

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization
MCAULEY CENTER INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
WEST HARTFORD, CT 061172796

D Employer identification number
06-1058086

E Telephone number
(860) 570-8400

G Gross receipts \$ 12,551,817

F Name and address of principal officer:
JANICE HAMILTON-CRAWFORD
2021 ALBANY AVENUE
WEST HARTFORD, CT 06117

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

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1997

M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE INDEPENDENT AND ASSISTED LIVING FOR SENIORS

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

| | | |
|--|-----------|----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 0 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 44 |
| 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 39 | 7b | 0 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 8,275 | 188,781 |
| 9 Program service revenue (Part VIII, line 2g) | 12,322,975 | 12,235,615 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 17,593 | 9,632 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 131,673 | 84,882 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,480,516 | 12,518,910 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 2,500 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 3,703,264 | 3,778,279 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 9,286,612 | 8,715,447 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 12,989,876 | 12,496,226 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -509,360 | 22,684 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 38,324,236 | 44,247,856 |
| 21 Total liabilities (Part X, line 26) | 41,008,312 | 60,694,377 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | -2,684,076 | -16,446,521 |

Part II Signature Block

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

Sign Here *****
Signature of officer _____ Date 2021-05-11
JANICE HAMILTON-CRAWFORD PRESIDENT, TH OF NE SENIOR COMM.
Type or print name and title _____

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | | | Firm's EIN ▶ | |
| Firm's address ▶ | | | Phone no. | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE, MERCY COMMUNITY HEALTH AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING PRESENCE WITHIN OUR COMMUNITIES. BELIEVING IN THE INTRINSIC DIGNITY OF ALL PERSONS, WE UPHOLD THE UNIVERSAL RIGHT TO HOLISTIC CARE, PROMOTE THE COMMON GOOD, RESPOND TO THE NEEDS OF THE HUMAN BODY AND SPIRIT, AND INSPIRE HOPE AND CONFIDENCE ON LIFE'S JOURNEY.MCAULEY CENTER IS A MEMBER OF MERCY COMMUNITY HEALTH AND TRINITY HEALTH.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 11,409,845 including grants of \$ 2,500) (Revenue \$ 12,291,072)
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 ▶ 11,409,845

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
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:

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.

See instructions for the order in which to list the persons above.

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) WILLIAM HEALY DIRECTOR; TSSM PRESIDENT & THSC SVP | 1.00 49.00 | X | | | | | | 0 | 424,597 | 43,107 |
| (2) JANICE HAMILTON-CRAWFORD DIR; PRESIDENT TH OF NE SENIOR COMM | 5.00 50.00 | X | | X | | | | 0 | 364,015 | 75,745 |
| (3) MARK MCPHERSON FORMER OFFICER; CFO CONTINUING CARE | 0.00 50.00 | | | | | | X | 0 | 375,565 | 47,418 |
| (4) PHILIP SMART VP FIN TRINITY HEALTH SENIOR COMM | 1.00 49.00 | | | X | | | | 0 | 323,340 | 33,762 |
| (5) BETH CHAGUE TRES/VP FIN THOFNE SNR COMM THR 8/19 | 5.00 45.00 | | | X | | | | 0 | 189,349 | 135,077 |
| (6) STEVEN BEAULIEU FORMER OFFICER; THSC OFFICER | 0.00 40.00 | | | | | | X | 0 | 208,276 | 35,959 |
| (7) KATHERINE REESE ADMINISTRATOR THROUGH 11/19 | 50.00 0.00 | | | | | X | | 0 | 156,574 | 22,438 |
| (8) SUSAN LEMAY HEALTH AND WELLNESS DIRECTOR | 50.00 0.00 | | | | | X | | 0 | 106,099 | 24,924 |
| (9) MAUREEN REARDON RSM PHD SEC THR 12/19; SVP CHIEF COMPL OFFCR | 3.00 37.00 | | | X | | | | 0 | 0 | 5,879 |
| (10) JEAN MCGINTY RSM RN DIR; ST. PETER'S PRJCT MGMT THR 2/20 | 1.00 39.00 | X | | | | | | 0 | 0 | 71 |
| (11) PETER MURPHY DIRECTOR; CHAIR | 1.00 3.00 | X | | X | | | | 0 | 0 | 0 |
| (12) LUIS PEREZ DIRECTOR; VICE CHAIR | 1.00 3.00 | X | | X | | | | 0 | 0 | 0 |
| (13) DANIEL O'CONNELL DIRECTOR; SECRETARY/TREAS AS OF 1/20 | 1.00 3.00 | X | | X | | | | 0 | 0 | 0 |
| (14) CAMILLE ALVARADO DO DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| (15) PATRICIA COOK RSM DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| (16) DALIA GIEDRIMIENE MD DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 |
| (17) PATRICK JOHNSON JR DIRECTOR | 1.00 3.00 | 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 | | | | |
| (18) ANN KANE CSJ DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 | |
| (19) PATRICIA MCKEON RSM DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 0 | 0 | |
| (20) SHYAMALA RAMAN DIRECTOR AS OF 1/20 | 1.00 3.00 | X | | | | | | 0 | 0 | 0 | |
| 1b Sub-Total ▶ | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | | | | |
| d Total (add lines 1b and 1c) ▶ | | | | | | | 0 | 2,147,815 | | 424,380 | |

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| OTIS MECHANICAL LLC PO BOX 905454 CHARLOTTE, NC 282905454 | ELEVATOR MAINTENANCE | 589,257 |
| SODEXO INC & AFFILIATES PO BOX 360170 PITTSBURGH, PA 152516170 | SUPPORT SERVICES MANAGEMENT | 308,224 |
| MARCONI CONSTRUCTION CO INC 752 NORTH MOUNTAIN ROAD NEWINGTON, CT 06111 | CONSTRUCTION SERVICES | 268,930 |
| I & D HOME SOLUTION 1059 AMOSTOWN RD WEST SPRINGFIELD, MA 01089 | CONSTRUCTION SERVICES | 184,600 |
| GUSTAFSON ELECTRIC LLC 175 WEBSTER ROAD UNION, CT 06076 | MAINTENANCE SERVICES | 129,686 |

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 ▶ **5**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g: Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, Noncash contributions, and 1h Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f: MONTHLY SERVICE FEES, ENTRANCE FEE INCOME, and 2g Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12: Investment income, Royalties, Rental income, Net gain or loss, Fundraising events, Gaming activities, Sales of inventory, and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,500 | 2,500 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,053,411 | 2,736,728 | 316,683 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 490,772 | 439,872 | 50,900 | |
| 10 Payroll taxes | 234,096 | 209,817 | 24,279 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 890,365 | 798,021 | 92,344 | |
| b Legal | 4,291 | | 4,291 | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,457,038 | 1,410,033 | 47,005 | |
| 12 Advertising and promotion | 360,287 | 322,920 | 37,367 | |
| 13 Office expenses | 96,924 | 86,872 | 10,052 | |
| 14 Information technology | 35,134 | 31,490 | 3,644 | |
| 15 Royalties | | | | |
| 16 Occupancy | 2,030,807 | 1,820,183 | 210,624 | |
| 17 Travel | 2,014 | 1,805 | 209 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 42,493 | 38,086 | 4,407 | |
| 20 Interest | 257,106 | 257,106 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,194,546 | 1,966,940 | 227,606 | |
| 23 Insurance | 53,409 | 47,870 | 5,539 | |
| 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 SUPPLIES - FOOD & OTHER | 795,144 | 795,144 | | |
| b EQUIPMENT MAINTENANCE | 426,868 | 382,596 | 44,272 | |
| c SUBSCRIPTIONS AND DUES | 21,856 | 19,589 | 2,267 | |
| d RESIDENT SERVICES | 15,859 | 15,859 | | |
| e All other expenses | 31,306 | 26,414 | 4,892 | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,496,226 | 11,409,845 | 1,086,381 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 2,571,344 | 1 | 335,074 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 121,962 | 4 | 11,358 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 14,876 | 8 | 16,790 |
| | 9 Prepaid expenses and deferred charges | | 9 | 20,420 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 8,468,641 | | |
| | b Less: accumulated depreciation | 339,032 | | |
| | 11 Investments—publicly traded securities | 8,688,498 | 11 | 1,668,300 |
| | 12 Investments—other securities. See Part IV, line 11 | 4,535,131 | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 83,245 | 15 | 34,066,305 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 38,324,236 | 16 | 44,247,856 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,421,360 | 17 | 738,827 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 4,254,758 | 19 | 4,912,248 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 240,000 | 24 | 160,000 |
| | 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 | 35,092,194 | 25 | 54,883,302 |
| | 26 Total liabilities. Add lines 17 through 25 | 41,008,312 | 26 | 60,694,377 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | -2,745,616 | 27 | -16,696,656 |
| | 28 Net assets with donor restrictions | 61,540 | 28 | 250,135 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | -2,684,076 | 32 | -16,446,521 | |
| 33 Total liabilities and net assets/fund balances | 38,324,236 | 33 | 44,247,856 | |

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 | 12,518,910 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,496,226 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 22,684 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -2,684,076 |
| 5 | Net unrealized gains (losses) on investments | 5 | 40,424 |
| 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 | -13,825,553 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -16,446,521 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|--|-----------|-----|----|
| <p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p> | | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | | No |
| <p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2b | Yes | |
| <p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p> | 2c | Yes | |
| <p>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?</p> | 3a | | No |
| <p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p> | 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 06-1058086

Name: MCAULEY CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

OPENED IN 1988 , THE MCAULEY CENTER IS A CONTINUING CARE RETIREMENT COMMUNITY. MCAULEY CENTER SHARES, WITH SAINT MARY HOME A BEAUTIFUL 43-ACRE CAMPUS IN WEST HARTFORD, CONNECTICUT. THE MCAULEY CENTER ENCOURAGES WELLNESS AND AUTONOMY THROUGH INDEPENDENT AND ASSISTED LIVING EXPERIENCES. PLEASE VISIT THE WEBSITE FOR ADDITIONAL INFORMATION: WWW.THEMERCYCOMMUNITY.ORG

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MCAULEY CENTER INC

Employer identification number
06-1058086

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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- 10 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4. . . | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|------------|---|-----------|--|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 33 1/3% support test—2018. 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—2019. 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—2018. 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 10 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 5,804 | 45,611 | 14,300 | 8,275 | 188,781 | 262,771 |
| 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 | 12,135,442 | 11,503,256 | 12,027,551 | 12,415,111 | 12,291,072 | 60,372,432 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | 33,892 | 39,537 | 29,425 | 102,854 |
| 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 | 12,141,246 | 11,548,867 | 12,075,743 | 12,462,923 | 12,509,278 | 60,738,057 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | 0 |
| c Add lines 7a and 7b. | | | | | | 0 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 60,738,057 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 9 Amounts from line 6. | 12,141,246 | 11,548,867 | 12,075,743 | 12,462,923 | 12,509,278 | 60,738,057 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 16,236 | 24,474 | 38,970 | 43,553 | 42,539 | 165,772 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | 16,236 | 24,474 | 38,970 | 43,553 | 42,539 | 165,772 |
| 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.) | 12,157,482 | 11,573,341 | 12,114,713 | 12,506,476 | 12,551,817 | 60,903,829 |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.730 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | 99.770 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---------|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.270 % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | 0.230 % |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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> | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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> | | |
| | 2 | | |
| 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> | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| 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> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| | 4a | | |
| 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> | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| | 4c | | |
| 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> | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 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 I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| 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> | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 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> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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 2019 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-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Additional Data

Software ID:

Software Version:

EIN: 06-1058086

Name: MCAULEY CENTER INC

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

| | |
|--|--|
| Name of the organization MCAULEY CENTER INC | Employer identification number 06-1058086 |
|--|--|

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

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

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | Yes | | 115 |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | | No | |
| j Total. Add lines 1c through 1i | | | 115 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|--------------------|--|
| PART II-B, LINE 1: | MCAULEY CENTER HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED MCAULEY CENTER WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
MCAULEY CENTER INC

Employer identification number
06-1058086

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 3,390,000 | | 3,390,000 |
| b Buildings | | 2,864,188 | | 2,864,188 |
| c Leasehold improvements | | | | |
| d Equipment | | 1,515,728 | 339,032 | 1,176,696 |
| e Other | | 698,725 | | 698,725 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 8,129,609 |

Part VII Investments—Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (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 |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| 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 |
|--|----------------|
| (1) OTHER CURRENT ASSETS | 25,759 |
| (2) INTERCOMPANY ACCOUNTS RECEIVABLE | 33,999,943 |
| (3) OTHER LONG-TERM ASSETS | 40,603 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 34,066,305 |

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 |
|--|-------------------|
| (1) Federal income taxes | |
| (2) INTERCOMPANY PAYABLES | 27,151,554 |
| (3) INTERCOMPANY NOTES PAYABLE | 11,513,851 |
| (4) OTHER LT LIABILITIES | 16,217,897 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 54,883,302 |

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 | |
|------------------|-------------|--|
|------------------|-------------|--|

Part XIII **Supplemental Information (continued)**

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

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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization MCAULEY CENTER INC

Employer identification number 06-1058086

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation reporting, including travel, housing, and severance payments.

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 WILLIAM HEALY DIRECTOR; TSSM PRESIDENT & THSC SVP | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 303,537 | 57,658 | 63,402 | 16,800 | 26,307 | 467,704 | 0 |
| 2 JANICE HAMILTON- CRAWFORD DIR; PRESIDENT TH OF NE SENIOR COMM | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 294,463 | 55,153 | 14,399 | 58,748 | 16,997 | 439,760 | 0 |
| 3 MARK MCPHERSON FORMER OFFICER; CFO CONTINUING CARE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 310,930 | 62,277 | 2,358 | 15,679 | 31,739 | 422,983 | 0 |
| 4 PHILIP SMART VP FIN TRINITY HEALTH SENIOR COMM | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 275,831 | 43,349 | 4,160 | 13,939 | 19,823 | 357,102 | 0 |
| 5 BETH CHAGUE TRES/VP FIN THOFNE SNR COMM THR 8/19 | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 123,169 | 0 | 66,180 | 131,512 | 3,565 | 324,426 | 0 |
| 6 STEVEN BEAULIEU FORMER OFFICER; THSC OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 171,189 | 34,770 | 2,317 | 12,793 | 23,166 | 244,235 | 0 |
| 7 KATHERINE REESE ADMINISTRATOR THROUGH 11/19 | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 120,861 | 15,000 | 20,713 | 14,936 | 7,502 | 179,012 | 0 |
| | | | | | | | | |
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Part III Supplemental Information

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

| Return Reference | Explanation |
|--------------------|--|
| PART I, LINE 3 | MCAULEY CENTER IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. MCAULEY CENTER'S CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF MCAULEY CENTER'S CEO: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE |
| PART I, LINES 4A-B | THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2019. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: BETH CHAGUE - \$65,447 KATHERINE REESE - \$19,274 IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/19: BETH CHAGUE - \$126,482 (PAID IN 2020) KATHERINE REESE - \$10,119 (PAID IN 2020) THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2019. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2019, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2019. THE FOLLOWING PAYOUT FOR 2019 FOR THE PLAN IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: WILLIAM HEALY - \$45,474 THE FOLLOWING ACCRUAL FOR 2019 IS INCLUDED IN COLUMN C OF SCHEDULE J, PART II: JANICE HAMILTON-CRAWFORD - \$46,148 THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$280,000 FOR 2019). MARK MCPHERSON PHILIP SMART THERE WERE NO PAYOUTS FOR 2019 FOR THESE PARTICIPANTS. |

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
MCAULEY CENTER INC

Employer identification number

06-1058086

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 6 | THE SOLE MEMBER OF MCAULEY CENTER IS MERCY COMMUNITY HEALTH. SEE LINE 7 FOR ADDITIONAL INFORMATION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | MERCY COMMUNITY HEALTH IS THE SOLE MEMBER OF MCAULEY CENTER. MERCY COMMUNITY HEALTH HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF MCAULEY CENTER. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 7B | AS SOLE MEMBER, MERCY COMMUNITY HEALTH MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET. MERCY COMMUNITY HEALTH MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS. AS THE PARENT OF THE NATIONAL TRINITY HEALTH SYSTEM, CERTAIN POWERS ARE RESERVED TO TRINITY HEALTH CORPORATION. THESE INCLUDE THE AUTHORITY TO ADOPT OR MODIFY THE ORGANIZATION'S GOVERNING DOCUMENTS, TO APPROVE MAJOR CHANGES SUCH AS A MERGER OR DISSOLUTION, AND TO APPROVE SIGNIFICANT FINANCE MATTERS IN EXCESS OF CERTAIN LIMITS ESTABLISHED BY TRINITY HEALTH CORPORATION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | PRIOR TO FILING, THE FORM 990 FOR MCAULEY CENTER IS REVIEWED BY MANAGEMENT. EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF MCAULEY CENTER IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING CEO AND VICE PRESIDENT FINANCE COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO AND VICE PRESIDENT FINANCE OF MCAULEY CENTER ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS. FOR OTHER EXECUTIVES WHO ARE NOT PART OF THE REBUTTABLE PRESUMPTION PROCESS, TRINITY HEALTH USES A MARKET ANALYSIS TO DETERMINE THE APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | MCAULEY CENTER IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. MCAULEY CENTER'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VII, SECTION A, LINE 1: | MAUREEN REARDON, RSM IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY. HAVING TAKEN A VOW OF POVERTY, SISTER MAUREEN DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO MERCY COMMUNITY HEALTH AND ITS AFFILIATES, EXCEPT FOR INSURANCE BENEFITS OF \$5,879. INSTEAD, A TOTAL OF \$146,770 WAS PAID BY MERCY COMMUNITY HEALTH, DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR SISTER MAUREEN'S SERVICES. JEAN MCGINTY, RSM IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY. HAVING TAKEN A VOW OF POVERTY, SISTER JEAN DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO ST. PETER'S HOSPITAL, A RELATED ORGANIZATION, EXCEPT FOR INSURANCE BENEFITS OF \$71. INSTEAD, A TOTAL OF \$40,518 WAS PAID BY ST. PETER'S HOSPITAL DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR SISTER JEAN'S SERVICES. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART IX, LINE 11G | CONTRACT LABOR: PROGRAM SERVICE EXPENSES 23,466. MANAGEMENT AND GENERAL EXPENSES 2,715. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 26,181. MED PRO FEES - PHYSICIANS: PROGRAM SERVICE EXPENSES 808,623. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 808,623. RECRUITMENT: PROGRAM SERVICE EXPENSES 8,329. MANAGEMENT AND GENERAL EXPENSES 964. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 9,293. MISCELLANEOUS PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 372,430. MANAGEMENT AND GENERAL EXPENSES 43,096. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 415,526. MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 195,201. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 195,201. CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 1,984. MANAGEMENT AND GENERAL EXPENSES 230. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,214. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|-------------------------------|
| FORM 990, PART XI, LINE 9: | ASSET IMPAIRMENT -13,825,553. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| FORM 990, PART XII, LINE 2: | MCAULEY CENTER'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY20 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MCAULEY CENTER INC

Employer identification number

06-1058086

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | Yes | No |
|--|-----|----|
| 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 | | No |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | | No |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | | No |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | Yes | |
| s Other transfer of cash or property from related organization(s) | | 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 |
|--------------------------------------|-------------------------------|------------------------|--|
| (1) MERCY COMMUNITY HEALTH INC | R | 436,905 | PER BOOKS |
| (2) TRINITY CONTINUING CARE SERVICES | M | 890,365 | PER BOOKS |
| (3) TRINITY CONTINUING CARE SERVICES | P | 53,409 | PER BOOKS |
| | | | |
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| | | | |

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: 06-1058086
Name: MCAULEY CENTER 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 |
| 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974 | HEALTH CARE SERVICES | MI | 501(C)(3) | LINE 10 | TRINITY HEALTH-MICHIGAN | Yes | |
| 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325 | GRANT MAKING | FL | 501(C)(3) | LINE 12A, I | TRINITY HEALTH CORPORATION | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 06-1450170 | HEALTH CARE SERVICES | CT | 501(C)(3) | LINE 3 | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes | |
| 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277 | HEALTH CARE AND HOSPITAL SERVICES | IA | 501(C)(3) | LINE 3 | MERCY HEALTH SERVICES-IOWA CORP | Yes | |
| 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307 | FOUNDATION | IA | 501(C)(3) | LINE 12A, I | BAUM HARMON MERCY HOSPITAL | Yes | |
| 2212 BURDETT AVE TROY, NY 12180 14-1651563 | TITLE HOLDING COMPANY | NY | 501(C)(2) | N/A | LTC (EDDY) INC | Yes | |
| 905 WATSON STREET PITTSBURGH, PA 15219 25-1436685 | HOMELESS SHELTER | PA | 501(C)(3) | LINE 7 | PITTSBURGH MERCY HEALTH SYSTEM INC | Yes | |
| 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028 | SENIOR LIVING COMMUNITY | NY | 501(C)(3) | LINE 10 | LTC (EDDY) INC | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 04-2182395 | HEALTH CARE SERVICES | MA | 501(C)(3) | LINE 10 | THE MERCY HOSPITAL INC | Yes | |
| 421 WEST COLUMBIA STREET COHOES, NY 12047 14-1701597 | LONG TERM CARE | NY | 501(C)(3) | LINE 10 | LTC (EDDY) INC | Yes | |
| 5315 ELLIOTT DR 102 YPSILANTI, MI 48197 38-2507173 | HEALTH CARE SERVICES | MI | 501(C)(3) | LINE 3 | TRINITY HEALTH-MICHIGAN | Yes | |
| 20555 VICTOR PARKWAY LIVONIA, MI 48152 | GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM | VT | 501(C)(3) | LINE 1 | N/A | | No |
| 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340 | HEALTH CARE AND HOSPITAL SERVICES | OH | 501(C)(3) | LINE 3 | MOUNT CARMEL HEALTH SYSTEM | Yes | |
| 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941 | FOUNDATION | IA | 501(C)(3) | LINE 12A, I | MERCY HEALTH SERVICES-IOWA CORP | Yes | |
| 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271 | FOUNDATION | IA | 501(C)(3) | LINE 12A, I | MERCY HEALTH SERVICES-IOWA CORP | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999 | HEALTH CARE SERVICES | PA | 501(C)(3) | LINE 3 | MERCY PHYSICIAN NETWORK | Yes | |
| 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568 | HOME HEALTH SERVICES | NY | 501(C)(3) | LINE 3 | LTC (EDDY) INC | Yes | |
| 333 BUTTERNUT DRIVE DEWITT, NY 13214 46-1051881 | PACE PROGRAM | NY | 501(C)(3) | LINE 12B, II | ST JOSEPH'S HEALTH INC | Yes | |
| 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732 | HOME HEALTH SERVICES | NY | 501(C)(3) | LINE 10 | HOME AIDE SERVICE OF EASTERN NEW YORK INC | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 04-2501711 | LONG TERM CARE | MA | 501(C)(3) | LINE 3 | THE MERCY HOSPITAL INC | 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 |
| PO BOX 2500 WILMINGTON, DE 19805 22-3008680 | LONG TERM CARE (INACTIVE) | DE | 501(C)(3) | LINE 10 | ST FRANCIS HOSPITAL INC | Yes | |
| 1200 EARHART RD ANN ARBOR, MI 48105 20-8072723 | FOUNDATION | MI | 501(C)(3) | LINE 12A, I | GLACIER HILLS INC | Yes | |
| 1200 EARHART RD ANN ARBOR, MI 48105 38-1891500 | SENIOR LIVING COMMUNITY | MI | 501(C)(3) | LINE 10 | TRINITY CONTINUING CARE SERVICES | Yes | |
| 1 GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150 | SENIOR LIVING COMMUNITY | NY | 501(C)(3) | LINE 10 | LTC (EDDY) INC | Yes | |
| 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527 | HEALTH CARE SERVICES | MI | 501(C)(3) | LINE 12A, I | TRINITY HEALTH CORPORATION | Yes | |
| 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984 | HEALTH CARE AND HOSPITAL SERVICES | GA | 501(C)(3) | LINE 3 | ST MARY'S HEALTH CARE SYSTEM INC | Yes | |
| 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852 | HEALTH CARE AND HOSPITAL SERVICES | IL | 501(C)(3) | LINE 3 | LOYOLA UNIVERSITY HEALTH SYSTEM | Yes | |
| 701 WEST NORTH AVENUE MELROSE PARK, IL 60160 74-3260011 | FOUNDATION | IL | 501(C)(3) | LINE 12C, III-FI | N/A | | No |
| 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649 | HEALTH CARE AND HOSPITAL SERVICES | IL | 501(C)(3) | LINE 3 | LOYOLA UNIVERSITY HEALTH SYSTEM | Yes | |
| 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840 | SENIOR LIVING COMMUNITY | NY | 501(C)(3) | LINE 10 | LTC (EDDY) INC | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 83-0416893 | MANAGEMENT | CT | 501(C)(3) | LINE 12A, I | N/A | | No |
| 2920 TIBBITS AVE TROY, NY 12180 14-1725101 | LONG TERM CARE | NY | 501(C)(3) | LINE 10 | LTC (EDDY) INC | Yes | |
| PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054 | LONG TERM CARE | MD | 501(C)(3) | LINE 10 | TRINITY CONTINUING CARE SERVICES | Yes | |
| 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 20-8428450 | FOUNDATION | MD | 501(C)(3) | LINE 7 | HOLY CROSS HEALTH INC | Yes | |
| 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 52-0738041 | HEALTH CARE AND HOSPITAL SERVICES | MD | 501(C)(3) | LINE 3 | TRINITY HEALTH CORPORATION | Yes | |
| 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028 | HEALTH CARE AND HOSPITAL SERVICES | FL | 501(C)(3) | LINE 3 | TRINITY HEALTH CORPORATION | Yes | |
| 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068 | HEALTH CARE SERVICES | FL | 501(C)(3) | LINE 10 | HOLY CROSS HOSPITAL INC | Yes | |
| 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495 | HEALTH CARE SERVICES | FL | 501(C)(3) | LINE 10 | HOLY CROSS HOSPITAL INC | Yes | |
| 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 83-2256461 | HEALTH CARE SERVICES | FL | 501(C)(3) | LINE 10 | HOLY CROSS HOSPITAL INC | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 81-0723591 | HOME HEALTH SERVICES | CT | 501(C)(3) | LINE 10 | TRINITY HEALTH OF NEW ENGLAND CORP INC | 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 |
| 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867 | HOME HEALTH SERVICES | NY | 501(C)(3) | LINE 10 | LTC (EDDY) INC | Yes | |
| 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708 | HOSPICE SERVICES | IA | 501(C)(3) | LINE 10 | MERCY HEALTH SERVICES-IOWA CORP | Yes | |
| 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710 | HOSPICE SERVICES | IA | 501(C)(3) | LINE 12A, I | N/A | | No |
| 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559 | HEALTH CARE SERVICES | MI | 501(C)(3) | LINE 10 | TRINITY HEALTH-MICHIGAN | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 47-5676956 | HEALTH CARE AND HOSPITAL SERVICES | CT | 501(C)(3) | LINE 3 | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes | |
| 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529 | HEALTH CARE SERVICES (INACTIVE) | PA | 501(C)(3) | LINE 10 | ST MARY MEDICAL CENTER | Yes | |
| 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699 | HEALTH CARE SERVICES | PA | 501(C)(3) | LINE 10 | ST MARY MEDICAL CENTER | Yes | |
| 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750 | PACE PROGRAM | NJ | 501(C)(3) | LINE 3 | TRINITY HEALTH PACE | Yes | |
| 7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214 | PACE PROGRAM | DE | 501(C)(3) | LINE 10 | ST FRANCIS HOSPITAL INC | Yes | |
| 7500 K JOHNSON BOULEVARD BORDENTOWN, NJ 08505 22-2797282 | PACE PROGRAM | NJ | 501(C)(3) | LINE 10 | ST FRANCIS MEDICAL CENTER TRENTON NJ | Yes | |
| 4900 RAEFORD ROAD FAYETTEVILLE, NC 28304 27-2159847 | PACE PROGRAM | NC | 501(C)(3) | LINE 3 | TRINITY HEALTH PACE | Yes | |
| 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184 | PACE PROGRAM | PA | 501(C)(3) | LINE 10 | ST MARY MEDICAL CENTER | Yes | |
| 905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171 | TRANSPORTATION SERVICES | IL | 501(C)(3) | LINE 10 | LOYOLA UNIVERSITY MEDICAL CENTER | Yes | |
| 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | IL | 501(C)(3) | LINE 12B, II | TRINITY HEALTH CORPORATION | Yes | |
| 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560 | HEALTH CARE AND HOSPITAL SERVICES | IL | 501(C)(3) | LINE 3 | LOYOLA UNIVERSITY HEALTH SYSTEM | Yes | |
| 2212 BURDETT AVE TROY, NY 12180 22-2564710 | MANAGEMENT SERVICES FOR LONG TERM CARE | NY | 501(C)(3) | LINE 12B, II | ST PETER'S HEALTH PARTNERS | Yes | |
| 801 5TH STREET SIOUX CITY, IA 51101 38-3320705 | HOME HEALTH SERVICES (INACTIVE) | IA | 501(C)(3) | LINE 12A, I | MERCY HEALTH SERVICES-IOWA CORP | Yes | |
| 20555 VICTOR PARKWAY LIVONIA, MI 48152 91-1940902 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | PA | 501(C)(3) | LINE 12A, I | TRINITY HEALTH CORPORATION | Yes | |
| 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086 | SENIOR LIVING COMMUNITY | CT | 501(C)(3) | LINE 10 | MERCY COMMUNITY HEALTH INC | | No |
| 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142 | GRANT MAKING | PA | 501(C)(3) | LINE 12B, II | PITTSBURGH MERCY HEALTH SYSTEM INC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457 | HEALTH CARE AND HOSPITAL SERVICES | NY | 501(C)(3) | LINE 3 | ST PETER'S HEALTH PARTNERS | Yes | |
| 424 DECATUR STREET ATLANTA, GA 30312 58-1448522 | FOUNDATION | GA | 501(C)(3) | LINE 7 | SAINT JOSEPH'S HEALTH SYSTEM INC | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191 | HEALTH CARE AND HOSPITAL SERVICES | PA | 501(C)(3) | LINE 3 | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes | |
| 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | CT | 501(C)(3) | LINE 12B, II | TRINITY CONTINUING CARE SERVICES | Yes | |
| 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059 | HOME HEALTH SERVICES | PA | 501(C)(3) | LINE 10 | MERCY HOME HEALTH SERVICES | Yes | |
| 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350 | FOUNDATION | IL | 501(C)(3) | LINE 7 | MERCY HEALTH SYSTEM OF CHICAGO | Yes | |
| 888 TERRACE STREET MUSKEGON, MI 49440 38-3321856 | HOME HEALTH SERVICES | MI | 501(C)(3) | LINE 10 | TRINITY HOME HEALTH SERVICES | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864 | FOUNDATION | PA | 501(C)(3) | LINE 12B, II | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes | |
| 1449 NW 128TH ST BLDG 5 CLIVE, IA 50325 42-1478417 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | DE | 501(C)(3) | LINE 12C, III-FI | N/A | | No |
| 1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966 | HEALTH CARE AND HOSPITAL SERVICES | MI | 501(C)(3) | LINE 3 | TRINITY HEALTH-MICHIGAN | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605 | MEDICAID MANAGED CARE PLAN | PA | 501(C)(3) | LINE 12B, II | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes | |
| 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080 | HEALTH CARE AND HOSPITAL SERVICES | DE | 501(C)(3) | LINE 3 | TRINITY HEALTH CORPORATION | Yes | |
| 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | IL | 501(C)(3) | LINE 12B, II | TRINITY HEALTH CORPORATION | Yes | |
| 1410 N 4TH ST CLINTON, IA 52732 42-1316126 | FOUNDATION | IA | 501(C)(3) | LINE 7 | MERCY MEDICAL CENTER - CLINTON INC | Yes | |
| 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099 | HOME HEALTH SERVICES | PA | 501(C)(3) | LINE 10 | MERCY HOME HEALTH SERVICES | Yes | |
| 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058 | MANAGEMENT SERVICES FOR HOME HEALTH | PA | 501(C)(3) | LINE 12B, II | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes | |
| 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152 | HEALTH CARE AND HOSPITAL SERVICES | IL | 501(C)(3) | LINE 3 | MERCY HEALTH SYSTEM OF CHICAGO | Yes | |
| 318 RIVER RIDGE DR NW SUITE 100 WALKER, MI 49544 20-3357131 | FOUNDATION | MI | 501(C)(3) | LINE 12A, I | TRINITY HEALTH-MICHIGAN | Yes | |
| 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115 | COMMUNITY OUTREACH | PA | 501(C)(3) | LINE 10 | PITTSBURGH MERCY HEALTH SYSTEM INC | Yes | |
| PO BOX 7957 MOBILE, AL 36670 27-3163002 | PACE PROGRAM | AL | 501(C)(3) | LINE 3 | TRINITY HEALTH PACE | Yes | |

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| | | | | | | Yes | No |
| 200 HILLSIDE CIRCLE WEST SPRINGFIELD, MA 01089 45-3086711 | PACE PROGRAM | MA | 501(C)(3) | LINE 3 | TRINITY HEALTH PACE | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944 | HEALTH CARE SERVICES | PA | 501(C)(3) | LINE 3 | MERCY PHYSICIAN NETWORK | Yes | |
| 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618 | HEALTH CARE AND HOSPITAL SERVICES | DE | 501(C)(3) | LINE 3 | MERCY HEALTH SERVICES-IOWA CORP | Yes | |
| 801 5TH STREET SIOUX CITY, IA 51102 14-1880022 | FOUNDATION | IA | 501(C)(3) | LINE 7 | MERCY HEALTH SERVICES-IOWA CORP | Yes | |
| 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151 | FOUNDATION | IA | 501(C)(3) | LINE 7 | MERCY HEALTH SERVICES-IOWA CORP | Yes | |
| PO BOX 7957 MOBILE, AL 36670 63-6002215 | PACE PROGRAM | AL | 501(C)(3) | LINE 10 | TRINITY HEALTH CORPORATION | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 45-4884805 | HEALTH CARE SERVICES | MA | 501(C)(3) | LINE 3 | THE MERCY HOSPITAL INC | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365 | MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS | PA | 501(C)(3) | LINE 12B, II | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes | |
| 424 DECATUR STREET ATLANTA, GA 30312 58-1366508 | COMMUNITY OUTREACH | GA | 501(C)(3) | LINE 7 | SAINT JOSEPH'S HEALTH SYSTEM INC | Yes | |
| 424 DECATUR STREET ATLANTA, GA 30312 27-2046353 | TITLE HOLDING COMPANY | GA | 501(C)(3) | LINE 12B, II | SAINT JOSEPH'S HEALTH SYSTEM INC | Yes | |
| PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605 | LONG TERM CARE | MI | 501(C)(3) | LINE 10 | TRINITY CONTINUING CARE SERVICES | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 26-4033168 | HEALTH CARE SERVICES | MA | 501(C)(3) | LINE 3 | THE MERCY HOSPITAL INC | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763 | HEALTH CARE AND HOSPITAL SERVICES | PA | 501(C)(3) | LINE 3 | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes | |
| 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557 | BUILDING MANAGEMENT SERVICES | DE | 501(C)(3) | LINE 12A, I | N/A | | No |
| 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555 | COLLEGE OF NURSING | OH | 501(C)(3) | LINE 2 | MOUNT CARMEL HEALTH SYSTEM | Yes | |
| 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781 | HEALTH INSURANCE | OH | 501(C)(4) | N/A | MOUNT CARMEL HEALTH SYSTEM | Yes | |
| 6150 EAST BROAD STREET COLUMBUS, OH 43213 83-1422704 | MEDICARE HMO | ID | 501(C)(4) | N/A | MOUNT CARMEL HEALTH PLAN INC | Yes | |
| 6150 EAST BROAD STREET COLUMBUS, OH 43213 83-3278543 | MEDICARE HMO | NY | 501(C)(4) | N/A | MOUNT CARMEL HEALTH PLAN INC | Yes | |
| 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229 | MEDICARE HMO | OH | 501(C)(4) | N/A | MOUNT CARMEL HEALTH SYSTEM | Yes | |
| 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334 | HEALTH CARE AND HOSPITAL SERVICES | OH | 501(C)(3) | LINE 3 | TRINITY HEALTH CORPORATION | Yes | |

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| | | | | | | Yes | No |
| 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966 | FOUNDATION | OH | 501(C)(3) | LINE 12A, I | MOUNT CARMEL HEALTH SYSTEM | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 22-2584082 | FOUNDATION | CT | 501(C)(3) | LINE 12C, III-FI | N/A | | No |
| 114 WOODLAND STREET HARTFORD, CT 06105 06-1422973 | HEALTH CARE AND HOSPITAL SERVICES | CT | 501(C)(3) | LINE 3 | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes | |
| 7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998 | LONG TERM CARE | ME | 501(C)(3) | LINE 3 | MERCY COMMUNITY HEALTH INC | Yes | |
| 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918 | COMMUNITY OUTREACH | MI | 501(C)(3) | LINE 7 | MERCY HEALTH PARTNERS | Yes | |
| 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951 | FOUNDATION | PA | 501(C)(3) | LINE 12A, I | NAZARETH HOSPITAL | Yes | |
| 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121 | HEALTH CARE AND HOSPITAL SERVICES | PA | 501(C)(3) | LINE 3 | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266 | HEALTH CARE SERVICES | PA | 501(C)(3) | LINE 3 | MERCY PHYSICIAN NETWORK | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355 | HEALTH CARE SERVICES (INACTIVE) | PA | 501(C)(3) | LINE 3 | MERCY PHYSICIAN NETWORK | Yes | |
| 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234 | HEALTH CARE AND HOSPITAL SERVICES | NE | 501(C)(3) | LINE 3 | MERCY HEALTH SERVICES-IOWA CORP | Yes | |
| 601 E 2ND STREET OAKLAND, NE 68045 31-1678345 | FOUNDATION | NE | 501(C)(3) | LINE 12A, I | OAKLAND MERCY HOSPITAL | Yes | |
| 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603 | COOPERATIVE HEALTH CARE DELIVERY SYSTEM | OH | 501(C)(3) | LINE 12A, I | N/A | | No |
| 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506 | LONG TERM CARE | NY | 501(C)(3) | LINE 3 | ST PETER'S HOSPITAL | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 45-4208896 | HEALTH CARE SERVICES | MA | 501(C)(3) | LINE 3 | THE MERCY HOSPITAL INC | Yes | |
| 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | PA | 501(C)(3) | LINE 12B, II | TRINITY HEALTH CORPORATION | Yes | |
| 2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239 | HEALTH CARE SERVICES | MI | 501(C)(3) | LINE 10 | TRINITY HEALTH-MICHIGAN | Yes | |
| 965 FORK STREET MUSKEGON, MI 49442 38-2638284 | HEALTH CARE SERVICES | MI | 501(C)(3) | LINE 10 | MERCY HEALTH PARTNERS | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 81-1807730 | HEALTH CARE SERVICES | MA | 501(C)(3) | LINE 3 | THE MERCY HOSPITAL INC | Yes | |
| 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | NY | 501(C)(3) | LINE 12A, I | ST JOSEPH'S HOSPITAL HEALTH CENTER | Yes | |
| 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713 | HEALTH CARE AND HOSPITAL SERVICES | CA | 501(C)(3) | LINE 3 | TRINITY HEALTH CORPORATION | Yes | |

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| | | | | | | Yes | No |
| 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324 | HEALTH CARE SERVICES | CA | 501(C)(3) | LINE 12A, I | SAINT AGNES MEDICAL CENTER | Yes | |
| 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978 | HEALTH CARE SYSTEM SUPPORT | ID | 501(C)(3) | LINE 12A, I | SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC | Yes | |
| 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869 | FOUNDATION | OR | 501(C)(3) | LINE 7 | SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY | Yes | |
| 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560 | FOUNDATION | OR | 501(C)(3) | LINE 7 | SAINT ALPHONSUS MEDICAL CENTER-ONTARIO | Yes | |
| 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | ID | 501(C)(3) | LINE 12B, II | TRINITY HEALTH CORPORATION | Yes | |
| 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469 | VOLUNTEER SERVICE AUXILIARY | OR | 501(C)(3) | LINE 10 | SAINT ALPHONSUS MEDICAL CENTER-ONTARIO | Yes | |
| 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052 | HEALTH CARE AND HOSPITAL SERVICES | OR | 501(C)(3) | LINE 3 | SAINT ALPHONSUS HEALTH SYSTEM INC | Yes | |
| 4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256 | FOUNDATION | ID | 501(C)(3) | LINE 7 | SAINT ALPHONSUS MEDICAL CENTER-NAMPA | Yes | |
| 4300 E FLAMINGO AVENUE NAMPA, ID 83687 82-0200896 | HEALTH CARE AND HOSPITAL SERVICES | ID | 501(C)(3) | LINE 3 | SAINT ALPHONSUS HEALTH SYSTEM INC | Yes | |
| 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847 | HEALTH CARE AND HOSPITAL SERVICES | OR | 501(C)(3) | LINE 3 | SAINT ALPHONSUS HEALTH SYSTEM INC | Yes | |
| 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895 | HEALTH CARE AND HOSPITAL SERVICES | ID | 501(C)(3) | LINE 3 | SAINT ALPHONSUS HEALTH SYSTEM INC | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 45-1994612 | HEALTH CARE SERVICES | CT | 501(C)(3) | LINE 12B, II | TRINITY HEALTH OF NEW ENGLAND PNO INC | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 06-0646813 | HEALTH CARE AND HOSPITAL SERVICES | CT | 501(C)(3) | LINE 3 | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 06-1008255 | FOUNDATION | CT | 501(C)(3) | LINE 7 | SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | Yes | |
| 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127 | PACE PROGRAM | IN | 501(C)(3) | LINE 10 | TRINITY HEALTH PACE | Yes | |
| PO BOX 670 PLYMOUTH, IN 46563 35-1142669 | HEALTH CARE AND HOSPITAL SERVICES | IN | 501(C)(3) | LINE 3 | SAINT JOSEPH REGIONAL MEDICAL CENTER INC | Yes | |
| 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157 | HEALTH CARE AND HOSPITAL SERVICES | IN | 501(C)(3) | LINE 3 | SAINT JOSEPH REGIONAL MEDICAL CENTER INC | Yes | |
| 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563 | VOLUNTEER SERVICE AUXILIARY | IN | 501(C)(3) | LINE 12A, I | SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC | Yes | |
| 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | IN | 501(C)(3) | LINE 12C, III-FI | TRINITY HEALTH CORPORATION | Yes | |
| 424 DECATUR STREET ATLANTA, GA 30312 58-1744848 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | GA | 501(C)(3) | LINE 12C, III-FI | TRINITY HEALTH CORPORATION | Yes | |

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| | | | | | | Yes | No |
| 424 DECATUR STREET ATLANTA, GA 30312 58-1752700 | HEALTH CARE SERVICES | GA | 501(C)(3) | LINE 7 | SAINT JOSEPH'S HEALTH SYSTEM INC | Yes | |
| PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468 | SENIOR LIVING COMMUNITY | IN | 501(C)(3) | LINE 10 | TRINITY CONTINUING CARE SERVICES - INDIANA INC | Yes | |
| 1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700 | HOME HEALTH SERVICES | MI | 501(C)(3) | LINE 10 | TRINITY HOME HEALTH SERVICES | Yes | |
| 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602 | FOUNDATION | MI | 501(C)(3) | LINE 7 | TRINITY HEALTH-MICHIGAN | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 22-2528400 | FOUNDATION | CT | 501(C)(3) | LINE 7 | SAINT MARY'S HOSPITAL INC | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 06-0646844 | HEALTH CARE AND HOSPITAL SERVICES | CT | 501(C)(3) | LINE 3 | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes | |
| 2215 BURDETT AVE TROY, NY 12180 14-1710225 | CHILD CARE SERVICES | NY | 501(C)(3) | LINE 10 | ST PETER'S HEALTH PARTNERS | Yes | |
| 2215 BURDETT AVE TROY, NY 12180 14-1338544 | HEALTH CARE AND HOSPITAL SERVICES | NY | 501(C)(3) | LINE 3 | ST PETER'S HEALTH PARTNERS | Yes | |
| 1938 CURRY ROAD SCHENECTADY, NY 12303 14-1708754 | PACE PROGRAM | NY | 501(C)(3) | LINE 10 | LTC (EDDY) INC | Yes | |
| ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230 | LONG TERM CARE | NY | 501(C)(3) | LINE 10 | LTC (EDDY) INC | Yes | |
| PO BOX 3349 SIOUX CITY, IA 51102 42-1185707 | MEDICAL TRANSPORTATION SERVICES | IA | 501(C)(3) | LINE 12A, I | N/A | | No |
| 114 WOODLAND STREET HARTFORD, CT 06105 22-2541103 | LONG TERM CARE | MA | 501(C)(3) | LINE 3 | THE MERCY HOSPITAL INC | Yes | |
| 424 DECATUR STREET ATLANTA, GA 30312 47-2299757 | HEALTH CARE SYSTEM SUPPORT | GA | 501(C)(3) | LINE 12B, II | SAINT JOSEPH'S HEALTH SYSTEM INC | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137 | PACE PROGRAM | PA | 501(C)(3) | LINE 3 | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes | |
| PO BOX 2500 WILMINGTON, DE 19805 51-0374158 | FOUNDATION | DE | 501(C)(3) | LINE 12A, I | ST FRANCIS HOSPITAL INC | Yes | |
| PO BOX 2500 WILMINGTON, DE 19805 51-0064326 | HEALTH CARE AND HOSPITAL SERVICES | DE | 501(C)(3) | LINE 3 | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes | |
| 601 HAMILTON AVENUE TRENTON, NJ 08629 83-2199054 | HEALTH CARE SERVICES | NJ | 501(C)(3) | LINE 3 | ST FRANCIS MEDICAL CENTER TRENTON NJ | Yes | |
| 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476 | FOUNDATION | NJ | 501(C)(3) | LINE 7 | ST FRANCIS MEDICAL CENTER TRENTON NJ | Yes | |
| 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049 | HEALTH CARE AND HOSPITAL SERVICES | NJ | 501(C)(3) | LINE 3 | MAXIS HEALTH SYSTEM | Yes | |
| 20555 VICTOR PARKWAY LIVONIA, MI 48152 22-3127184 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE) | NY | 501(C)(3) | LINE 12A, I | TRINITY HEALTH CORPORATION | 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 |
| 775 S MAIN ST CHELSEA, MI 48118 82-4757260 | HEALTH CARE AND HOSPITAL SERVICES | MI | 501(C)(3) | LINE 3 | TRINITY HEALTH-MICHIGAN | Yes | |
| 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200 | LONG TERM CARE | NC | 501(C)(3) | LINE 3 | TRINITY CONTINUING CARE SERVICES | Yes | |
| 206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520 | COLLEGE OF NURSING | NY | 501(C)(3) | LINE 2 | ST JOSEPH'S HOSPITAL HEALTH CENTER | Yes | |
| 301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294 | BUILDING MANAGEMENT SERVICES | NY | 501(C)(3) | LINE 12B, II | ST JOSEPH'S HEALTH INC | Yes | |
| 301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | NY | 501(C)(3) | LINE 12C, III-FI | TRINITY HEALTH CORPORATION | Yes | |
| 301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254 | HEALTH CARE AND HOSPITAL SERVICES | NY | 501(C)(3) | LINE 3 | ST JOSEPH'S HEALTH INC | Yes | |
| 301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775 | FOUNDATION | NY | 501(C)(3) | LINE 12B, II | ST JOSEPH'S HEALTH INC | Yes | |
| 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821 | HEALTH CARE SERVICES | NY | 501(C)(3) | LINE 12A, I | ST JOSEPH'S HOSPITAL HEALTH CENTER | Yes | |
| 301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863 | HEALTH CARE SERVICES | NY | 501(C)(3) | LINE 12A, I | ST JOSEPH'S HOSPITAL HEALTH CENTER | Yes | |
| 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502 | TITLE HOLDING COMPANY | PA | 501(C)(2) | N/A | ST MARY MEDICAL CENTER | Yes | |
| 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512 | HEALTH CARE SERVICES | PA | 501(C)(3) | LINE 10 | ST MARY MEDICAL CENTER | Yes | |
| 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843 | LONG TERM CARE | CT | 501(C)(3) | LINE 3 | MERCY COMMUNITY HEALTH INC | Yes | |
| 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910 | HEALTH CARE AND HOSPITAL SERVICES | PA | 501(C)(3) | LINE 3 | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes | |
| 1230 BAXTER STREET ATHENS, GA 30606 58-2544232 | FOUNDATION | GA | 501(C)(3) | LINE 12A, I | ST MARY'S HEALTH CARE SYSTEM INC | Yes | |
| 1230 BAXTER STREET ATHENS, GA 30606 81-1660088 | FOUNDATION | GA | 501(C)(3) | LINE 12A, I | ST MARY'S HEALTH CARE SYSTEM INC | Yes | |
| 1230 BAXTER STREET ATHENS, GA 30606 58-0566223 | HEALTH CARE AND HOSPITAL SERVICES | GA | 501(C)(3) | LINE 3 | TRINITY HEALTH CORPORATION | Yes | |
| 1230 BAXTER STREET ATHENS, GA 30606 02-0576648 | SENIOR LIVING COMMUNITY | GA | 501(C)(3) | LINE 3 | ST MARY'S HEALTH CARE SYSTEM INC | Yes | |
| 1230 BAXTER STREET ATHENS, GA 30606 26-1858563 | HEALTH CARE SERVICES | GA | 501(C)(3) | LINE 3 | ST MARY'S HEALTH CARE SYSTEM INC | Yes | |
| 367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176 | HEALTH CARE AND HOSPITAL SERVICES | GA | 501(C)(3) | LINE 3 | ST MARY'S HEALTH CARE SYSTEM INC | Yes | |
| 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | NY | 501(C)(3) | LINE 12B, II | TRINITY HEALTH CORPORATION | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
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| | | | | | | Yes | No |
| 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336 | HEALTH CARE SERVICES | NY | 501(C)(3) | LINE 3 | ST PETER'S HEALTH PARTNERS | Yes | |
| 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692 | HEALTH CARE AND HOSPITAL SERVICES | NY | 501(C)(3) | LINE 3 | ST PETER'S HEALTH PARTNERS | Yes | |
| 310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982 | FOUNDATION | NY | 501(C)(3) | LINE 7 | ST PETER'S HEALTH PARTNERS | Yes | |
| 1270 BELMONT AVENUE SCHENECTADY, NY 12308 14-1338386 | HEALTH CARE AND HOSPITAL SERVICES | NY | 501(C)(3) | LINE 3 | ST PETER'S HEALTH PARTNERS | Yes | |
| 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127 | FOUNDATION | NY | 501(C)(3) | LINE 7 | SUNNYVIEW HOSPITAL AND REHABILITATION CENTER | Yes | |
| 301 PROSPECT AVENUE SYRACUSE, NY 13203 20-3018640 | VOLUNTEER SERVICE AUXILIARY | NY | 501(C)(3) | LINE 10 | ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC | Yes | |
| 2215 BURDETT AVE TROY, NY 12180 27-2153849 | HEALTH CARE SERVICES | NY | 501(C)(3) | LINE 3 | SAMARITAN HOSPITAL | Yes | |
| 445 NEW KARNER RD ALBANY, NY 12205 22-2692940 | FOUNDATION | NY | 501(C)(3) | LINE 7 | THE COMMUNITY HOSPICE INC | Yes | |
| 445 NEW KARNER RD ALBANY, NY 12205 14-1608921 | HOSPICE SERVICES | NY | 501(C)(3) | LINE 3 | ST PETER'S HEALTH PARTNERS | Yes | |
| 707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617 35-1654543 | FOUNDATION | IN | 501(C)(3) | LINE 7 | SAINT JOSEPH REGIONAL MEDICAL CENTER INC | Yes | |
| 2256 BURDETT AVE TROY, NY 12180 22-2570478 | LONG TERM CARE | NY | 501(C)(3) | LINE 10 | LTC (EDDY) INC | Yes | |
| 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885 | LONG TERM CARE | NY | 501(C)(3) | LINE 10 | LTC (EDDY) INC | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 04-3398280 | HEALTH CARE AND HOSPITAL SERVICES | MA | 501(C)(3) | LINE 3 | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes | |
| 310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478 | FOUNDATION | NY | 501(C)(3) | LINE 7 | ST PETER'S HEALTH PARTNERS | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 06-0660403 | VOLUNTEER SERVICE AUXILIARY | CT | 501(C)(3) | LINE 12B, II | N/A | | No |
| 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3320699 | HOSPICE SERVICES (INACTIVE) | MI | 501(C)(3) | LINE 10 | TRINITY HOME HEALTH SERVICES | Yes | |
| 309 GRAND RIVER PORT HURON, MI 48060 38-2485700 | HEALTH CARE SERVICES | MI | 501(C)(3) | LINE 12A, I | N/A | | No |
| PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656 | LONG TERM CARE | MI | 501(C)(3) | LINE 10 | TRINITY HEALTH CORPORATION | Yes | |
| PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047 | LONG TERM CARE | IN | 501(C)(3) | LINE 10 | TRINITY CONTINUING CARE SERVICES | Yes | |
| PO BOX 9184 FARMINGTON HILLS, MI 48333 82-4005577 | LONG TERM CARE | MI | 501(C)(3) | LINE 10 | TRINITY CONTINUING CARE SERVICES | 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 |
| 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393 | HEALTH CARE AND HOSPITAL SERVICES | MI | 501(C)(3) | LINE 3 | TRINITY HEALTH CORPORATION | Yes | |
| 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | IN | 501(C)(3) | LINE 12B, II | CATHOLIC HEALTH MINISTRIES | Yes | |
| PO BOX 9184 FARMINGTON HILLS, MI 48333 47-5244984 | PACE PROGRAM | PA | 501(C)(3) | LINE 10 | TRINITY HEALTH PACE | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 06-1491191 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | CT | 501(C)(3) | LINE 12C, III-FI | TRINITY HEALTH CORPORATION | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 83-3546613 | HEALTH CARE SERVICES | CT | 501(C)(3) | LINE 10 | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes | |
| 114 WOODLAND STREET HARTFORD, CT 06105 06-1450168 | HEALTH CARE SERVICES | CT | 501(C)(3) | LINE 3 | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes | |
| ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | PA | 501(C)(3) | LINE 12B, II | TRINITY HEALTH CORPORATION | Yes | |
| PO BOX 9184 FARMINGTON HILLS, MI 48333 47-3073124 | PACE PROGRAM | MI | 501(C)(3) | LINE 12B, II | TRINITY HEALTH CORPORATION | Yes | |
| 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733 | RETIREE MEDICAL AND RETIREE LIFE INSURANCE | MI | 501(C)(9) | N/A | TRINITY HEALTH CORPORATION | Yes | |
| PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2621935 | MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM | MI | 501(C)(3) | LINE 10 | TRINITY HEALTH CORPORATION | Yes | |
| 301 HACKETT BLVD ALBANY, NY 12208 14-1438749 | LONG TERM CARE | NY | 501(C)(3) | LINE 3 | ST PETER'S HOSPITAL | 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 |
| CALIFORNIA HEALTHCARE MANAGEMENT PARTNERS INC 1303 E HERNDON AVE FRESNO, CA 93720 82-0961647 | MANAGEMENT SERVICES | CA | N/A | C | | | | Yes | |
| CATHERINE HORAN BUILDING CORPORATION 114 WOODLAND STREET HARTFORD, CT 06105 04-2938160 | BUILDING MANAGEMENT | MA | N/A | C | | | | Yes | |
| CENTRAL VALLEY HEALTH PLAN INC 1303 E HERNDON AVE FRESNO, CA 93720 61-1846844 | HEALTH INSURANCE | CA | N/A | C | | | | Yes | |
| DIVERSIFIED COMMUNITY SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3128890 | MEDICAL SERVICES | MA | N/A | C | | | | Yes | |
| FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699 | MEDICAL SERVICES | NY | N/A | C | | | | Yes | |
| FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688 | MEDICAL SERVICES | NY | N/A | C | | | | Yes | |
| FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354 | MEDICAL SERVICES | NY | N/A | C | | | | Yes | |
| FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193 | MANAGEMENT SERVICES | NY | N/A | C | | | | Yes | |
| FRANKLIN MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1470493 | PHYSICIAN OFFICE | CT | N/A | C | | | | Yes | |
| GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529 | MANAGEMENT SERVICES | IL | N/A | C | | | | Yes | |
| HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959 | OTHER MEDICAL SERVICES | MI | N/A | C | | | | Yes | |
| HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870 | PHARMACY | MI | N/A | C | | | | Yes | |
| HEALTH CARE MANAGEMENT ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960 | HEALTH CARE MANAGEMENT | NY | N/A | C | | | | Yes | |
| HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644 | PROVIDES OFFICE RENTAL SPACE | MI | N/A | C | | | | Yes | |
| IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895 | MEDICAL MANAGEMENT | MI | N/A | C | | | | Yes | |

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| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) 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 |
| LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-3795549 | GENERAL PARTNER OF LMOB PARTNERS, II | PA | N/A | C | | | | Yes | |
| LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981 | GENERAL PARTNER OF LMOB PARTNERS | PA | N/A | C | | | | Yes | |
| MACNEAL HEALTH PROVIDERS INC 750 PASQUINELLI DRIVE SUITE 216 WESTMONT, IL 60059 36-3361297 | MEDICAL SERVICES | IL | N/A | C | | | | Yes | |
| MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313 | HEALTH CARE HOLDING | MD | N/A | C | | | | Yes | |
| MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261 | MEDICAL OFFICE BUILDINGS | PA | N/A | C | | | | Yes | |
| MEDNOW INC 4300 E FLAMINGO AVE NAMPA, ID 83687 82-0389927 | MEDICAL SERVICES | ID | N/A | C | | | | Yes | |
| MERCY INPATIENT MEDICAL ASSOCIATES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3029929 | MEDICAL SERVICES | MA | N/A | C | | | | Yes | |
| MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849 | PRIMARY CARE PHYSICIANS | IA | N/A | C | | | | Yes | |
| MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348 | DORMANT | IL | N/A | C | | | | Yes | |
| MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442 | MEDICAL SERVICES | OH | N/A | C | | | | Yes | |
| NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192 | MEDICAL SERVICES | FL | N/A | C | | | | Yes | |
| PROVIDENCE HOMECARE INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3317426 | HEALTH CARE SERVICES | MA | N/A | C | | | | Yes | |
| SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649 | ACCOUNTABLE CARE ORGANIZATION | ID | N/A | C | | | | Yes | |
| SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261 | HEALTH CARE SERVICES (INACTIVE) | ID | N/A | C | | | | Yes | |
| SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686 | MEDICAL SERVICES | CT | N/A | C | | | | Yes | |

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| | | | | | | | | Yes | No |
| SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373 | MEDICAL SERVICES | CT | N/A | C | | | | Yes | |
| SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244 | REAL ESTATE | NY | N/A | C | | | | Yes | |
| SJM PROPERTIES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 16-1294991 | PROPERTY HOLDINGS | NY | N/A | C | | | | Yes | |
| SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964 | MANAGEMENT SERVICES | NY | N/A | C | | | | Yes | |
| SJRC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735 | PROPERTY HOLDINGS | IN | N/A | C | | | | Yes | |
| ST ELIZABETH HEALTH SUPPORT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1540486 | MEDICAL SERVICES | NY | N/A | C | | | | Yes | |
| SYSTEM COORDINATED SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-2938161 | LAB SERVICES | MA | N/A | C | | | | Yes | |
| THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654 | REAL ESTATE BROKERAGE SERVICES | MI | N/A | C | | | | Yes | |
| TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602 | SELF-INSURANCE | CJ | N/A | C | | | | Yes | |
| TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666 | ACCOUNTABLE CARE ORGANIZATION | DE | N/A | C | | | | Yes | |
| TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377 | GRANTOR TRUST | MI | N/A | T | | | | Yes | |
| TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595 | SENIOR SERVICES | PA | N/A | C | | | | Yes | |
| WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035 | OCCUPATIONAL HEALTH | MI | N/A | C | | | | Yes | |