MEDICAL CENTER (LUMC) IS LOYOLA UNIVERSITY HEALTH SYSTEM (LUHS) SEE LINE 7 FOR ADDITIONAL INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	LUHS IS THE SOLE MEMBER OF LUMC LUHS HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF LUMC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, LUHS MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET LUHS MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS AND MODIFICATIONS TO GOVERNING DOCUMENTS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING, THE FORM 990 FOR LUMC IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE BOARD OF DIRECTORS EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	LUMC HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES IT APPLIES TO ALL "INTERESTED PERSONS" OF LUMC, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF LUMC AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF LUMC (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO LUMC OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST THE BOARD OF DIRECTORS OF LUMC (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF LUMC INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF LUMC IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING CEO AND CFO COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO AND CFO OF LUMC ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	LUMC IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, LUMC INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE. LUMC'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS TO/FROM AFFILIATES -17,120,331 CHANGE IN DEFERRED RETIREMENT COSTS -27,320,938 OTHER TRANSACTIONS -1,552,477 EQUITY GAIN/LOSS IN UNCONSOLIDATED AFFILIATES 5,478,316

Return Reference	Explanation
FORM 990, PART XII, LINE 2	LUMC'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY 16 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

Return Reference	Explanation
FORM 990, PART I, DOING BUSINESS AS	LOYOLA CENTER FOR HOME CARE AND HOSPICE

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LOYOLA UNIVERSITY MEDICAL CENTER

► 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.

Employer identification number
36-4015560

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
(1) LOYOLA AMBULATORY CENTERS LLC 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4321058	AMBULATORY SERVICES	IL	204,618	2,308,829	LOYOLA UNIVERSITY MEDICAL CENTER

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 36-4015560

Name: LOYOLA UNIVERSITY MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
ALBANY MEMORIAL HOSPITAL 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ALLEGANY FRANCISCAN MINISTRIES INC 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	FL	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
ASYLUM HILL FAMILY MEDICINE CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTHCARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 11A, I	BAUM HARMON MERCY HOSPITAL	Yes	
BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
BRIGHTSIDE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 9	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
CAPITAL REGION GERIATRIC CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
COLUMBUS ACQUISITION CORP 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	Yes	
COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440	HEALTHCARE SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
CRANBROOK HOSPICE CARE 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320699	HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
EAST NORRITON PHYSICIANS SERVICES ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
EDDY LICENSED HOME CARE AGENCY INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
EMBRACING AGE INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 9	ST JOSEPH'S HEALTH INC	Yes	
EMPIRE HOME INFUSION SERVICE INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
FARREN CARE CENTER INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
FRANCISCAN ELDERCARE CORPORATION PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
GLEN EDDY INC ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
GOOD SAMARITAN HOSPITAL INC 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	COMMUNITY OUTREACH	IL	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL	Yes	
GOTTLIEB MEMORIAL FOUNDATION 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 11C, III-FI	N/A		No
GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
GRAND RAPIDS MEDICAL EDUCATION PARTNERS INC 945 OTTAWA AVE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST PO BOX 3302 MUSKEGON, MI 49443 38-2299878	SELF INSURANCE	MI	501(C)(3)	LINE 11B, II	MERCY HEALTH PARTNERS	Yes	
HACKLEY LIFE COUNSELING 125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
HAWTHORNE RIDGE INC 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HERITAGE HOUSE NURSING CENTER INC 2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 9	HOLY CROSS HEALTH INC	Yes	
HOLY CROSS HEALTH FOUNDATION INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
HOLY CROSS HEALTH INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HEALTHCARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTHCARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
HOLY CROSS MEDICAL PROPERTIES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283	BUILDING MANAGEMENT SERVICES	FL	501(C)(2)	N/A	HOLY CROSS HOSPITAL INC	Yes	
HOLY CROSS OUTPATIENT SERVICES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTHCARE SERVICES	FL	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL INC	Yes	
HOLY CROSS PRIMARY CARE INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTHCARE SERVICES	FL	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL INC	Yes	
HOME & COMMUNITY HEALTH SERVICES INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 9	TRINITY HEALTH - NEW ENGLAND INC	Yes	
HOME AIDE SERVICE OF EASTERN NEW YORK INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 9	MERCY HEALTH SERVICES-IOWA CORP	Yes	
HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 11A, I	N/A		No
HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH- MICHIGAN	Yes	
JOHNSON HEALTH CARE INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0709903	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 9	TRINITY HEALTH - NEW ENGLAND INC	Yes	
JOHNSON MEMORIAL HOSPITAL INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 47-5676956	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
JOHNSON MEMORIAL MEDICAL CENTER INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0696923	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND INC	Yes	
LANGHORNE MRI INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LANGHORNE PHYSICIAN SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LIFE AT LOURDES INC 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LIFE AT ST FRANCIS HEALTHCARE INC 7TH CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
LIFE ST FRANCIS CORPORATION 1435 LIBERTY STREET HAMILTON, NJ 08629 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 9	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
LIFE ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	ST JOSEPH OF THE PINES INC	Yes	
LIFE ST MARY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LOURDES ANCILLARY SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SERVICE AUXILIARY	NJ	501(C)(3)	LINE 11B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	

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						Yes	No
LOURDES CARDIOLOGY SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTHCARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY 218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LOYOLA MEDICINE TRANSPORT LLC 905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORATION SERVICES	IL	501(C)(3)	LINE 9	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM		No
LTC (EDDY) INC 2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
MARIAN COMMUNITY HOSPITAL 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 24-0711230	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	Yes	
MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MARYCREST HEIGHTS PO BOX 9184 FARMINGTON HILLS, MI 48333 27-0291722	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
MAXIS HEALTH SYSTEM 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
MCAULEY CENTER INC 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC	Yes	
MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
MCAULEY MINISTRIES 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 11B, II	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
MERCY AMICARE HOME HEALTHCARE OAKLAND 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY AMICARE HOME HEALTHCARE PORT HURON 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320701	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	Yes	
MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	Yes	
MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	

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						Yes	No
MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOSPICE & HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HEALTH NETWORK INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 11B, II	N/A		No
MERCY HEALTH PARTNERS 1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
MERCY HEALTH PLAN ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTHCARE CENTER 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTHCARE AND HOSPITAL SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
MERCY HEALTHCARE FOUNDATION-CLINTON 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	Yes	
MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
MERCY HOSPITAL CADILLAC FOUNDATION 1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	VOLUNTEER SERVICE AUXILIARY	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	HEALTHCARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
MERCY HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791034	HEALTHCARE SERVICES (INACTIVE)	FL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
MERCY LIFE OF ALABAMA PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
MERCY LIFE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS INC	Yes	

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						Yes	No
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CORPORATION PO BOX 7957 MOBILE, AL 36670 63-6002215	HOSPICE & HOME HEALTH SERVICES	AL	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
MERCY MEDICAL GROUP C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
MERCY PHYSICIAN NETWORK ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY SENIOR CARE INC 424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY SERVICES DOWNTOWN INC 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
MERCY SPECIALIST PHYSICIANS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY UIHLEIN HEALTH CORPORATION 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, NY 19073 16-1535133	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MISSION HEALTH CORPORATION 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 11A, I	N/A		No
MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 11A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HOME CARE LLC 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081 26-2729300	HOME HEALTH SERVICES	OH	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	

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						Yes	No
MOUNT SINAI HOSPITAL FOUNDATION INC 500 BLUE HILLS AVENUE HARTFORD, CT 06112 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 11C, III-FI	N/A		No
MOUNT SINAI REHABILITATION HOSPITAL INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
MRI MOBILE SERVICES OF WEST MICHIGAN 1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 9	TRINITY HEALTH- MICHIGAN	Yes	
MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 11A, I	NAZARETH HOSPITAL	Yes	
NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
NAZARETH PHYSICIAN SERVICES INC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
NE PHYSICIAN SERVICES INC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756	HEALTHCARE SYSTEM SUPPORT	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
OAKLAND MERCY HOSPITAL FOUNDATION 601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 11C, III-FI	N/A		No
ONE THOUSAND CORPORATION 1000 ASYLUM AVENUE HARTFORD, CT 06105 06-0922325	BUILDING MANAGEMENT SERVICES	CT	501(C)(2)	N/A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
OSUMOUNT CARMEL HEALTH ALLIANCE 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTHCARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 11A, I	N/A		No
OUR LADY OF LOURDES HEALTH CARE SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM	Yes	
OUR LADY OF LOURDES HEALTH FOUNDATION INC 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
PIONEER VALLEY CARDIOLOGY ASSOCIATES INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	

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						Yes	No
PROBILITY THERAPY SERVICES 2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTHCARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
SAINT AGNES MEDICAL FOUNDATION (FKA PROFESSIONAL OFFICE CORPORATION) 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	Yes	
SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	BUILDING MANAGEMENT SERVICES	ID	501(C)(3)	LINE 9	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTHCARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS FOUNDATION-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
SAINT ALPHONSUS FOUNDATION-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTHCARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	HEALTHCARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTHCARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTHCARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT FRANCIS EMERGENCY MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 11B, II	SAINT FRANCIS MEDICAL GROUP INC	Yes	
SAINT FRANCIS FOUNDATION INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT FRANCIS MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT JAMES CARE INC 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SAINT JOSEPH PACE INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 7	TRINITY HEALTH PACE	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTHCARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTHCARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY INC 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 11B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SAINT JOSEPH'S HEALTH SYSTEM INC 424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	Yes	
SAINT JOSEPH'S MERCY CARE SERVICES INC 424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTHCARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
SAINT MARY'S FOUNDATION 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
SAINT MICHAEL'S MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
SAMARITAN CHILD CARE CENTER INC 2213 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE	NY	501(C)(3)	LINE 9	ST PETER'S HEALTH PARTNERS	Yes	
SAMARITAN HOSPITAL 2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE 1 ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH FOUNDATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH SYSTEM INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SISTERS OF PROVIDENCE CARE CENTERS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	

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

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						Yes	No
SISTERS OF PROVIDENCE HEALTH SYSTEM INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398374	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	MA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SJ MANAGEMENT COMPANY OF SYRACUSE INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11C, III-FI	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
SJHSJOC HOLDINGS INC 424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTHCARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ST AGNES CONTINUING CARE CENTER ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
ST AGNES CONTINUING CARE CENTER FOUNDATION ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 11A, I	ST AGNES CONTINUING CARE CENTER	Yes	
ST FRANCIS FOUNDATION PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 11A, I	ST FRANCIS HOSPITAL	Yes	
ST FRANCIS HOSPITAL INC PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST FRANCIS MEDICAL CENTER FOUNDATION INC 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
ST JAMES MERCY HEALTH SYSTEM INC 411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
ST JAMES MERCY HOSPITAL 411 CANISTEO STREET HORNELL, NY 14843 16-0743310	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JAMES MERCY HEALTH SYSTEM INC	Yes	
ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
ST JOSEPH'S COLLEGE OF NURSING AT ST JOSEPH'S HOSPITAL HEALTH CENTER 206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
ST JOSEPH'S HEALTH CENTER PROPERTIES INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 11B, II	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S HEALTH INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
ST JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S MEDICAL PC 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
ST JOSEPH'S PHYSICIAN HEALTH PC 301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	

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						Yes	No
ST MARY BUILDING AND DEVELOPMENT COMPANY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
ST MARY EMERGENCY MEDICAL SERVICES 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
ST MARY HOME INCORPORATED 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST MARY MEDICAL CENTER FOUNDATION INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
ST MARY'S FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 11A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S HEALTH CARE SYSTEM INC 1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST MARY'S HIGHLAND HILLS INC 1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S MEDICAL GROUP INC 1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTHCARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S SACRED HEART HOSPITAL INC 367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MICHAEL'S FOUNDATION INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976	FOUNDATION	NJ	501(C)(3)	LINE 11A, I	SAINT MICHAEL'S MEDICAL CENTER	Yes	
ST PETER'S HEALTH CARE SERVICES 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2702507	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 9	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
ST PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES PC 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION INC 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 11A, I	SUNNYVIEW HOSPITAL & REHABILITATION CENTER	Yes	
THE COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	

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						Yes	No
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 707 EAST CEDAR STREET SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
THE JAMES A EDDY MEMORIAL GERIATRIC CENTER INC 2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
THE MARJORIE DOYLE ROCKWELL CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
THE NORTHEAST HEALTH FOUNDATION INC 2224 BURDETT AVE TROY, NY 12180 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 11A, I	N/A		No
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES 309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11D, III-O	N/A		No
TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
TRINITY CONTINUING CARE SERVICES - INDIANA INC PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH - NEW ENGLAND INC (FKA SAINT FRANCIS CARE INC) 114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH MINISTRIES	Yes	
TRINITY HEALTH LIFE PENNSYLVANIA INC 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 9	TRINITY HEALTH PACE	Yes	
TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
UIHLEIN MERCY CENTER 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 15-0532190	HEALTHCARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
UNIVERSITY HEIGHTS PROPERTY COMPANY INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	TITLE HOLDING COMPANY	NJ	501(C)(2)	N/A	SAINT MICHAEL'S MEDICAL CENTER	Yes	
VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

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

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

[illegible]

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES (1) CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
(1) CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C				Yes	
(2) CATHERINE HORAN BUILDING CORP 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
(3) CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES (4) INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
(5) FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
(6) FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
(7) FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
(8) FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(9) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
(10) HEF INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401	OFFICE STAFFING	MI	N/A	C				Yes	
(11) HACKLEY HEALTH MANAGEMENT INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
(12) HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY HEALTHCARE EQUIPMENT (13) CORP 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
(14) HACKLEY PROFESSIONAL CENTER INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3024797	REAL ESTATE RENTAL	MI	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	
HEALTH CARE MANAGEMENT (1) ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTHCARE MANAGEMENT	NY	N/A	C				Yes	
(2) HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C				Yes	
(3) HOLY CROSS PRIVATE HOME SERVICES CORP 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
(4) HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
(5) HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR YPSILANTI, MI 48197 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
(6) IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
(7) LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
(8) LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
(9) LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C				Yes	
(10) LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
(11) LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
(12) MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTHCARE HOLDING	MD	N/A	C				Yes	
(13) MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
(14) MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	

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								Yes	No
MERCY INPATIENT MEDICAL (31) ASSOCIATES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
(1) MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
(2) MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
MOUNT CARMEL HEALTH PROVIDERS (3) INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
(4) NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
PHYSICIANS MEDICAL OFFICE (5) BUILDING CONDOMINIUM TRUST 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-6608649	PROPERTY MANAGEMENT	MA	N/A	C				Yes	
(6) PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C				Yes	
(7) PROVIDENCE HOME CARE INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
(8) SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
(9) SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
(10) SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	
(11) SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
(12) SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
(13) SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
SJPE PRACTICE MANAGEMENT (14) SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	

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								Yes	No
(46) SJRMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
ST ELIZABETH HEALTH SUPPORT (1) SERVICES INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
(2) ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	
(3) SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
(4) THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
(5) TRINITY ASSURANCE LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C				Yes	
(6) TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C				Yes	
(7) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
TRINITY SENIOR SERVICES (8) MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
(9) WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
(10) WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	GOTTLIEB MEMORIAL HOSPITAL	L	963,851	PER BOOKS
(1)	GOTTLIEB MEMORIAL HOSPITAL	P	583,917	PER BOOKS
(2)	LOYOLA UNIVERSITY HEALTH SYSTEM	Q	691,959	PER BOOKS
(3)	GOTTLIEB COMMUNITY HEALTH SVCS CORPORATION	P	569,975	PER BOOKS
(4)	MERCY HOSPITAL AND MEDICAL CENTER	L	421,383	PER BOOKS
(5)	MERCY HOSPITAL AND MEDICAL CENTER	J	67,207	PER BOOKS
(6)	MERCY HOSPITAL AND MEDICAL CENTER	Q	99,366	PER BOOKS
(7)	TRINITY HEALTH CORPORATION	B	17,120,331	PER BOOKS
(8)	TRINITY HEALTH CORPORATION	C	199,867	PER BOOKS
(9)	TRINITY HEALTH CORPORATION	M	34,245,599	PER BOOKS
(10)	TRINITY HEALTH CORPORATION	P	51,758,454	PER BOOKS
(11)	TRINITY HEALTH CORPORATION	Q	4,077,135	PER BOOKS
(12)	TRINITY HEALTH CORPORATION	R	15,907,889	PER BOOKS
(13)	TRINITY HEALTH ACO INC	S	967,299	PER BOOKS
(14)	TRINITY HEALTH CORPORATION	E	60,000,000	PER BOOKS
(15)	LOYOLA UNIVERSITY HEALTH SYSTEM	S	8,885,430	PER BOOKS