




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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/foi/m990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SAINT MARY'S HOSPITAL FOUNDATION INC

% RENEE WARNER
Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
WATERBURY, CT 06706

F Name and address of principal officer
CARRIE FULLER
56 FRANKLIN STREET
WATERBURY,CT 06706

D Employer identification number

22-2528400

E Telephone number

(203) 709-3054

G Gross receipts \$ 1,283,055

H(a) Is this a group return for subordinates?
No ☐ Yes ☒
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW.STMH.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984 **M** State of legal domicile CT

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SAINT MARY'S HOSPITAL FOUNDATION'S PRIMARY PURPOSE IS TO RAISE MONEY IN SUPPORT OF SAINT MARY'S HOSPITAL, INC			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	98	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		844,886	997,240
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		286,488	112,599
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-64,376	-63,785
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,066,998	1,046,054
	14 Benefits paid to or for members (Part IX, column (A), line 4)		555,243	151,521
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		200,695	283,209
	b Total fundraising expenses (Part IX, column (D), line 25) ▶39,878		0	0
Net Assets or Fund Balances	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)		238,785	213,353
	19 Revenue less expenses Subtract line 18 from line 12		994,723	648,083
			72,275	397,971
			Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		4,952,674	5,633,104	
21 Total liabilities (Part X, line 26)		44,431	83,639	
22 Net assets or fund balances Subtract line 21 from line 20		4,908,243	5,549,465	

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

CHAD WABLE DIRECTOR

Type or print name and title

2017-08-14

Date

Paid Preparer Use Only

Print/Type preparer's name
MARY-EVELYN ANTONETTI

Firm's name ▶ KPMG LLP

Firm's address ▶ One Financial Plaza
Hartford, CT 061032608

Preparer's signature
MARY-EVELYN ANTONETTI

Firm's EIN ▶

Phone no (860) 522-3200

Date
2017-08-11

Check ☐ if self-employed

PTIN
P00431862

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 IIIPart 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

SAINT MARY'S HOSPITAL FOUNDATION'S PRIMARY PURPOSE IS TO TO RAISE MONEY IN SUPPORT OF SAINT MARY'S HOSPITAL, INC

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 \$ 455,714 including grants of \$ 151,521) (Revenue \$)

See Additional Data

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 ▶ 455,714

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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.	23	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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	No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		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	CT
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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	RENEE WARNER 56 FRANKLIN STREET WATERBURY, CT 06706 (203) 709-6111

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHAD WABLE DIRECTOR	1 0 40 0	X						0	898,573	197,623
(2) JACI CARROLL-HANRATTY DIRECTOR	1 0 0 0	X						0	0	0
(3) MICHAEL C. CULHANE DIRECTOR	1 0 0 0	X						0	0	0
(4) PETER J. JACOBY M.D. DIRECTOR	3 0 0 0	X						0	0	0
(5) LYNETTE LETSKY-PIOMBO DIRECTOR	1 0 0 0	X						0	0	0
(6) GEORGE J. STROBEL JR. VICE CHAIRMAN	2 0 0 0	X		X				0	0	0
(7) EMILY ANDERSON DIRECTOR	1 0 0 0	X						0	0	0
(8) SHARON ZILAHY R.N. SECRETARY	1 0 0 0	X		X				0	0	0
(9) PAUL KELLY M.D. CHAIRMAN	2 0 40 0	X		X				0	593,536	37,387
(10) KEVIN DELGOBBO DIRECTOR	1 0 0 0	X						0	0	0
(11) JOHN A. ZINNO JR. DIRECTOR	1 0 0 0	X						0	0	0
(12) CARRIE FULLER EXECUTIVE DIRECTOR	40 0 0 0	X		X				0	44,655	6,501
(13) LORI A. GREENE DIRECTOR	1 0 0 0	X						0	0	0
(14) PETER R. DOIRON TREASURER	1 0 0 0	X		X				0	0	0

Part VII

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

(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			
(15) LEONARD F GENOVESE DIRECTOR (THRU 12/31/2015)	1 0 0 0	X						0	0	0
(16) BRIAN M JONES CPA DIRECTOR	1 0 0 0	X						0	0	0
(17) GREGORY ONEGLIA DIRECTOR	1 0 0 0	X						0	0	0
(18) KATIE SPIZZIRRI EXEC DIRECTOR (THRU 10/2015)	40 0 0 0	X		X				0	56,703	10,783
(19) CHARLES J BOULIER III DIRECTOR (THRU 12/31/2015)	1 0 0 0	X						0	0	0
(20) ROBIN SILLS RN DIRECTOR	1 0 0 0	X						0	88,374	20,087

1b	Sub-Total		
c	Total from continuation sheets to Part VII, Section A		
d	Total (add lines 1b and 1c)	0	1,681,841 272,381

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

Part VIII

Statement of 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	491,820			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	505,420			
	g	Noncash contributions included in lines 1a-1f \$		73,434			
	h	Total. Add lines 1a-1f			997,240		
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			0		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		112,599		
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)		0	0		
d		Net rental income or (loss)		0			
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		0			
8a		Gross income from fundraising events (not including \$ 491,820 of contributions reported on line 1c) See Part IV, line 18		173,216			
		a					
		b	237,001				
c	Net income or (loss) from fundraising events		-63,785			-63,785	
9a	Gross income from gaming activities See Part IV, line 19						
	a						
	b						
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
	a						
	b						
	c						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See Instructions			1,046,054			48,814

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.	151,521	151,521		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	183,108	183,108		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	79,528	79,528		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	20,573	20,573		
10	Payroll taxes.	0			
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	10,000		10,000	
c	Accounting.	30,000		30,000	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	28,938		28,938	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12	Advertising and promotion.	4,250		4,250	
13	Office expenses.	54,738	10,938	24,613	19,187
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	12,504		12,504	
17	Travel.	171		171	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	645		645	
23	Insurance.	0			
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	PUBLIC AND EMPLOYEE RELATION	22,786	2,095		20,691
b	CONTRACT FEES	41,117		41,117	
c	BAD DEBT EXPENSES	2,425	2,425		
d	MISCELLANEOUS	5,779	5,526	253	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	648,083	455,714	152,491	39,878
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		768,360	1	1,138,423	
	2	Savings and temporary cash investments		593,918	2	31,433	
	3	Pledges and grants receivable, net		43,776	3	29,297	
	4	Accounts receivable, net		0	4	0	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges		16,903	9	10,200	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	0			
	b	Less: accumulated depreciation	10b	0	3,621	10c	0
	11	Investments—publicly traded securities		3,526,096	11	4,423,751	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		0	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)			4,952,674	16	5,633,104	
Liabilities	17	Accounts payable and accrued expenses		22,456	17	63,515	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		21,975	25	20,124	
	26	Total liabilities. Add lines 17 through 25			44,431	26	83,639
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		2,059,816	27	2,571,785	
28		Temporarily restricted net assets		1,798,000	28	1,927,248	
29		Permanently restricted net assets		1,050,427	29	1,050,432	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		4,908,243	33	5,549,465	
34		Total liabilities and net assets/fund balances		4,952,674	34	5,633,104	

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	1,046,054
2	Total expenses (must equal Part IX, column (A), line 25)	2	648,083
3	Revenue less expenses Subtract line 2 from line 1	3	397,971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,908,243
5	Net unrealized gains (losses) on investments	5	243,251
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,549,465

Part XII

Financial Statements and Reporting

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

☒

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

Additional Data

Software ID:**Software Version:**

EIN: 22-2528400

Name: SAINT MARY'S HOSPITAL FOUNDATION INC

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 455,714 including grants of \$ 151,521) (Revenue \$)

SAINT MARY'S HOSPITAL FOUNDATION, INC. RAISES CONTRIBUTIONS FROM THE PUBLIC SOLELY FOR THE BENEFIT OF SAINT MARY'S HOSPITAL, INC. CONTRIBUTIONS ARE RAISED FOR SPECIFIC AND NON-SPECIFIC PURPOSES AND DISTRIBUTED TO THE HOSPITAL BASED ON THE HOSPITAL'S NEEDS. PLEASE SEE STATEMENT 1 FOR A DESCRIPTION OF SAINT MARY'S HOSPITAL'S PROGRAM SERVICE ACCOMPLISHMENTS.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SAINT MARY'S HOSPITAL FOUNDATION INC

Employer identification number
22-2528400

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.)	574,511	585,377	494,924	844,886	976,624	3,476,322
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	574,511	585,377	494,924	844,886	976,624	3,476,322
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)						328,014
6 Public support. Subtract line 5 from line 4						3,148,308

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	574,511	585,377	494,924	844,886	976,624	3,476,322
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123,324	380,956	472,441	286,488	112,599	1,375,808
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						4,852,130
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					► <input type="checkbox"/>	

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	64 885 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	60 956 %
16a	33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b	33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		
<div>2</div> <div>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></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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></div>		
<div>3</div> <div>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></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>	Yes	No
<div>a</div> <div>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></div>		
<div>b</div> <div>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></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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></div>		
<div>b</div> <div>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></div>		

Part V

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

1

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

☐

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

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

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

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

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
SAINT MARY'S HOSPITAL FOUNDATION INC

Employer identification number
22-2528400

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1
► \$ _____

(ii)

Assets included in Form 990, Part X
► \$ _____

2

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

a

Revenue included on Form 990, Part VIII, line 1
► \$ _____

b

Assets included in Form 990, Part X
► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2015

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	1,459,648	1,424,616	1,342,911	1,228,902	1,076,292
b Contributions	5	82,538			
c Net investment earnings, gains, and losses	8,879	-47,506	86,705	114,945	152,610
d Grants or scholarships					
e Other expenditures for facilities and programs			5,000	936	
f Administrative expenses					
g End of year balance	1,468,532	1,459,648	1,424,616	1,342,911	1,228,902

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 72 000 %

c Temporarily restricted endowment ▶ 28 000 %

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

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

(i) unrelated organizations

(ii) related organizations

	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)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

1.	(a) Description of liability	(b) Book value
	Federal income taxes	0
	DUE TO SAINT MARY'S HOSPITAL	20,124
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	20,124

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-2528400
Name: SAINT MARY'S HOSPITAL FOUNDATION INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V	THE ENDOWMENT FUNDS OF THE FOUNDATION INCLUDE PERMANENT AND TERM RESTRICTED INVESTMENTS T HE PERMANENT ENDOWMENT FUNDS INCLUDE VARIOUS WILLS AND ESTATES WHEREBY THE ORIGINAL GIFT I S PERMANENTLY RESTRICTED AND THE INCOME GENERATED IS UNRESTRICTED AND USED TO SUPPORT HOSP ITAL OPERATIONS THE TEMPORARILY RESTRICTED FUNDS INCLUDE A TOTAL OF 74 FUNDS RESTRICTED A S TO USE THESE FUNDS ARE ORGANIZED INTO ELEVEN CATEGORIES, BASED UPON THE INTENDED USE OF THE FUND THE CATEGORIES ARE CARDIOLOGY, CHILDREN AND FAMILY HEALTH CLINICS, EMERGENCY DE PARTMENT, DEPARTMENT OF SURGERY, NURSING DEPARTMENTS, CLINICAL DEPARTMENTS, NON-CLINICAL D EPARTMENTS, MEDICAL/SURGICAL EDUCATION, SPECIAL FUNDS, SCHOLARSHIP FUNDS AND EDUCATION FUN DS THE FUNDS ARE USED BASED ON THE DONOR STIPULATED RESTRICTIONS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FOOTNOTE 3(L) OF THE REVIEWED NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR SAINT MARY'S HEALTH SYSTEM, INC. FOR THE PERIOD ENDED JULY 31, 2016. THE SYSTEM, HOSPITAL AND FOUNDATION ARE TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAXES. THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE BASIS THAT ITS TAX-EXEMPT STATUS WILL BE MAINTAINED. THE SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN RECOGNITION IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE SYSTEM DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS FOR THE 10-MONTH PERIOD ENDED JULY 31, 2016. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ST. MARY'S HEALTH OF NEW ENGLAND THAT INCLUDE THE REMAINING TWO MONTHS OF ST. MARY'S HOSPITAL FOUNDATION FINANCIAL INFORMATION DID NOT CONTAIN A FIN48 (ASC 740) FOOTNOTE.

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
SAINT MARY'S HOSPITAL FOUNDATION INC

Employer identification number
22-2528400

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			
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.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		GALA (event type)	GOLF TOURNY (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	378,951	220,555	65,530	665,036
	2 Less Contributions	263,395	185,352	43,073	491,820
	3 Gross income (line 1 minus line 2)	115,556	35,203	22,457	173,216
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	172,115	25,104	39,782	237,001
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				237,001
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-63,785

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.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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	13a	%
b	An outside facility	13b	%
- 14

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

Name ▶

Address ▶

- 15a

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 ▶

Address ▶

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
------------------	-------------

2015

22-2528400

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)A mount 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
GRANTS OR ASSISTANCE TO ORGANIZATIONS IN THE U S	SAINT MARY'S HOSPITAL FOUNDATION, INC RAISES CONTRIBUTIONS FROM THE PUBLIC SOLELY FOR THE BENEFIT OF SAINT MARY'S HOSPITAL, INC CONTRIBUTIONS ARE RAISED FOR SPECIFIC AND NON-SPECIFIC PURPOSES AND ARE DISTRIBUTED TO THE HOSPITAL BASED ON THE HOSPITAL'S NEEDS

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
SAINT MARY'S HOSPITAL FOUNDATION INC

Employer identification number
22-2528400

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	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	4c	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?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	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?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	Yes
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	7	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	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHAD WABLEDIRECTOR	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	561,766	139,690	197,117	153,711	43,912	1,096,196	181,258
2 PAUL KELLY MDCHAIRMAN	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	592,762	0	774	5,300	32,087	630,923	0

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	SAINT MARY'S FOUNDATION'S OFFICER SALARY AND BENEFITS ARE PAID BY SAINT MARY'S HOSPITAL, BUT REIMBURSED BY THE FOUNDATION. OFFICER SALARIES ARE DETERMINED UNDER THE COMPENSATION POLICIES OF SAINT MARY'S HOSPITAL WHICH MEET THE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION. THE POLICIES INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD AND COMPENSATION COMMITTEE. SEE FURTHER DISCUSSION ON SCHEDULE O.
SCHEDULE J, PART I, LINE 4B	SAINT MARY'S FOUNDATION DOES NOT HAVE A NONQUALIFIED RETIREMENT PLAN. HOWEVER, CHAD WABLE PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AT SAINT MARY'S HOSPITAL. THE AMOUNT OF BENEFIT ACCRUED OF \$123,786 IS INCLUDED IN PART II, COLUMN (C).
SCHEDULE J, PART I, LINE 6A	SAINT MARY'S FOUNDATION DOES NOT DIRECTLY PAY BONUSES TO ITS SENIOR LEADERS. HOWEVER, INDIVIDUALS LISTED IN SCHEDULE J RECEIVE COMPENSATION FROM SAINT MARY'S HOSPITAL. EACH SENIOR LEADER OF SAINT MARY'S HOSPITAL IS PROVIDED A BONUS BASED ON NET EARNINGS AND OTHER CORPORATE GOALS. THE BONUS IS CONTINGENT ON CORPORATE GOALS AND OBJECTIVES EACH YEAR. DURING 2016, THERE WERE 5 OBJECTIVES: PEOPLE, SERVICE, QUALITY, FINANCE, AND GROWTH. THE BONUS IS COMPUTED ON A PERCENTAGE ALLOCATION FOR THE WEIGHT OF EACH OBJECTIVE WHICH IS DIFFERENT FOR EACH SENIOR LEADER BASED ON THEIR JOB FUNCTION.

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
SAINT MARY'S HOSPITAL FOUNDATION INC

Employer identification number
22-2528400

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FUNDRAISING RAFFLE CONTRIBUTIONS)	X	271	73,434	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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?

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?

32a

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

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

Yes

No

30a

No

31

Yes

32a

No

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

Cat No 512273

Schedule M (Form 990) (2015)

Part II

Supplemental Information.

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

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

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

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2015**Open to Public
Inspection**

Name of the organization
SAINT MARY'S HOSPITAL FOUNDATION INC

Employer identification number

22-2528400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SAINT MARY'S HOSPITAL FOUNDATION, INC. RAISES CONTRIBUTIONS FROM THE PUBLIC SOLELY FOR THE BENEFIT OF SAINT MARY'S HOSPITAL, INC. CONTRIBUTIONS ARE RAISED FOR SPECIFIC AND NON-SPECIFIC PURPOSES AND DISTRIBUTED TO THE HOSPITAL BASED ON THE HOSPITAL'S NEEDS. SAINT MARY'S HOSPITAL HAS MANY IMPORTANT SERVICE ACCOMPLISHMENTS IN THE AREAS OF INPATIENT SERVICES AND OUTPATIENT SERVICES. THE HOSPITAL ALSO PROVIDES MANY COMMUNITY BENEFITS. INPATIENT SERVICES SAINT MARY'S REMAINS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE FOR OUR PATIENTS. THE HOSPITAL PROVIDED INPATIENT TREATMENT FOR 11,715 INPATIENTS IN 2016, WITH AN AVERAGE LENGTH OF STAY OF 4 DAYS. SAINT MARY'S THREE LARGEST PROGRAMS ARE SURGERY, CARDIOLOGY AND MEDICINE. IN 2016, 1,168 PATIENTS CHOSE TO HAVE GENERAL SURGERY AT SAINT MARY'S, STAYING AT THE HOSPITAL FOR A TOTAL OF 6,192 DAYS AND GENERATED \$23 MILLION IN REVENUE. 1,367 PATIENTS CHOSE SAINT MARY'S FOR CARDIAC CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 5,626 DAYS AND GENERATING \$22 MILLION IN REVENUE, AND 4,044 PATIENTS RECEIVED INPATIENT MEDICAL CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 16,440 DAYS, AND GENERATING \$40 MILLION IN REVENUE. AS THE HOSPITAL CONTINUES TO DISTINGUISH ITSELF AS A LEADING PROVIDER OF HEALTHCARE SERVICES IN THE REGION, IT HAS GARNERED RECOGNITION FROM STATE AND NATIONAL ORGANIZATIONS FOR PROVIDING OUTSTANDING PATIENT CARE. SAINT MARY'S HOSPITAL IS RANKED AS THE TOP-PERFORMING HOSPITAL IN CONNECTICUT FOR DELIVERING PERCUTANEOUS CORONARY INTERVENTION (PCI), A LIFE-SAVING PROCEDURE THAT OPENS THE BLOCKED ARTERIES OF HEART ATTACK PATIENTS. THE NATIONAL STANDARD STATES THAT PATIENTS SHOULD RECEIVE THIS PROCEDURE WITHIN 90 MINUTES OF ARRIVAL AT THE HOSPITAL. ACCORDING TO THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID (CMS), 100 PERCENT OF PATIENTS WHO REQUIRE ANGIOPLASTY RECEIVE IT AT SAINT MARY'S WITHIN 90 MINUTES OF ARRIVAL. THIS RANKS SAINT MARY'S AS THE NUMBER ONE PERFORMING HOSPITAL IN CONNECTICUT, AND SIGNIFICANTLY AHEAD OF THE NATIONAL AVERAGE, WHICH IS 79 PERCENT OF PATIENTS BEING TREATED WITHIN 90 MINUTES. IN ADDITION, SINCE 2007, SAINT MARY'S HOSPITAL HAS CONSISTENTLY BEEN RECOGNIZED BY THE AMERICAN HEART ASSOCIATION, THE AMERICAN COLLEGE OF CARDIOLOGY AND OTHER ORGANIZATIONS FOR OUTSTANDING CARE OF HEART ATTACK AND HEART FAILURE PATIENTS. THESE ACHIEVEMENTS ARE THE RESULT OF OUR COMMITMENT TO CONTINUOUS QUALITY IMPROVEMENT THROUGH OUR INVOLVEMENT IN THE NATIONAL GET WITH THE GUIDELINES (GWTG) PROGRAM AND AMERICAN COLLEGE OF CARDIOLOGY'S NATIONAL CARDIOVASCULAR DATA REGISTRY (NCDR) ACTION REGISTRY, AND OUR ROLE AS ONE OF THE NATION'S FIRST ACC PATIENT NAVIGATOR HOSPITALS. THIS RECOGNITION INDICATES THAT SAINT MARY'S IS DEDICATED TO PROVIDING THE BEST CARDIAC CARE IN THE COUNTRY FOR OUR PATIENTS. IN ADDITION, SAINT MARY'S CONSISTENTLY FOLLOWED THE TREATMENT GUIDELINES IN ACTION REGISTRY -GWTGM FOR EIGHT CONSECUTIVE QUARTERS IN ACTION REGISTRY-GWTG AND MET A PERFORMANCE STANDARD OF 90% FOR SPECIFIC PERFOR</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>MANCE MEASURES TO RECEIVE THE 2016 AWARD ACTION REGISTRY-GWTG IS A PARTNERSHIP BETWEEN THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION AND THE AMERICAN HEART ASSOCIATION WITH PARTNERING SUPPORT FROM THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS AND THE SOCIETY OF CARDIOVASCULAR PATIENT CARE. IN FISCAL YEAR 2016, SAINT MARY'S HOSPITAL HAS EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S HEART-CHECK MARK FOR ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTERS. THE GOLD SEAL OF APPROVAL AND THE HEART-CHECK MARK REPRESENT SYMBOLS OF QUALITY FROM THEIR RESPECTIVE ORGANIZATIONS. IN ADDITION, SAINT MARY'S ADDED A TELEMEDICINE COMPONENT TO HOW WE DELIVER STROKE CARE. TELEMEDICINE IS A CLOUD-BASED METHOD OF CONNECTING DOCTORS WITH PATIENTS REMOTELY, SIMILAR TO SKYPE OR VIDEO CONFERENCING. AT SAINT MARY'S HOSPITAL, WE USE INTOUCH HEALTH ROBOTS TO CONNECT NEUROLOGISTS FROM THE GREATER WATERBURY AREA TO OUR PATIENTS WITH A POTENTIAL STROKE. WHEN PATIENTS PRESENT TO THE EMERGENCY DEPARTMENT WITH SUDDEN ONSET OF STROKE SYMPTOMS, WE MOVE QUICKLY. THE INTOUCH HEALTH ROBOT ENABLES THE PATIENT TO BE SEEN AND EVALUATED BY THE LOCAL NEUROLOGIST IN A TIMELY MANNER. IN THE 2016 FISCAL YEAR, SAINT MARY'S SCORED IN THE TOP 20 PERCENT OF ALL HOSPITALS IN A NATIONAL COMPARISON GROUP TO RECEIVE THE 2016 COMMUNITY VALUE FIVE STAR AWARD AND WAS AMONG A SMALLER SUBSET TO RECEIVE THE 2016 COMMUNITY VALUE 100 AWARD, MAKING IT ONE OF THE HIGHEST SCORING FACILITIES IN THE COUNTRY. IN ADDITION, SAINT MARY'S IS A LEADER IN SURGICAL SERVICES. OUR PHYSICIANS PROVIDE BOTH IN-PATIENT AND OUT-PATIENT SURGERY IN THE AREAS OF GI, ONCOLOGY, THORACIC, VASCULAR, LAPAROSCOPY, TRAUMA, GYNECOLOGY, UROLOGY, NEUROSURGERY, ORTHOPEDICS, CARDIOTHORACIC, PLASTIC, BARIATRIC AND ENDOCRINE SURGERY. AT SAINT MARY'S HOSPITAL, OUR EXPERIENCED SURGEONS PERFORM ADVANCED ROBOTIC-ASSISTED PROCEDURES UTILIZING TWO DAVINCI ROBOTIC SURGICAL SYSTEMS. THIS INNOVATIVE TECHNOLOGY IS BECOMING THE STANDARD OF CARE FOR MANY COMPLEX SURGICAL PROCEDURES WITH APPLICATIONS FOR GYNECOLOGIC, UROLOGIC, THORACIC, CARDIAC AND GENERAL SURGERY. AS THE LEADING PROVIDER OF SURGICAL SERVICES IN THE REGION, SAINT MARY'S IS COMMITTED TO PROVIDING THE HIGHEST QUALITY AND SUPERIOR SERVICE FOR OUR PATIENTS. DURING FISCAL YEAR 2016, SAINT MARY'S PERFORMED 563 SURGERIES USING THE DAVINCI ROBOTIC SURGICAL SYSTEMS. IN ADDITION, THE HOSPITAL OFFERS A COMPREHENSIVE SIX-YEAR TRAINING PROGRAM IN GENERAL SURGERY. SAINT MARY'S HOSPITAL IS COMMUNITY BASED AND BOASTS A CLOSE AFFILIATION TO YALE UNIVERSITY IN NEARBY NEW HAVEN, CONNECTICUT, AND THE UNIVERSITY OF CONNECTICUT IN FARMINGTON, CONNECTICUT. HISTORICALLY, NEARLY ONE HALF OF THE RESIDENTS COMPLETING THIS PROGRAM HAVE PURSUED FURTHER TRAINING IN CARDIOTHORACIC, COLON AND RECTAL, PLASTIC AND RECONSTRUCTIVE, SURGICAL ONCOLOGY, OR VASCULAR SURGERY. SAINT MARY'S ALSO OFFERS A FOUR-BED NEUROSPINE INTENSIVE CARE UNIT (NEUROICU). THIS NEW UNIT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>T ALLOWS SAINT MARY'S TO CARE FOR PATIENTS WHO REQUIRE SPECIALIZED CARE FOLLOWING SURGICAL TREATMENT OF BRAIN TUMORS, HEAD TRAUMA, OR STROKES THE NEUROICU FEATURES NEW, STATE-OF-T HE-ART EQUIPMENT THAT ALLOWS SECOND-TO-SECOND MONITORING OF CRITICALLY-ILL PATIENTS IN AD DITION, SAINT MARY'S HOSPITAL HAS BEEN RECOGNIZED BY ANTHEM BLUECROSS WITH A BLUE DISTINCT ION CENTER DESIGNATION IN THE AREA OF BARIATRIC SURGERY BLUE DISTINCTION CENTERS ARE NATI ONALLY-DESIGNATED HEALTHCARE FACILITIES SHOWN TO DELIVER QUALITY SPECIALTY CARE BASED ON O BJECTIVE MEASURES THAT WERE DEVELOPED WITH INPUT FROM THE MEDICAL COMMUNITY FOR PATIENT SA FETY AND BETTER HEALTH OUTCOMES AS A LEADER IN BARIATRIC SURGERY SAINT MARY'S GAINED ACCR EDITATION BY THE AMERICAN COLLEGE OF SURGEONS (ACS) METABOLIC AND BARIATRIC SURGERY ACCRED ITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) AND THE AMERICAN SOCIETY FOR METABOLIC A ND BARIATRIC SURGERY (ASMBS) THIS ACCREDITATION "FORMALLY ACKNOWLEDGES THE COMMITMENT TO PROVIDING AND SUPPORTING QUALITY IMPROVEMENT AND PATIENT SAFETY EFFORTS FOR METABOLIC AND BARIATRIC SURGERY PATIENTS AS AN ACCREDITED PROGRAM SAINT MARY'S HAS DEMONSTRATED THAT TH E CENTER MEETS THE NEEDS OF OUR PATIENTS BY PROVIDING MULTIDISCIPLINARY , HIGH-QUALITY , PAT IENT-CENTERED CARE IMPROVEMENT AND PATIENT SAFETY EFFORTS FOR METABOLIC AND BARIATRIC SUR GERY PATIENTS AS AN ACCREDITED PROGRAM SAINT MARY'S HAS DEMONSTRATED THAT THE CENTER MEET S THE NEEDS OF OUR PATIENTS BY PROVIDING MULTIDISCIPLINARY , HIGH-QUALITY , PAT IENT-CENTERED CARE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT)	<p>SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, SOUTHBURY AND PROSPECT IN 2016, 253,992 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE THE HOSPITAL'S TWO LARGEST PROGRAMS ARE ITS EMERGENCY DEPARTMENT, WHICH PROVIDED TREATMENT TO 64,952 PATIENTS IN 2016, GENERATING \$29 MILLION IN REVENUE, AND AMBULATORY SURGERY IN 2016, 15,598 PATIENTS CHOSE TO HAVE OUTPATIENT SURGERY AT SAINT MARY'S, GENERATING \$52 MILLION IN REVENUE OUTPATIENT SERVICES INCLUDE BUT ARE NOT LIMITED TO MEDICAL IMAGING, BLOOD DRAW AND LAB SERVICES, CARDIAC AND PULMONARY REHABILITATION CLASSES, NUTRITIONAL COUNSELING AND EXPECTANT PARENT CLASSES SAINT MARY'S SATELLITE FACILITIES INCLUDE HEALTH AND WELLNESS CENTERS PROVIDING CERTIFIED URGENT CARE CENTERS, BLOOD DRAW STATIONS AND X-RAY SERVICES IN NAUGATUCK, CHESHIRE, WATERBURY, AND WOLCOTT, OUTPATIENT REHABILITATION THERAPY OFFICES IN WATERBURY, WOLCOTT AND NAUGATUCK, OUTPATIENT SLEEP DISORDERS CENTERS IN WATERBURY AND WOLCOTT, THE BREAST & ONCOLOGY CENTERS IN SOUTHBURY AND PROSPECT, AND OCCUPATIONAL THERAPY IN WATERBURY SAINT MARY'S HAS BEEN RECOGNIZED AT THE STATE AND NATIONAL LEVELS AS A DISTINGUISHED PROVIDER OF OUTPATIENT SERVICES ONE ADDITION TO THE OUTPATIENT SERVICES INCLUDED THE LIONS LOW VISION CENTER WHICH IS ONE OF ONLY FIVE CENTERS IN CONNECTICUT AND THE ONLY CENTER OF ITS KIND IN GREATER WATERBURY SPECIALISTS COLLABORATE WITH PATIENTS' EYE CARE PROFESSIONALS AND HELP PATIENTS MAKE THE MOST OF THEIR AVAILABLE VISION WITH EXERCISES, COMPENSATORY STRATEGIES, AND TRAINING WITH LOW VISION AIDS SAINT MARY'S IS AMONG THE LARGEST AND BUSIEST EMERGENCY DEPARTMENTS IN THE STATE OF CONNECTICUT IN FACT, WITH APPROXIMATELY 70,000 EMERGENCY VISITS PER YEAR, WE RANK AS THE 9TH BUSIEST IN THE STATE THE SAINT MARY'S EMERGENCY DEPARTMENTS IS A CERTIFIED LEVEL 2 TRAUMA CENTER, AND ALL PHYSICIANS ARE BOARD CERTIFIED IN EMERGENCY MEDICINE THE EMERGENCY DEPARTMENT PLAYS A CRITICAL ROLE IN HELPING SAINT MARY'S ACHIEVE ITS EXTRAORDINARY PERFORMANCE WITH DOOR-TO-BALLOON TIME, A MEASURE OF THE TIME IT TAKES A HEART ATTACK VICTIM TO HAVE HIS OR HER BLOCKED ARTERIES OPENED SAINT MARY'S MEDIAN DOOR-TO-BALLOON TIME IS 60 MINUTES SAINT MARY'S DOOR-TO-BALLOON TIME IS 30 MINUTES FASTER THAN NATIONAL GUIDELINES SET BY THE AMERICAN COLLEGE OF CARDIOLOGY FOR OPENING BLOCKED ARTERIES THE DEPARTMENT ALSO PROVIDES AMBULATORY CARE SERVICES, WHICH ARE DESIGNED TO ACCOMMODATE NON-EMERGENT, LOWER ACUITY NEEDS THIS UNIT CONTAINS A PEDIATRIC CENTER, WHICH IS STAFFED BY PEDIATRICIANS EACH AFTERNOON FINALLY, THE EMERGENCY DEPARTMENT CONTAINS A DEDICATED BEHAVIORAL HEALTH AREA, SUPPORTED BY A PSYCHIATRIST, SOCIAL WORKER AND SPECIALIZED NURSES THIS UNIT PROVIDES A MUCH NEEDED RESOURCE FOR SERVING OUR PATIENT POPULATION, AND HAS SEEN CONTINUED GROWTH AND INCREASE IN DEMAND SAINT MARY'S CANCER PROGRAM WAS AWARDED A THREE-YEAR ACCREDITATION FROM THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER WITH COMMENDATION ONLY 40</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT)	PERCENT OF ALL U S HOSPITALS SURVEYED BY THE COMMISSION ACHIEVE THIS LEVEL OF RECOGNITIO N ACS ACCREDITATION ENSURES THAT PATIENTS WHO CHOOSE SAINT MARY'S FOR CANCER CARE HAVE AC CESS TO A COMPLETE RANGE OF STATE-OF-THE-ART SERVICES AND EQUIPMENT, A TEAM THAT COORDINAT ES THE BEST AVAILABLE TREATMENT OPTIONS, AND ACCESS TO CLINICAL TRIALS AND NEW TREATMENT O PTIONS, AS WELL AS EARLY DETECTION PROGRAMS, EDUCATION AND SUPPORT SERVICES SAINT MARY'S WOUND HEALING CENTER IS STAFFED BY A SPECIALIZED TEAM OF PHY SICIANS, SURGEONS, NURSES AND TECHNICIANS, WHO COLLABORATE TO PRODUCE THE BEST POSSIBLE OUTCOMES ON AVERAGE, 92 PERCENT OF PATIENTS WHO COME TO THE CENTER WITH CHRONIC WOUNDS THAT HAVE RESISTED TRADITIONAL TRE ATMENT ACHIEVE SUCCESSFUL RESULTS WITHIN 14 WEEKS SPECIALIZED WOUND CARE ALSO HELPS PATIE NTS WITH DIABETIC ULCERS, PRESSURE ULCERS, INFECTIONS AND COMPROMISED SKIN GRAFTS IN ADDI TION THE CENTER OFFERS HYPERBARIC OXY GEN THERAPY , WHICH IS PARTICULARLY EFFECTIVE FOR PATI ENTS WHO SUFFER FROM RADIATION DAMAGE OR FACE THE POSSIBILITY OF AMPUTATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 12B & PART XII, LINE 2A&2B	SAINT MARY'S HOSPITAL FOUNDATION, INC MERGED WITH TRINITY HEALTH OF NEW ENGLAND EFFECTIVE AUGUST 1, 2016 AND AS A RESULT THERE ARE NO AUDITED FINANCIAL STATEMENTS FOR ST MARY'S HOSPITAL FOUNDATION, INC COVERING THE ENTIRE TAX YEAR HOWEVER, THERE ARE AUDITOR REVIEWED FINANCIAL STATEMENTS COVERING THE PERIOD LEADING UP TO THE MERGER FROM 10/1/2015 THROUGH 7/31/2016 AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR TRINITY HEALTH OF NEW ENGLAND THAT INCLUDE THE REMAINING TWO MONTHS OF ST MARY'S HOSPITAL FOUNDATION, INC FINANCIAL INFORMATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>EFFECTIVE AUGUST 1, 2016, SAINT MARY'S HEALTH SYSTEM MERGED INTO SAINT MARY'S HOSPITAL, INC AND SAINT MARY'S HOSPITAL, INC BECAME THE SOLE MEMBER OF SAINT MARY'S HOSPITAL FOUNDATION THE BYLAWS OF THE ORGANIZATION HAVE BEEN UPDATED TO REFLECT THIS MEMBER SUBSTITUTION FORM 990, PART VI, SECTION A, LINE 6 & 7A SAINT MARY'S HEALTH SYSTEM MERGED INTO SAINT MARY'S HOSPITAL, INC EFFECTIVE AUGUST 1, 2016 PRIOR TO THE MERGER SAINT MARY'S HEALTH SYSTEM, INC WAS THE SOLE MEMBER OF SAINT MARY'S HOSPITAL FOUNDATION, INC AND APPOINTED THE BOARD OF DIRECTORS FORM 990, PART VI, SECTION A, LINE 7B THE FOLLOWING DISCLOSURE ONLY APPLIES TO THE PERIOD PRIOR TO THE TRINITY MERGER EFFECTIVE AUGUST 1, 2016 PURSUANT TO THE PROVISIONS OF SECTION 33-1080(B) OF THE CONNECTICUT REVISED NON-STOCK CORPORATION ACT AND THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF THE CORPORATION, THERE SHALL BE RESERVED TO THE ARCHBISHOP OF THE HARTFORD ROMAN CATHOLIC ARCHDIOCESE OF HARTFORD (UNLESS SPECIFICALLY DELEGATED BY HIM) THE FOLLOWING RIGHTS AND POWERS (A)TO APPROVE THE MISSION OR PURPOSE AND THE PHILOSOPHY OF THE CORPORATION AND OF ANY SAINT MARY'S SUBSIDIARIES (B)TO APPROVE THE ACQUISITION, ALIENATION OR CONVEYANCE OF THE REAL PROPERTY OF THE CORPORATION THAT IS VALUED AT AN AMOUNT GREATER THAN THAT ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW OR TO PLACE A MORTGAGE ON SUCH PROPERTY OR TO BORROW FUNDS IN AMOUNTS GREATER THAN THOSE ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS (C)TO APPROVE THE DISPOSAL OF ALL OR SUBSTANTIALLY ALL OF THE PHYSICAL ASSETS OF THE CORPORATION AND TO APPROVE THE MERGER OR CONSOLIDATION OF THE CORPORATION (D)TO APPROVE THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION OR THE BYLAWS OF THE CORPORATION CORPORATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, QUESTION 11A	THE FINANCE COMMITTEE OF TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC HAS THE RESPONSIBILITY FOR OVERSEEING THE REVIEW OF THE FORM 990 INCLUDING ENSURING APPROPRIATE DIRECTORS AND MANAGEMENT PERSONNEL HAVE REVIEWED, ANY ISSUES ARE COMMUNICATED TO THE COMMITTEE AND FORMS 990 ARE AVAILABLE TO THE BOARD OF DIRECTORS A COMPLETE COPY OF THE ORGANIZATIONS FINAL FORM 990, INCLUDING ALL REQUIRED SCHEDULES, AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH MEMBER OF THE BOARD BEFORE ITS FILING WITH THE IRS VIA THE BOARD'S INTERNAL SECURE WEB PORTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, QUESTION 12C	<p>ANNUALLY, EACH DIRECTOR, OFFICER, AND BOARD COMMITTEE MEMBER OF ST MARY'S HOSPITAL AND ANY OF ITS AFFILIATES, AS APPROPRIATE, WILL SIGN A STATEMENT WHICH AFFIRMS THAT THE PERSON 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, AND 3) HAS AGREED TO COMPLY WITH THE POLICY THE STATEMENTS WILL BE DISTRIBUTED ANNUALLY BY THE COMPLIANCE OFFICER AND RETURNED TO THE CEO OR DELEGATED PERSON, WHERE THEY WILL BE RECORDED, REVIEWED, SUMMARIZED AND PRESENTED TO THE CHAIRPERSON OF THE BOARD, AS WELL AS TO THE AUDIT AND GOVERNANCE COMMITTEES, WHERE THEY EXISTS CONFLICT OF INTEREST STATEMENTS WILL BE MAINTAINED FOR A MINIMUM OF SEVEN YEARS BY THE COMPLIANCE OFFICER CONFLICT OF INTEREST FORMS PROVIDED BY OFFICERS, DIRECTORS AND BOARD COMMITTEE MEMBERS WILL BE FORWARDED TO THE COMPLIANCE OFFICER, ALONG WITH A STATEMENT OF IMPACT AS TO THE EFFECT OF THE CONFLICT OF INTEREST ON THE BUSINESS AND ANY ACTION TAKEN TO MINIMIZE THE EFFECT THEY WILL BE MAINTAINED BY THE COMPLIANCE OFFICER FOR A MINIMUM OF SEVEN YEARS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, QUESTIONS 15A & 15B	<p>THE PROCESS FOR DETERMINING THE COMPENSATION OF THE HOSPITAL'S TOP MANAGEMENT OFFICIALS, INCLUDING THE CEO, ALL OFFICERS, AND KEY EMPLOYEES, MEET THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY THE ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE IS APPOINTED BY THE BOARD OF DIRECTORS FOR THE PURPOSE OF ASSISTING THE BOARD TO FULFILL ITS RESPONSIBILITY TO THE HOSPITAL AND THE COMMUNITY TO ENSURE THE COMPENSATION IS IN ACCORDANCE WITH THE HOSPITAL'S POLICIES. THE COMMITTEE IS COMPRISED OF SIX DIRECTORS WHO ARE INDEPENDENT OF MANAGEMENT AND THE HOSPITAL AND FREE OF ANY CONFLICTS OF INTEREST THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGEMENT. PRIOR TO MAKING ANY COMPENSATION DECISIONS, THE EXECUTIVE COMPENSATION COMMITTEE OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY. THE COMMITTEE CONTRACTS AN INDEPENDENT COMPENSATION CONSULTANT AND UTILIZES LOCAL AND NATIONAL COMPENSATION SURVEY'S TO SET COMPENSATION LEVELS. FINALLY, THE EXECUTIVE COMPENSATION COMMITTEE ADEQUATELY AND TIMELY DOCUMENTED THE BASIS FOR SETTING COMPENSATION CONCURRENTLY WITH THE MAKING OF THE DETERMINATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, QUESTION 19	COPIES OF THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION	SALARIES FOR SAINT MARY'S HOSPITAL AND SAINT MARY'S FOUNDATION ARE ALL PAID BY SAINT MARY'S HOSPITAL SAINT MARY'S HOSPITAL ISSUES ALL W-2 FORMS THE SALARIES SHOWN ON THIS TAX RETURN REPRESENT THE PROPER SALARY ALLOCATION FOR WORK PERFORMED AT THIS ENTITY BUT PAID BY SAINT MARY'S HOSPITAL

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SAINT MARY'S HOSPITAL FOUNDATION INC

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public
Inspection

Employer identification number

22-2528400

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

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		No
1d		No
1e		No
1f		
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r		No
1s		No

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

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
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 22-2528400

Name: SAINT MARY'S HOSPITAL FOUNDATION INC

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 Gr 245 State St SE GRAND RAPIDS, MI 49503 27-2491974	HEALTHCARE SE	MI	501(C)(3)	9	Trinity Heal	Yes	
Albany Memorial Hospital 600 Northern Blvd Albany, NY 12204 14-1338457	HEALTHCARE AN	NY	501(C)(3)	3	St Peter's	Yes	
Allegany Franciscan Ministries Inc 33920 US Highway 19 North Palm Harbor, FL 34684 58-1492325	GRANT MAKING	FL	501(C)(3)	11	Trinity Heal	Yes	
Asylum Hill Family Medicine Center Inc 114 Woodland Street Hartford, CT 06105 22-2528399	HEALTHCARE SE	CT	501(C)(3)	3	Trinity Heal	Yes	
BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTHCARE AN	IA	501(C)(3)	3	Mercy Health	Yes	
BAUM HARMON MERCY HSPTL & CLINICS FDN 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	11	Baum Harmon	Yes	
Beechwood Inc 2212 Burdett Ave Troy, NY 12180 14-1651563	TITLE HOLDING	NY	501(C)(2)		LTC (Eddy)	Yes	
Bethlehem Haven of Pittsburgh 905 Watson Street Pittsburgh, PA 15219 25-1436685	HOMELESS SHEL	PA	501(C)(3)	7	Pittsburgh M	Yes	
Beverwyck Inc 40 Autumn Drive Slingerlands, NY 12159 14-1717028	SENIOR LIVING	NY	501(C)(3)	9	LTC (Eddy)	Yes	
Brightside Inc 1221 Main Street Holyoke, MA 01040	HEALTHCARE SE	MA	501(C)(3)	9	The Mercy Ho	Yes	
Capital Region Geriatric Center Inc 421 West Columbia St Cohoes, NY 12047 14-1701597	LONG TERM CAR	NY	501(C)(3)	9	LTC (Eddy)	Yes	
Caring Partners Home Health Inc 1200 Earhart Rd Ann Arbor, MI 48105 20-1681131	Home Health S	MI	501(C)(3)	9	Glacier Hill	Yes	
CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTHCARE SE	MI	501(C)(3)	3	Trinity Heal	Yes	
Catholic Health Ministries 20555 VICTOR PARKWAY LIVONIA, MI 48152	Governance an	MI	501(C)(3)	1	NA		
Columbus Acquisition Corp 111 Central Avenue Newark, NJ 07102 26-2616342	INACTIVE ENTI	NJ	501(C)(3)	9	Saint Michae	Yes	
Community Health Partners of South Bend PO Box 3998 SOUTH BEND, IN 46619 26-3051440	HEALTHCARE SE	IN	501(C)(3)	3	Saint Joseph	Yes	
Cranbrook Hospice Care 1111 W LONG LAKE RD TROY, MI 48098 38-3320699	HOSPICE SERVI	MI	501(C)(3)	9	Trinity Home	Yes	
Diley Ridge Medical Center 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTHCARE AN	OH	501(C)(3)	3	Mount Carmel	Yes	
Dubuque Mercy Health Foundation 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	11	Mercy Health	Yes	
Dyersville Health Foundation Inc 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	11	Mercy Health	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
East Norriton Physicians Services Inc One West Elm Street Conshohocken, PA 19428 23-2515999	HEALTHCARE SE	PA	501(C)(3)	3	Mercy Physic	Yes	
Eddy Licensed Home Care Agency 433 River St Suite 3000 Troy, NY 12180 14-1818568	HOME HEALTH S	NY	501(C)(3)	3	LTC (Eddy)	Yes	
Embracing Age Inc 333 Butternut Drive Dewitt, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	9	St Joseph's	Yes	
Empire Home Infusion Service Inc 10 Blacksmith Drive Malta, NY 12020 14-1795732	HOME HEALTH S	NY	501(C)(3)	9	LTC (Eddy)	Yes	
Farren Care Center Inc c/o SPHS 1221 Main Street Holyoke, MA 01040	LONG TERM CAR	MA	501(C)(3)	3	The Mercy Ho	Yes	
Franciscan Eldercare Corporation PO Box 2500 Wilmington, DE 19805 22-3008680	LONG TERM CAR	DE	501(C)(3)	9	St Francis	Yes	
Glacier Hills Foundation 1200 Earhart Rd Ann Arbor, MI 48105 20-8072723	Foundation	MI	501(C)(3)	11	Glacier Hill	Yes	
Glacier Hills Inc 1200 Earhart Rd Ann Arbor, MI 48105 38-1891500	Senior Living	MI	501(C)(3)	9	Trinity Cont	Yes	
Glen Eddy Inc One Glen Eddy Drive Niskayuna, NY 12309 14-1794150	SENIOR LIVING	NY	501(C)(3)	9	LTC (Eddy)	Yes	
Global Health Ministry 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTHCARE SE	MI	501(C)(3)	11	Trinity Heal	Yes	
Good Samaritan Hospital Inc 5401 Lake Oconee Parkway Greensboro, GA 30642 26-1720984	HEALTHCARE AN	GA	501(C)(3)	3	St Mary's H	Yes	
Gottlieb Community Health Services Corpo 701 W North Ave Melrose Park, IL 60160 36-3332852	COMMUNITY OUT	IL	501(C)(3)	9	Gottlieb Mem	Yes	
Gottlieb Memorial Foundation 701 W North Ave Melrose Park, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	13	NA		
Gottlieb Memorial Hospital 701 W North Ave Melrose Park, IL 60160 36-2379649	HEALTHCARE AN	IL	501(C)(3)	3	Loyola Unive	Yes	
Grand Rapids Medical Education Partners 945 Ottawa Ave NW Grand Rapids, MI 49503 23-7270669	MEDICAL EDUCA	MI	501(C)(3)	11	Trinity Heal	Yes	
Hackley Hospital Self Insurance Professi PO BOX 3302 MUSKEGON, MI 49443 38-2299878	SELF INSURANC	MI	501(C)(3)	12	Mercy Health	Yes	
Hackley Life Counseling 125 E Southern Avenue MUSKEGON, MI 49442 38-1386362	HEALTHCARE SE	MI	501(C)(3)	9	Mercy Health	Yes	
Hawthorne Ridge Inc 30 Community Way East Greenbush, NY 12061 80-0102840	SENIOR LIVING	NY	501(C)(3)	9	LTC (Eddy)	Yes	
Heart Center of Greater Waterbury Inc PO Box 2153 Waterbury, CT 06722 83-0416893	Management	CT	501(C)(3)	11	NA		
Heritage House Nursing Center Inc 2920 Tibbits Ave Troy, NY 12180 14-1725101	LONG TERM CAR	NY	501(C)(3)	9	LTC (Eddy)	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Holy Cross Carenet Inc PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CAR	MD	501(C)(3)	9	Trinity Cont	Yes	
Holy Cross Health Foundation Inc 1500 FOREST GLEN RD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	7	Holy Cross H	Yes	
Holy Cross Health Inc 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HEALTHCARE AN	MD	501(C)(3)	3	Trinity Heal	Yes	
Holy Cross Hospital Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791028	HEALTHCARE AN	FL	501(C)(3)	3	Trinity Heal	Yes	
Holy Cross Medical Properties Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 65-0666283	BUILDING MANA	FL	501(C)(2)		Holy Cross H	Yes	
Holy Cross Outpatient Services Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 46-5421068	HEALTHCARE SE	FL	501(C)(3)	9	Holy Cross H	Yes	
Holy Cross Primary Care Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 81-2531495	HEALTHCARE SE	FL	501(C)(3)	9	Holy Cross H	Yes	
Home & Community Health Services Inc 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0723591	HOME HEALTH S	CT	501(C)(3)	9	Trinity Heal	Yes	
Home Aide Service of Eastern New York I 433 River St Troy, NY 12180 14-1514867	HOME HEALTH S	NY	501(C)(3)	9	LTC (Eddy)	Yes	
Hospice of North Iowa 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVI	IA	501(C)(3)	9	Mercy Health	Yes	
Hospice of Siouxland 4300 Hamilton Blvd SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVI	IA	501(C)(3)	11	NA		
Hospice of Washtenaw II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE SERVI	MI	501(C)(3)	11	Trinity Heal	Yes	
IHA Health Services Corporation 24 Frank Lloyd Wright Dr Lobby J Ann Arbor, MI 48106 38-3316559	HEALTHCARE SE	MI	501(C)(3)	9	Trinity Heal	Yes	
Johnson Health Care Inc 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0709903	HEALTHCARE SE	CT	501(C)(3)	9	Trinity Heal	Yes	
Johnson Memorial Hospital Inc 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 47-5676956	HEALTHCARE AN	CT	501(C)(3)	3	Trinity Heal	Yes	
Johnson Memorial Medical Center Inc 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0696923	HEALTHCARE SY	CT	501(C)(3)	12	Trinity Heal	Yes	
Langhorne MRI Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2519529	HEALTHCARE SE	PA	501(C)(3)	9	St Mary Med	Yes	
Langhorne Physician Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2571699	HEALTHCARE SE	PA	501(C)(3)	9	St Mary Med	Yes	
Life at Lourdes Inc 2475 McClellan Avenue Pennsauken, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	3	Our Lady of	Yes	
LIFE at St Francis Healthcare Inc 7th and Clayton Streets Wilmington, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	9	St Francis	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
Life St Francis Corporation 1435 Liberty Street Hamilton, NJ 08629 22-2797282	PACE program	NJ	501(C)(3)	9	St Francis	Yes	
Life St Joseph of the Pines Inc 100 Gossman Drive Southern Pines, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	3	St Joseph o	Yes	
LIFE St Mary 1201 Langhorne-Newtown Road Langhorne, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	9	St Mary Med	Yes	
Lourdes Ancillary Services 1600 Haddon Avenue Camden, NJ 08103 22-2568525	VOLUNTEER SER	NJ	501(C)(3)	12	Our Lady of	Yes	
Lourdes Cardiology Services PC 1600 Haddon Avenue Camden, NJ 08103 27-4357794	HEALTHCARE SE	NJ	501(C)(3)	3	Our Lady of	Yes	
Lourdes Medical Center of Burlington Cou 218 Sunset Road Willingboro, NJ 08046 22-3612265	HEALTHCARE AN	NJ	501(C)(3)	3	Our Lady of	Yes	
LOYOLA MEDICINE TRANSPORT LLC 905 W North Ave Melrose Park, IL 60160 47-4147171	TRANSPORATION	IL	501(C)(3)	9	Loyola Unive	Yes	
Loyola University Health System 2160 South First Avenue Maywood, IL 60153 36-3342448	HEALTHCARE SY	IL	501(C)(3)	12	Trinity Heal	Yes	
Loyola University Medical Center 2160 South First Avenue Maywood, IL 60153 36-4015560	HEALTHCARE AN	IL	501(C)(3)	3	Loyola Unive	Yes	
LTC (Eddy) Inc 2212 Burdett Ave Troy, NY 12180 22-2564710	MANAGEMENT SE	NY	501(C)(3)	12	St Peter's	Yes	
Marian Community Hospital 3805 West Chester Pike Newtown Square, PA 19073 24-0711230	HEALTHCARE SE	PA	501(C)(3)	9	Maxis Health	Yes	
Marian Home Healthcare 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH S	IA	501(C)(3)	11	Mercy Health	Yes	
Maxis Health System 3805 West Chester Pike Newtown Square, PA 19073 91-1940902	HEALTHCARE SY	PA	501(C)(3)	11	Trinity Heal	Yes	
McAuley Center Inc 275 Steele Road West Hartford, CT 06117	SENIOR LIVING	CT	501(C)(3)	9	Mercy Commun	Yes	
McAuley Clinic Corporation PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTHCARE SE	MI	501(C)(3)	3	Catherine Mc	Yes	
McAuley Ministries 3333 Fifth Avenue Pittsburgh, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	12	Pittsburgh M	Yes	
Mercy Amicare Home Healthcare Oakland 1111 W LONG LAKE RD TROY, MI 48098 38-3320698	HOME HEALTH S	MI	501(C)(3)	9	Trinity Home	Yes	
Mercy Amicare Home Healthcare Port Huro 17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-3320701	HOME HEALTH S	MI	501(C)(3)	9	Trinity Home	Yes	
Mercy Care Foundation 424 Decatur Street Atlanta, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	7	Saint Joseph	Yes	
Mercy Catholic Medical Center of Southea One West Elm Street Conshohocken, PA 19428 23-1352191	HEALTHCARE AN	PA	501(C)(3)	3	Mercy Health	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
Mercy Community Health Inc 2021 Albany Avenue West Hartford, CT 06117	HEALTHCARE SY	CT	501(C)(3)	12	Trinity Cont	Yes	
Mercy Family Support 1001 Baltimore Pike Springfield, PA 19064 23-2325059	HOME HEALTH S	PA	501(C)(3)	9	Mercy Home H	Yes	
Mercy Foundation Inc 2525 South Michigan Avenue Chicago, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	7	Mercy Health	Yes	
Mercy General Health Partners Amicare H 888 Terrace Street MUSKEGON, MI 49440 38-3321856	HOSPICE & HOM	MI	501(C)(3)	9	Trinity Home	Yes	
Mercy Health Foundation of Southeastern One West Elm Street Conshohocken, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	12	Mercy Health	Yes	
Mercy Health Network Inc 1111 6th Avenue Des Moines, IA 50314 42-1478417	HEALTHCARE SY	DE	501(C)(3)	12	NA		
Mercy Health Partners 1500 E Sherman Blvd MUSKEGON, MI 49444 38-2589966	HEALTHCARE AN	MI	501(C)(3)	3	Trinity Heal	Yes	
Mercy Health Plan One West Elm Street Conshohocken, PA 19428 22-2483605	MEDICAID MANA	PA	501(C)(3)	12	Mercy Health	Yes	
Mercy Health Services - Iowa Corp 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE AN	DE	501(C)(3)	3	Trinity Heal	Yes	
Mercy Health System of Chicago 2525 South Michigan Avenue Chicago, IL 60616 36-3163327	HEALTHCARE SY	IL	501(C)(3)	12	Trinity Heal	Yes	
Mercy Health System of Southeastern Penn One West Elm Street Conshohocken, PA 19428 23-2212638	HEALTHCARE SY	PA	501(C)(3)	13	Trinity Heal	Yes	
Mercy Healthcare Center 114 Wawbeek Avenue Tupper Lake, NY 12986 15-0532211	HEALTHCARE AN	NY	501(C)(3)	3	Mercy Uhler	Yes	
Mercy Healthcare Foundation - Clinton 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	7	NA		
Mercy Home Health 1001 Baltimore Pike Springfield, PA 19064 23-1352099	HOME HEALTH S	PA	501(C)(3)	9	Mercy Home H	Yes	
Mercy Home Health Services 1001 Baltimore Pike Springfield, PA 19064 23-2325058	MANAGEMENT SE	PA	501(C)(3)	12	Mercy Health	Yes	
Mercy Hospital and Medical Center 2525 South Michigan Avenue Chicago, IL 60616 36-2170152	HEALTHCARE AN	IL	501(C)(3)	3	Mercy Health	Yes	
Mercy Hospital Cadillac Foundation 1820 44th ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	11	Trinity Heal	Yes	
Mercy Hospital Inc 4725 North Federal Highway Ft Lauderdale, FL 33308 59-0791034	HEALTHCARE SE	FL	501(C)(3)	12	Trinity Heal	Yes	
Mercy Life Center Corporation 1200 Reedsdale Street Pittsburgh, PA 15233 25-1604115	COMMUNITY OUT	PA	501(C)(3)	9	Pittsburgh M	Yes	
Mercy LIFE of Alabama PO Box 7957 Mobile, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	3	Trinity Heal	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
Mercy LIFE Inc c/o SPHS 1221 Main Street Holyoke, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	3	Sisters of P	Yes	
Mercy Management of Southeastern Pennsylv One West Elm Street Conshohocken, PA 19428 23-2627944	HEALTHCARE SE	PA	501(C)(3)	3	Mercy Physic	Yes	
Mercy Medical Center - Clinton Inc 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTHCARE AN	DE	501(C)(3)	3	Mercy Health	Yes	
Mercy Medical Center - Sioux City Founda 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	7	Mercy Health	Yes	
Mercy Medical Center Foundation - North 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	7	Mercy Health	Yes	
Mercy Medical Corporation PO Box 7957 Mobile, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	9	Trinity Heal	Yes	
Mercy Medical Group Inc c/o SPHS 1221 Main Street Holyoke, MA 01040 45-4884805	HEALTHCARE SE	MA	501(C)(3)	3	The Mercy Ho	Yes	
MERCY PHYSICIAN NETWORK ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SE	PA	501(C)(3)	12	Mercy Health	Yes	
Mercy Senior Care Inc 424 Decatur Street Atlanta, GA 30312 58-1366508	COMMUNITY OUT	GA	501(C)(3)	7	Saint Joseph	Yes	
Mercy Services Downtown Inc 424 Decatur Street Atlanta, GA 30312 27-2046353	TITLE HOLDING	GA	501(C)(3)	12	Saint Joseph	Yes	
Mercy Services for Aging Nonprofit Housi PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CAR	MI	501(C)(3)	9	Trinity Cont	Yes	
Mercy Specialist Physicians Inc c/o SPHS 1221 Main Street Holyoke, MA 01040 26-4033168	HEALTHCARE SE	MA	501(C)(3)	3	The Mercy Ho	Yes	
Mercy Suburban Hospital One West Elm Street Conshohocken, PA 19428 23-1396763	HEALTHCARE AN	PA	501(C)(3)	3	Mercy Health	Yes	
Mercy Uihlein Health Corporation 3805 West Chester Pike Newtown Square, NY 19073 16-1535133	HEALTHCARE SY	NY	501(C)(3)	12	Trinity Heal	Yes	
Mission Health Corporation 37595 Seven Mile Road LIVONIA, MI 48152 38-3181557	BUILDING MANA	DE	501(C)(3)	11	NA		
Mount Carmel College of Nursing 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NU	OH	501(C)(3)	2	Mount Carmel	Yes	
Mount Carmel Health Insurance Company 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURA	OH	501(C)(4)		Mount Carmel	Yes	
Mount Carmel Health Plan Inc 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)		Mount Carmel	Yes	
Mount Carmel Health System 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTHCARE AN	OH	501(C)(3)	3	Trinity Heal	Yes	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	11	MOUNT CARMEL	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
Mount Carmel Home Care LLC 501 West Schrock Road Westerville, OH 43081 26-2729300	HOME HEALTH S	OH	501(C)(3)	9	Trinity Home	Yes	
Mount Sinai Hospital Foundation Inc 500 Blue Hills Avenue Hartford, CT 06112 22-2584082	FOUNDATION	CT	501(C)(3)	13	NA		
Mount Sinai Rehabilitation Hospital Inc 114 Woodland Street Hartford, CT 06105	HEALTHCARE AN	CT	501(C)(3)	3	Trinity Heal	Yes	
Mount St Joseph 7 Hightower Street Waterville, ME 04901	Healthcare Se	ME	501(C)(3)	3	Mercy Commun	Yes	
MRI Mobile Services of West Michigan 1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTHCARE SE	MI	501(C)(3)	9	Trinity Heal	Yes	
MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUT	MI	501(C)(3)	7	MERCY HEALTH	Yes	
Nazareth Health Care Foundation 2701 Holme Avenue Philadelphia, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	11	Nazareth Hos	Yes	
Nazareth Hospital 2601 Holme Avenue Philadelphia, PA 19152 23-2794121	HEALTHCARE AN	PA	501(C)(3)	3	Mercy Health	Yes	
Nazareth Physician Services Inc One West Elm Street Suite 100 Conshohocken, PA 19428 20-3261266	HEALTHCARE SE	PA	501(C)(3)	3	Mercy Physic	Yes	
NE Physician Services Inc One West Elm Street Suite 100 Conshohocken, PA 19428 23-2497355	HEALTHCARE SE	PA	501(C)(3)	3	Mercy Physic	Yes	
Oakland Mercy Hospital 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE AN	NE	501(C)(3)	3	Mercy Health	Yes	
Oakland Mercy Hospital Foundation 601 E 2nd Street OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	11	Oakland Merc	Yes	
One Thousand Corporation 1000 Asylum Avenue Hartford, CT 06105	BUILDING MANA	CT	501(C)(2)		SAINT FRANCI	Yes	
OSUMOUNT CARMEL HEALTH ALLIANCE 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE H	OH	501(C)(3)	11	NA		
Our Lady of Lourdes Health Care Services 1600 Haddon Avenue Camden, NJ 08103 22-2568528	HEALTHCARE SY	NJ	501(C)(3)	12	Maxis Health	Yes	
Our Lady of Lourdes Health Foundation I 1600 Haddon Avenue Camden, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	7	Our Lady of	Yes	
Our Lady of Lourdes Medical Center 1600 Haddon Avenue Camden, NJ 08103 21-0635001	HEALTHCARE AN	NJ	501(C)(3)	3	Our Lady of	Yes	
Our Lady of Mercy Life Center 2 Mercycare Lane Guilderland, NY 12084 14-1743506	LONG TERM CAR	NY	501(C)(3)	3	St Peter's	Yes	
Pioneer Valley Cardiology Associates In c/o SPHS 1221 Main Street Suite 2 Holyoke, MA 01040 45-4208896	HEALTHCARE SE	MA	501(C)(3)	3	The Mercy Ho	Yes	
Pittsburgh Mercy Health System 3333 5th Avenue Pittsburgh, PA 15213 25-1464211	HEALTHCARE SY	PA	501(C)(3)	12	Trinity Heal	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
Probility Therapy Services 2058 S State Street Ann Arbor, MI 48104 20-2020239	HEALTHCARE SE	MI	501(C)(3)	9	Trinity Heal	Yes	
Professional Med Team 965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTHCARE SE	MI	501(C)(3)	9	Mercy Health	Yes	
Riverbend Medical Group Inc 271 Carew St Springfield, MA 01104 81-1807730	Healthcare Se	MA	501(C)(3)	3	The Mercy Ho	Yes	
SJ Management Company of Syracuse Inc 301 Prospect Avenue Syracuse, NY 13203 27-1763712	HEALTHCARE SY	NY	501(C)(3)	13	St Joseph's	Yes	
Saint Agnes Medical Center 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTHCARE AN	CA	501(C)(3)	3	Trinity Heal	Yes	
Saint Agnes Medical Foundation (FKA Prof 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	Healthcare se	CA	501(C)(3)	11	Saint Agnes	Yes	
Saint Alphonsus Building Company Inc 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	BUILDING MANA	ID	501(C)(3)	9	Saint Alphon	Yes	
Saint Alphonsus Diversified Care Inc 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTHCARE SY	ID	501(C)(3)	11	Saint Alphon	Yes	
Saint Alphonsus Foundation-Baker City I 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	7	SAINT ALPHON	Yes	
Saint Alphonsus Foundation-Ontario Inc 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	7	SAINT ALPHON	Yes	
SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTHCARE SY	ID	501(C)(3)	12	Trinity Heal	Yes	
Saint Alphonsus Medical Center Ontario V 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SER	OR	501(C)(3)	9	SAINT ALPHON	Yes	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CIT 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTHCARE AN	OR	501(C)(3)	3	SAINT ALPHON	Yes	
Saint Alphonsus Medical Center-Nampa Hea 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	FOUNDATION	ID	501(C)(3)	7	SAINT ALPHON	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA In 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	HEALTHCARE AN	ID	501(C)(3)	3	SAINT ALPHON	Yes	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTHCARE AN	OR	501(C)(3)	3	SAINT ALPHON	Yes	
Saint Alphonsus Regional Medical Center 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTHCARE AN	ID	501(C)(3)	3	SAINT ALPHON	Yes	
Saint Francis Emergency Medical Group I 114 Woodland Street Hartford, CT 06105 45-1994612	HEALTHCARE SE	CT	501(C)(3)	12	Saint Francis	Yes	
Saint Francis Hospital and Medical Cente 114 Woodland Street Hartford, CT 06105	FOUNDATION	CT	501(C)(3)	12	Saint Francis	Yes	
Saint Francis Medical Group Inc 114 Woodland Street Hartford, CT 06105	HEALTHCARE SE	CT	501(C)(3)	3	Trinity Heal	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 James Care Inc 111 Central Avenue Newark, NJ 07102 26-2616230	INACTIVE ENTI	NJ	501(C)(3)	9	Saint Michae	Yes	
Saint Joseph Pace Inc 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	7	Trinity Heal	Yes	
Saint Joseph Regional Medical Center - P PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTHCARE AN	IN	501(C)(3)	3	Saint Joseph	Yes	
Saint Joseph Regional Medical Center - S 5215 Holy Cross Parkway MISHAWAKA, IN 46545 35-0868157	HEALTHCARE AN	IN	501(C)(3)	3	Saint Joseph	Yes	
Saint Joseph Regional Medical Center Mis 5215 Holy Cross Parkway MISHAWAKA, IN 46545 35-6033285	VOLUNTEER SER	IN	501(C)(4)		Saint Joseph	Yes	
Saint Joseph Regional Medical Center Ply 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SER	IN	501(C)(3)	12	Saint Joseph	Yes	
Saint Joseph Regional Medical Center In 5215 Holy Cross Parkway MISHAWAKA, IN 46545 35-1568821	HEALTHCARE SY	IN	501(C)(3)	12	Trinity Heal	Yes	
Saint Joseph's Health System Inc 424 Decatur Street Atlanta, GA 30312 58-1744848	HEALTHCARE SY	GA	501(C)(3)	13	Trinity Heal	Yes	
Saint Joseph's Mercy Care Services Inc 424 Decatur Street Atlanta, GA 30312 58-1752700	HEALTHCARE SE	GA	501(C)(3)	7	Saint Joseph	Yes	
Saint Joseph's Tower Inc PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING	IN	501(C)(3)	9	Trinity Cont	Yes	
Saint Mary's Amicare Home Healthcare 1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH S	MI	501(C)(3)	9	Trinity Home	Yes	
Saint Mary's Foundation 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	7	Trinity Heal	Yes	
Saint Mary's Hospital Inc 56 Franklin Street Waterbury, CT 06706 06-0646844	HEALTHCARE AN	CT	501(C)(3)	3	Trinity Heal	Yes	
Saint Michael's Medical Center 111 Central Avenue Newark, NJ 07102 26-2616046	HEALTHCARE AN	NJ	501(C)(3)	3	Maxis Health	Yes	
Samaritan Child Care Center Inc 2213 Burdett Ave Troy, NY 12180 14-1710225	CHILD CARE	NY	501(C)(3)	9	St Peter's	Yes	
Samaritan Hospital 2215 Burdett Ave Troy, NY 12180 14-1338544	HEALTHCARE AN	NY	501(C)(3)	3	St Peter's	Yes	
Senior Care Connection Inc 504 State St Schenectady, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	9	LTC (Eddy)	Yes	
Seton Auxiliary Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1505031	VOLUNTEER SER	NY	501(C)(3)	9	Seton Health	Yes	
Seton Health at Schuyler Ridge Residenti 1 Abele Blvd Clifton Park, NY 12065 14-1756230	LONG TERM CAR	NY	501(C)(3)	9	Seton Health	Yes	
Seton Health Foundation Inc 1300 Massachusetts Avenue Troy, NY 12180 22-2345416	FOUNDATION	NY	501(C)(3)	11	Seton Health	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
Seton Health System Inc 1300 Massachusetts Avenue Troy, NY 12180 14-1776186	HEALTHCARE AN	NY	501(C)(3)	3	St Peter's	Yes	
Sisters of Providence Care Centers Inc c/o SPHS 1221 Main Street S Holyoke, MA 01040 22-2541103	LONG TERM CAR	MA	501(C)(3)	3	The Mercy Ho	Yes	
Sisters of Providence Health System Inc 1221 Main Street Suite 213 Holyoke, MA 01040	HEALTHCARE SY	MA	501(C)(3)	12	Trinity Heal	Yes	
SJHSJOC Holdings Inc 424 Decatur Street Atlanta, GA 30312 47-2299757	HEALTHCARE SY	GA	501(C)(3)	12	Saint Joseph	Yes	
St Agnes Continuing Care Center One West Elm Street Conshohocken, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	3	Mercy Health	Yes	
St Agnes Continuing Care Center Foundat One West Elm Street Conshohocken, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	11	St Agnes Co	Yes	
St Francis Foundation PO Box 2500 Wilmington, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	11	St Francis	Yes	
St Francis Hospital and Medical Center 114 Woodland Street Hartford, CT 06105	HEALTHCARE AN	CT	501(C)(3)	3	Trinity Heal	Yes	
St Francis Hospital Inc PO Box 2500 Wilmington, DE 19805 51-0064326	HEALTHCARE AN	DE	501(C)(3)	3	Trinity Heal	Yes	
St Francis Medical Center Foundation I 601 Hamilton Avenue Trenton, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	7	St Francis	Yes	
St Francis Medical Center Trenton NJ 601 Hamilton Avenue Trenton, NJ 08629 22-3431049	HEALTHCARE AN	NJ	501(C)(3)	3	Maxis Health	Yes	
St James Mercy Health System Inc 411 Canisteo Street Hornell, NY 14843 22-3127184	HEALTHCARE SY	NY	501(C)(3)	12	Trinity Heal	Yes	
St Joseph Mercy Oakland Foundation 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	FOUNDATION	MI	501(C)(3)	11	Trinity Heal	Yes	
St Joseph of the Pines Inc 100 Gossman Drive Southern Pines, NC 28387 56-0694200	LONG TERM CAR	NC	501(C)(3)	3	Trinity Cont	Yes	
St Joseph's College of Nursing at St J 206 Prospect Avenue Syracuse, NY 13203 20-2497520	COLLEGE OF NU	NY	501(C)(3)	2	St Joseph's	Yes	
St Joseph's Health Center Properties I 301 Prospect Avenue Syracuse, NY 13203 23-7219294	BUILDING MANA	NY	501(C)(3)	12	St Joseph's	Yes	
St Joseph's Health Inc 301 Prospect Avenue Syracuse, NY 13203 47-4754987	HEALTHCARE SY	NY	501(C)(3)	12	Trinity Heal	Yes	
St Joseph's Hospital Health Center 301 Prospect Avenue Syracuse, NY 13203 15-0532254	HEALTHCARE AN	NY	501(C)(3)	3	St Joseph's	Yes	
St Joseph's Hospital Health Center Foun 301 Prospect Avenue Syracuse, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	11	St Joseph's	Yes	
St Joseph's Medical PC 301 Prospect Avenue Syracuse, NY 13203 27-3899821	HEALTHCARE SE	NY	501(C)(3)	11	St Joseph's	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
St Joseph's Physician Health PC 301 Prospect Avenue Syracuse, NY 13203 16-1516863	HEALTHCARE SE	NY	501(C)(3)	11	St Joseph's	Yes	
St Mary Building and Development 1201 Langhorne-Newtown Road Langhorne, PA 19047 46-1827502	TITLE HOLDING	PA	501(C)(2)		St Mary Med	Yes	
St Mary Emergency Medical Services 1201 Langhorne-Newtown Road Langhorne, PA 19047 46-5354512	HEALTHCARE SE	PA	501(C)(3)	9	St Mary Med	Yes	
St Mary Home Incorporated 2021 Albany Avenue West Hartford, CT 06117	LONG TERM CAR	CT	501(C)(3)	3	Mercy Commun	Yes	
St Mary Medical Center 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-1913910	HEALTHCARE AN	PA	501(C)(3)	3	Trinity Heal	Yes	
St Mary Medical Center Foundation Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	7	St Mary Med	Yes	
St Mary's Foundation Inc 1230 Baxter Street Athens, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	11	St Mary's H	Yes	
St Mary's Good Samaritan Foundation In 1230 Baxter Street Athens, GA 30606 81-1660088	Foundation	GA	501(C)(3)	11	St Mary's H	Yes	
St Mary's Health Care System Inc 1230 Baxter Street Athens, GA 30606 58-0566223	HEALTHCARE AN	GA	501(C)(3)	3	Trinity Heal	Yes	
St Mary's Highland Hills Inc 1230 Baxter Street Athens, GA 30606	SENIOR LIVING	GA	501(C)(3)	3	St Mary's H	Yes	
St Mary's Medical Group Inc 1230 Baxter Street Athens, GA 30606 26-1858563	HEALTHCARE SE	GA	501(C)(3)	3	St Mary's H	Yes	
ST MARY'S SACRED HEART HOSPITAL INC 367 Clear Creek Parkway Lavonia, GA 30553 47-3752176	HEALTHCARE AN	GA	501(C)(3)	3	St Mary's H	Yes	
St Michael's Foundation Inc 111 Central Avenue Newark, NJ 07102 22-3311976	FOUNDATION	NJ	501(C)(3)	11	Saint Michae	Yes	
St Peter's Health Partners 315 South Manning Blvd Albany, NY 12208 45-3570715	HEALTHCARE SY	NY	501(C)(3)	12	Trinity Heal	Yes	
St Peter's Health Partners Medical Asso 315 South Manning Blvd Albany, NY 12208 46-1177336	HEALTHCARE SE	NY	501(C)(3)	3	St Peter's	Yes	
St Peter's Hospital 315 South Manning Blvd Albany, NY 12208 14-1348692	HEALTHCARE AN	NY	501(C)(3)	3	St Peter's	Yes	
St Peter's Hospital Foundation Inc 310 South Manning Blvd Albany, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	7	St Peter's	Yes	
Sunnyview Hospital & Rehabilitation Cent 1270 Belmont Ave Schenectady, NY 12308 14-1338386	HEALTHCARE AN	NY	501(C)(3)	3	St Peter's	Yes	
Sunnyview Hospital & Rehab CTR Foundati 1270 Belmont Ave Schenectady, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	11	Sunnyview Ho	Yes	
The Community Hospice Foundation Inc 295 Valley View Blvd Rensselaer, NY 12144 22-2692940	FOUNDATION	NY	501(C)(3)	7	The Communit	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
The Community Hospice Inc 295 Valley View Blvd Rensselaer, NY 12144 14-1608921	HOSPICE SERVI	NY	501(C)(3)	3	St Peter's	Yes	
The Foundation of Saint Joseph Regional 707 East Cedar Street South Bend, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	7	Saint Joseph	Yes	
The James A Eddy Memorial Geriatric Cen 2256 Burdett Ave Troy, NY 12180 22-2570478	LONG TERM CAR	NY	501(C)(3)	9	LTC (Eddy)	Yes	
The Marjorie Doyle Rockwell Center Inc 421 West Columbia St Cohoes, NY 12047 14-1793885	LONG TERM CAR	NY	501(C)(3)	9	LTC (Eddy)	Yes	
The Northeast Health Foundation Inc 310 South Manning Blvd Albany, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	7	St Peter's	Yes	
The Women's Auxiliary of Saint Francis H 114 Woodland Street Hartford, CT 06105	VOLUNTEER SER	CT	501(C)(3)	12	NA		
Tri-Hospital Emergency Medical Services 309 Grand River PORT HURON, MI 48060 38-2485700	HEALTHCARE SE	MI	501(C)(3)	11	NA		
Tri-Hospital MRI Center 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTHCARE SE	MI	501(C)(3)	3	TRINITY HEAL	Yes	
Trinity Continuing Care Services PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CAR	MI	501(C)(3)	9	Trinity Heal	Yes	
Trinity Continuing Care Services - India PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CAR	IN	501(C)(3)	9	Trinity Cont	Yes	
Trinity Health - Michigan 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE AN	MI	501(C)(3)	3	Trinity Heal	Yes	
Trinity Health - New England Inc 114 Woodland Street Hartford, CT 06105	Healthcare Sy	CT	501(C)(3)	11	Trinity Heal	Yes	
Trinity Health Corporation 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTHCARE SY	IN	501(C)(3)	12	Catholic Hea	Yes	
Trinity Health LIFE Pennsylvania Inc 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984	PACE PROGRAM	PA	501(C)(3)	9	Trinity Heal	Yes	
Trinity Health Pace 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE Program	MI	501(C)(3)	12	Trinity Heal	Yes	
Trinity Health Welfare Benefit Trust 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDIC	MI	501(C)(9)		Trinity Heal	Yes	
Trinity Home Health Services 17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-2621935	MANAGEMENT SE	MI	501(C)(3)	9	Trinity Heal	Yes	
Uihlein Mercy Center 3805 West Chester Pike Newtown Square, PA 19073 15-0532190	HEALTHCARE SE	NY	501(C)(3)	3	Mercy Uihlei	Yes	
University Heights Property Company Inc 111 Central Avenue Newark, NJ 07102 22-3100162	TITLE HOLDING	NJ	501(C)(2)		Saint Michae	Yes	
Villa Mary Immaculate 301 Hackett Blvd Albany, NY 12208 14-1438749	LONG TERM CAR	NY	501(C)(3)	3	St Peter's	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
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWOR	MI	501(C)(4)		Mercy Health	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate 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	
ADVENT REHABILITATION LLC 607 Dewey Avenue GRAND RAPIDS, MI 49504 38-3306673	REHABILITATION TH	MI	TRINITY HEALTH-	RELATED						Yes		
BIG RUN MEDICAL OFFICE BUILDING LIMITED 793 W STATE STREET COLUMBUS, OH 43222 31-1608125	MEDICAL OFFICE BU	OH	MOUNT CARMEL HE	RELATED						Yes		
Catherine Horan Building Associates LP 1221 Main Street Holyoke, MA 01040	Property Manageme	MA	Catherine Horan	Rental						Yes		
Centennial Surgunit LLC 502 Centennial Blvd Voorhees, NJ 08043 22-3580847	Healthcare Servic	NJ	Our Lady of Lou	Related						Yes		
Center for Digestive Care LLC 5300 Elliott Drive Ypsilanti, MI 48197	Provide Gastroint	MI	TRINITY HEALTH-	RELATED						Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Central New Jersey Heart Services LLC PO Box 148 Bayonne, NJ 07002 20-8525458	Cardiac Program	NJ	St Francis Med	Related						Yes		
CLINTON IMAGING SERVICES LLC 615 Valley View Dr Moline, IL 61265 41-2044739	MRI DIAGNOSTIC SE	IA	MERCY MEDICAL C	RELATED						Yes		
Diagnostic Imaging of Southbury LLC 385 Main Street South Southbury, CT 06488	Imaging Center	CT	Saint Mary's Ho	Related						Yes		
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4365966	X-RAY AND MAMMOGR	IA	MERCY HEALTH SE	RELATED						Yes		
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI 48104 38-2648446	LABORATORY	MI	TRINITY HEALTH-	UNRELATED						Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Gateway Health Plan LP 444 Liberty Ave Pittsburgh, PA 15222 25-1691945	Medicaid & Medica	PA	Mercy Health PI	Related						Yes		
GREATER HARTFORD LITHOTRIPSY LLC 144 WOODLAND ST Hartford, CT 06105	Lithotripsy servi	CT	St Francis Hos	RELATED						Yes		
HAWARDEN Regional Health CLINICS LLC 1122 AVENUE L HAWARDEN, IA 51023 20-1444339	MEDICAL CLINIC	IA	MERCY MEDICAL S	RELATED						Yes		
Idaho ASC Holdings LLC 1055 N Curtis Road Boise, ID 83706 36-4729605	Holding company f	ID	Saint Alphonsus	Related						Yes		
Innovative Health Alliance of New York 14 Columbia Circle Drive Albany, NY 12203 46-5676066	Accountable Care	NY	St Peter's Hea	Related						Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate 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	
Loyola Ambulatory Surgery Center at Oakb 569 Brookwood Village Birmingham, AL 35209 36-4119522	Surgical Services	IL	Loyola Universi	RELATED						Yes		
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388	MRI SERVICES	IA	MERCY HEALTH SE	RELATED						Yes		
MASON CITY AMBULATORY SURGERY CENTER LL 990 4TH STREET SW MASON CITY, IA 50401 20-1960348	SURGERY-SAME DAY	IA	MERCY HEALTH SE	RELATED						Yes		
MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 42-1544707	MEDICAL OFFICE BU	OH	MOUNT CARMEL HE	RELATED						Yes		
MDRMRI Technical Services LLC 5640 East Taft Road 3770 Syracuse, NY 13220 16-1590982	MRI SERVICES	NY	St Joseph's Ho	RELATED						Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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	
MEDILUCENT MOB I 793 W STATE STREET COLUMBUS, OH 43222 20-4911370	MEDICAL OFFICE BU	OH	MOUNT CARMEL HE	RELATED						Yes		
Medworks LLC 375 East Cedar Street Newington, CT 06111	Rehabilitation se	CT	Saint Francis H	RELATED						Yes		
Mercy Advanced MRI LLC 2525 SOUTH MICHIGAN AVE CHICAGO, IL 60616 26-2116721	Sublease MRI Equi	IL	Mercy Hospital	RELATED						Yes		
MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4237594	CARDIOVASCULAR SE	IA	MERCY HEALTH SE	RELATED						Yes		
MercyManor Partnership PO Box 10086 Toledo, OH 43699 52-1931012	Nursing Home	PA	Mercy Managemen	Related						Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate 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	
MercyUSP Health Ventures LLC 15305 Dallas Parkway Addison, TX 75001 47-1290300	Outpatient Surger	IA	MERCY HEALTH SE	RELATED						Yes		
MOUNT CARMEL EAST POB III LIMITED PARTNE 793 W STATE STREET COLUMBUS, OH 43222 31-1369473	MEDICAL OFFICE BU	OH	MOUNT CARMEL HE	RELATED						Yes		
Naugatuck Valley MRI Limited Partnership 1389 West Main St Waterbury, CT 06708	Imaging Center	CT	Saint Mary's Ho	Related						Yes		
Nazareth Medical Office Building Associa 2601 Holme Ave Philadelphia, PA 19152 23-2388040	Medical Office Bu	PA	Nazareth Hospit	Other						Yes		
Physicians Outpatient Surgery Center LL 1000 NE 56th Street Oakland Park, FL 33334 35-2325646	Ambulatory Surger	FL	Holy Cross Hosp	Related						Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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	
Radisson SJH Properties LLC 5000 Campuswood Drive East Syracuse, NY 13057 46-1892799	Medical office bu	NY	St Joseph's He	RELATED						Yes		
SARMED OUTPATIENT PHARMACY LLC 999 N CURTIS RD BOISE, ID 83706 51-0483218	PHARMACY	ID	SAINT ALPHONSUS	RELATED						Yes		
SIXTY FOURTH STREET LLC 2373 64TH ST BYRON CENTER, MI 49315 20-2443646	PROVIDE OUTPATIEN	MI	TRINITY HEALTH-	RELATED						Yes		
SJLS LLC 7650 SE 27th St Mercer Island, WA 98040 20-1796650	Dialysis services	NY	SJ Management C	RELATED						Yes		
SJV Management LLC 200 Century Pkwy Mount Laurel, NJ 08054 20-2273476	Radiology	NJ	Health Manageme	Related						Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporportionate 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	
SMMC MOB II LP 1201 Langhorne-Newtown Road Langhorne, PA 19047 36-4559869	Investment and op	PA	St Mary Medica	Rental						Yes		
St Agnes Long-Term Intensive Care LLP One West Elm St Conshohocken, PA 19428 20-0984882	Long Term Intensi	PA	St Agnes Conti	Related						Yes		
ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID 83605 82-0526861	health care servi	ID	SAINT ALPHONSUS	RELATED						Yes		
ST ANN'S MEDICAL OFFICE BLDG II LIMITED 793 W STATE STREET COLUMBUS, OH 43222 31-1603660	MEDICAL OFFICE BU	OH	MOUNT CARMEL HE	RELATED						Yes		
St Joseph's Imaging Associates PLLC 104 Union Ave Suite 905 Syracuse, NY 13203 16-1104293	Radiology service	NY	St Joseph's Me	RELATED						Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
St Mary Rehabilitation Hospital LLP 680 South Forth Street Louisville, KY 40202 27-3938747	Healthcare Servic	DE	St Mary Medica	Related						Yes		
St Peter's Ambulatory Surgery Center L 1375 Washington Avenue Albany, NY 12206 46-0463892	Outpatient Surger	NY	St Peter's Hos	Investment						Yes		
TAMARACK MEDICAL CLINIC LLC 402 Lake Cascade Parkway Cascade, ID 83611 20-1637921	OUTPATIENT MEDICA	ID	SAINT ALPHONSUS	RELATED						Yes		
The Ambulatory Surgery Center at St Mary 1203 Langhorne-Newtown Road Langhorne, PA 19047 23-2871206	Outpatient Surger	PA	St Mary Medica	Related						Yes		
Total Laundry Collaborative LLC 114 Woodland Street Hartford, CT 06105 20-8335788	Laundry services	CT	St Francis Hos	UNRELATED						Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate 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	
Trinity Health Partners LLC 20555 Victor Parkway Livonia, MI 48152 47-2798085	Population health	DE	Trinity Health	Related						Yes		
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI 48106 76-0820959	RADIOLOGY/ IMAGIN	MI	TRINITY HEALTH-	RELATED						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
(1) Affiliated Management Services Corporati 1300 Massachusetts Avenue Troy, NY 12180 14-1668024	Real Estate	NY	Seton Health Sy	C CORP				Yes	
(1) Carbondale Physicians' Services Inc 100 Lincoln Ave Carbondale, PA 18407 23-2365077	Pharmacy	PA	Marian Communit	C CORP				Yes	
(2) Catherine Horan Building Corp 1233 Main Street Holyoke, MA 01040	Building Manageme	MA	System Coordina	C CORP				Yes	
(3) Chestnut Risk Services Ltd 11 Victoria Street HAMILTON BD	Insurance	BD	Saint Michael's	C CORP				Yes	
(4) Diversified Community Services Inc 1233 Main Street Holyoke, MA 01040	Medical Services	MA	System Coordina	C CORP				Yes	
(5) FHS Services Inc 333 Butternut Drive Dewitt, NY 13214 27-2995699	Medical Services	NY	Franciscan Asso	C CORP				Yes	
(6) Franciscan Associates Inc 333 Butternut Drive Dewitt, NY 13214 20-2991688	Medical services	NY	St Joseph's He	C CORP				Yes	
(7) Franciscan Health Support Inc 333 Butternut Drive Dewitt, NY 13214 16-1236354	Medical Services	NY	Franciscan Asso	C CORP				Yes	
(8) Franciscan Management Services Inc 333 Butternut Drive Dewitt, NY 13214 16-1351193	MANAGEMENT SERVIC	NY	Franciscan Asso	C CORP				Yes	
(9) Franklin Medical Group PC 56 Franklin St Waterbury, CT 06706	Physician Office	CT	Saint Mary's Ho	C CORP				Yes	
(10) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVIC	IL	Gottlieb Commun	C CORP				Yes	
(11) HEF INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401	OFFICE STAFFING	MI	HACKLEY HEALTH	C CORP				Yes	
(12) Hackley Health Management Inc 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	HACKLEY HEALTH	C CORP				Yes	
(13) HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SER	MI	MERCY HEALTH PA	C CORP				Yes	
HACKLEY HEALTHCARE EQUIPMENT (14) CORP 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUI	MI	HACKLEY HEALTH	C CORP				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	HACKLEY HEALTH	C CORP				Yes	
(1) Health Care Management Administrators I 333 Butternut Drive Dewitt, NY 13214 16-1450960	Healthcare Manage	NY	Franciscan Asso	C CORP				Yes	
(2) Health Management Services Org Inc 500 Grove Street Haddon Heights, NJ 08035 22-3366580	Medical Administr	NJ	Lourdes Ancilla	C CORP				Yes	
(3) HOLY CROSS PRIVATE HOME SERVICES CORP 1500 Forest Glen Rd SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICE	MD	MARYLAND CARE G	C CORP				Yes	
(4) HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOC	MI	HACKLEY HEALTH	C CORP				Yes	
(5) HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE R	MI	TRINITY HEALTH-	C CORP				Yes	
(6) IHA Affiliation Corporation 24 Frank Lloyd Wright Dr ANN ARBOR, MI 48106 38-3188895	Medical Managemen	MI	IHA Health Serv	C CORP				Yes	
(7) Langhorne Services II Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 25-3795549	General Partner o	PA	St Mary Medica	C CORP				Yes	
(8) Langhorne Services Inc 1201 Langhorne-Newtown Road Langhorne, PA 19047 23-2625981	General Partner o	PA	St Mary Medica	C CORP				Yes	
(9) LifeCare Physicians PC 601 Hamilton Avenue Trenton, NJ 08629 26-1649038	Health Care Servi	NJ	St Francis Med	C CORP				Yes	
(10) Lourdes Medical Associates PA 500 Grove Street Haddon Heights, NJ 08035 22-3361862	Medical Services	NJ	Our Lady of Lou	C CORP				Yes	
(11) Lourdes Urgent Care Services PC 1600 Haddon Avenue Camden, NJ 08103 46-4188202	Urgent Care Cente	NJ	Our Lady of Lou	C CORP				Yes	
(12) MARYLAND CARE GROUP INC 1500 Forest Glen Rd SILVER SPRING, MD 20910 52-1815313	HEALTHCARE HOLDIN	MD	Holy Cross Heal	C CORP				Yes	
(13) MCMC Eastwick Inc c/o MHS One West Elm Street Conshohocken, PA 19428 23-2184261	Medical Office Bu	PA	Mercy Health Sy	C CORP				Yes	
(14) MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	Medical Services	ID	SAINT ALPHONSUS	C CORP				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
(31) Mercy Home Care Inc 1233 Main Street Holyoke, MA 01040	Health Care Servi	MA	System Coordina	C CORP				Yes	
(1) Mercy Inpatient Medical Associates Inc 1233 Main Street Holyoke, MA 01040	Medical Services	MA	System Coordina	C CORP				Yes	
(2) MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYS	IA	MERCY HEALTH SE	C CORP				Yes	
(3) MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	Dormant	IL	Mercy Health Sy	C CORP				Yes	
(4) MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	MOUNT CARMEL HE	C CORP				Yes	
(5) Nursing Network Inc 4725 North Federal Highway Fort Lauderdale, FL 33308 59-1145192	Medical Services	FL	Holy Cross Hosp	C CORP				Yes	
(6) Physicians Medical Office Building Condo 1221 Main Street Holyoke, MA 01040	Property Manageme	MA	Sisters of Prov	C CORP				Yes	
(7) Saint Alphonsus Health Alliance Inc 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	Accountable Care	ID	Saint Alphonsus	C CORP				Yes	
(8) SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	Health Care Servi	ID	ST ALPHONSUS RE	C CORP				Yes	
(9) Saint Francis Behavioral Health Group P 114 Woodland Street Hartford, CT 06105	Medical Services	CT	Saint Francis H	C CORP				Yes	
(10) Saint Francis Care Medical Group PC 114 Woodland Street Hartford, CT 06105	Medical Services	CT	Saint Francis H	C CORP				Yes	
(11) Samaritan Medical Office Building Inc 2212 Burdett Avenue Troy, NY 12180 14-1607244	Real Estate	NY	St Peter's Hea	C CORP				Yes	
(12) SJM Properties Inc 411 Canisteo Street Hornell, NY 14843 16-1294991	Property Holdings	NY	St James Mercy	C CORP				Yes	
(13) SJPE Practice Management Services Inc 301 Prospect Ave Syracuse, NY 13203 45-4164964	MANAGEMENT SERVIC	NY	St Joseph's Ho	C CORP				Yes	
(14) SJRMC Holdings Inc 5215 Holy Cross Parkway Mishawaka, IN 46545 47-4763735	Property Holdings	IN	Saint Joseph Re	C CORP				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
(46) St Elizabeth Health Support Services I 2209 Genesee Street Utica, NY 13501 16-1540486	Medical Services	NY	Franciscan Mana	C CORP				Yes	
(1) St Mary's Highland Hills Village Inc 1230 Baxter Street Athens, GA 30606 58-2276801	Assisted Living	GA	St Mary's Heal	C CORP				Yes	
(2) System Coordinated Services Inc 1233 Main Street Holyoke, MA 01040	Lab Services	MA	Mercy Hospital	C CORP				Yes	
(3) THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKE	MI	Trinity Health-	C CORP				Yes	
(4) TRINITY ASSURANCE LTD PO BOX 1051 GRAND CAYMAN, GRAND CAYMAN CJ 98-0453602	PROVISION OF INSU	CJ	TRINITY HEALTH-	C CORP				Yes	
(5) TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	Accountable Care	DE	TRINITY HEALTH	C CORP				Yes	
(6) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	TRINITY HEALTH	TRUST				Yes	
(7) Trinity Senior Services Management Inc PO Box 9184 Farmington Hills, MI 48333 37-1572595	Senior Services	PA	Trinity Continu	C CORP				Yes	
(8) WEST SHORE PROFESSIONAL BUILDING CONDOMI 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOC	MI	MERCY HEALTH PA	C CORP				Yes	
(9) WORKPLACE HEALTH OF GRAND HAVEN Inc 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEAL	MI	HACKLEY HEALTH	C CORP				Yes	