

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Section A: Name of organization (MERCY CARE FOUNDATION, INC.), Employer identification number (58-1448522), and address (424 DECATUR STREET, ATLANTA, GA 30312-1848).

Section B: Exempt under section 501(c)(3), and Section G: Check organization type (501(c) corporation).

H Describe the organization's primary unrelated business activity: PARTNERSHIP INCOME

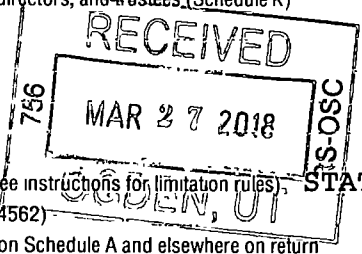
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? SEE STATEMENT 3

J The books are in care of ERICA STOKES Telephone number 678-843-8500

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes lines 1a through 13.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes lines 14 through 34.



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [X] See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34 35c 0. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36 37 Proxy tax. See instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a 40b Other credits (see instructions) 40b 40c General business credit. Attach Form 3800 40c 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d 40e Total credits. Add lines 40a through 40d 40e 41 Subtract line 40e from line 39 41 0. 42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 42 43 Total tax. Add lines 41 and 42 43 0. 44a Payments: A 2014 overpayment credited to 2015 44a 52,421. 44b 2015 estimated tax payments 44b 44c Tax deposited with Form 8868 44c 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44d 44e Backup withholding (see instructions) 44e 44f Credit for small employer health insurance premiums (Attach Form 8941) 44f 44g Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total 44g 45 Total payments. Add lines 44a through 44g 45 52,421. 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [ ] 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 52,421. 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax [ ] Refunded [ ] 49 52,421.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4a Additional section 263A costs (att schedule) 4a 4b Other costs (attach schedule) 4b 5 Total. Add lines 1 through 4b 5 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer [Signature] Date 3/21/18 CFO Title May the IRS discuss this return with the preparer shown below (see instructions)? [ ] Yes [ ] No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check [ ] if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**  
 (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals **0.** **0.**  
 Total dividends received deductions included in column 8 **0.**

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals **0.** **0.**  
 Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  
 Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2015**

Name		Employer identification number
<b>MERCY CARE FOUNDATION, INC.</b>		<b>58-1448522</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
<b>1</b> Taxable income or (loss) before net operating loss deduction		<b>0.</b>
<b>2 Adjustments and preferences:</b>		
<b>a</b> Depreciation of post-1986 property	<b>2a</b>	
<b>b</b> Amortization of certified pollution control facilities	<b>2b</b>	
<b>c</b> Amortization of mining exploration and development costs	<b>2c</b>	
<b>d</b> Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>	
<b>e</b> Adjusted gain or loss	<b>2e</b>	
<b>f</b> Long-term contracts	<b>2f</b>	
<b>g</b> Merchant marine capital construction funds	<b>2g</b>	
<b>h</b> Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>	
<b>i</b> Tax shelter farm activities (personal service corporations only)	<b>2i</b>	
<b>j</b> Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>	
<b>k</b> Loss limitations	<b>2k</b>	
<b>l</b> Depletion	<b>2l</b>	
<b>m</b> Tax-exempt interest income from specified private activity bonds	<b>2m</b>	
<b>n</b> Intangible drilling costs	<b>2n</b>	
<b>o</b> Other adjustments and preferences	<b>2o</b>	<b>*</b>
<b>3</b> Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>3</b>	
<b>4 Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b> ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	
<b>b</b> Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	<b>4b</b>	
<b>c</b> Multiply line 4b by 75% (.75). Enter the result as a positive amount	<b>4c</b>	
<b>d</b> Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>	
<b>e</b> ACE adjustment.		
• If line 4b is zero or more, enter the amount from line 4c	}	
• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount		
<b>5</b> Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>5</b>	<b>0.</b>
<b>6</b> Alternative tax net operating loss deduction (see instructions)	<b>6</b>	
<b>7</b> <b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>7</b>	
<b>8 Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b> Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>8a</b>	
<b>b</b> Multiply line 8a by 25% (.25)	<b>8b</b>	
<b>c</b> Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>8c</b>	
<b>9</b> Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>	
<b>10</b> Multiply line 9 by 20% (.20)	<b>10</b>	
<b>11</b> Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	<b>11</b>	
<b>12</b> Tentative minimum tax. Subtract line 11 from line 10	<b>12</b>	
<b>13</b> Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>	
<b>14</b> <b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>	

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2015)

**\* SEE ALSO**

**STATEMENT 4**

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	0.
2 ACE depreciation adjustment:			
a AMT depreciation		2a	
b ACE depreciation:			
(1) Post-1993 property	2b(1)		
(2) Post-1989, pre-1994 property	2b(2)		
(3) Pre-1990 MACRS property	2b(3)		
(4) Pre-1990 original ACRS property	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income		3a	
b Death benefits from life insurance contracts		3b	
c All other distributions from life insurance contracts (including surrenders)		3c	
d Inside buildup of undistributed income in life insurance contracts		3d	
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)		3e	
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4 Disallowance of items not deductible from E&P:			
a Certain dividends received		4a	
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247		4b	
c Dividends paid to an ESOP that are deductible under section 404(k)		4c	
d Nonpatronage dividends that are paid and deductible under section 1382(c)		4d	
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)		4e	
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs		5a	
b Circulation expenditures		5b	
c Organizational expenditures		5c	
d LIFO inventory adjustments		5d	
e Installment sales		5e	
f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file)**. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions <b>MERCY CARE FOUNDATION, INC. FKA SAINT JOSEPH'S MERCY FOUNDATION, INC</b>	Employer identification number (EIN) or <b>58-1448522</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>424 DECATUR STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ATLANTA, GA 30312-1848</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ERICA STOKES**

- The books are in the care of ▶ **424 DECATUR STREET - ATLANTA, GA 30312**  
Telephone No ▶ **678-843-8500** Fax No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

**2** If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>52,421.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>52,421.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**SCHEDULE O  
(Form 1120)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Consent Plan and Apportionment Schedule  
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120).

OMB No. 1545-0123

Name <b>MERCY CARE FOUNDATION, INC.</b>	Employer identification number <b>58-1448522</b>
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**Part I Apportionment Plan Information**

1 Type of controlled group:

- a  Parent-subsidiary group
- b  Brother-sister group
- c  Combined group
- d  Life insurance companies only

2 This corporation has been a member of this group:

- a  For the entire year.
- b  From \_\_\_\_\_, until \_\_\_\_\_.

3 This corporation consents and represents to:

- a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.
- b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, and for all succeeding tax years.
- c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on **JUNE 30, 2016**, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a  Elected by the component members of the group.
- b  Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a  No apportionment plan is in effect and none is being adopted.
- b  An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a  Yes.
  - (i)  The statute of limitations for this year will expire on \_\_\_\_\_.
  - (ii)  On \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_.
- b  No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c  The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

513335 04-01-15 JWA



**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return

	(a) Group member's name and employer identification number	(b) Tax year end (Yr Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1	MERCY CARE FOUNDATION, INC.	58-1448522 16-06	0.	0.	0.		0.
2	AFFILIATED MANAGEMENT SERVICES CORPORATI ON, INC.	14-1668024 15-12	0.	0.	93,493.		93,493.
3	HEALTH MANAGEMENT SERVICES ORG., INC	22-3366580 15-12	0.	0.	0.		0.
4	IHA AFFILIATION CORPORATION	38-3188895 15-12	0.	0.	0.		0.
5	LANGHORNE SERVICES II, INC	26-3795549 15-12	0.	0.	0.		0.
6	LANGHORNE SERVICES, INC.	23-2625981 15-12	0.	0.	0.		0.
7	MCMC EASTWICK, INC.	23-2184261 15-12	0.	0.	0.		0.
8	MEDNOW, INC.	82-0389927 15-12	0.	0.	0.		0.
9	MOUNT CARMEL HEALTH PLAN, INC.	31-1471229 15-12	0.	0.	0.		0.
10	PHYSICIANS MEDICAL OFFICE BUILDING CONDO MINIUM TRUST	04-6608649 15-12	0.	0.	0.		0.
11	SAMARITAN MEDICAL OFFICE BUILDING, INC.	14-1607244 15-12	0.	0.	0.		0.
12	SJM PROPERTIES, INC	16-1294991 15-12	0.	0.	0.		0.
<b>Total</b>			50,000.	25,000.	2,425,810.		2,500,800.

Schedule O (Form 1120) (Rev 12-2012)

**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return

	(a) Group member's name and employer identification number	(b) Tax year end (Yr Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
<b>1</b>	THRE SERVICES, LLC	45-2603654	15-12	0.	0.	0.	0.
<b>2</b>	MEMORIAL HOSPITAL, ALBANY, N.Y.	14-1338457	16-06	0.	0.	255,794.	255,794.
<b>3</b>	HACKLEY HEALTH VENTURES, INC. & SUBSIDIARIES	38-2589959	16-06	0.	0.	0.	0.
<b>4</b>	HURON ARBOR CORPORATION & SUBSIDIARIES	38-2475644	16-06	50,000.	25,000.	1,387,536.	1,462,526.
<b>5</b>	LOURDES MEDICAL ASSOCIATES, P.A.	22-3361862	16-06	0.	0.	0.	0.
<b>6</b>	LOURDES URGENT CARE SERVICES PC	46-4188202	16-06	0.	0.	0.	0.
<b>7</b>	MERCY MEDICAL SERVICES	42-1283849	16-06	0.	0.	0.	0.
<b>8</b>	NURSING NETWORK, INC.	59-1145192	16-06	0.	0.	89,594.	89,594.
<b>9</b>	SAINT ALPHONSUS HEALTH ALLIANCE, INC.	82-0524649	16-06	0.	0.	0.	0.
<b>10</b>	SAINT ALPHONSUS PHYSICIANS, P.A.	33-1078261	16-06	0.	0.	0.	0.
<b>11</b>	SAMARITAN HOSPITAL	14-1338544	16-06	0.	0.	0.	0.
<b>12</b>	SETON HEALTH SYSTEM, INC.	14-1776186	16-06	0.	0.	0.	0.
<b>Total</b>							

Schedule O (Form 1120) (Rev. 12-2012)

**Part II Taxable Income Apportionment** (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return

	(a) Group member's name and employer identification number	(b) Tax year end (Yr Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1	SJRM HOLDINGS, INC.	47-4763735 16-06	0.	0.	258,928.		258,928.
2	ST. PETER'S HOSPITAL	14-1348692 16-06	0.	0.	340,465.		340,465.
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<b>Total</b>							

**Part III Income Tax Apportionment** (See instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
<b>1</b> MERCY CARE FOUNDATION, INC.	0.	0.	0.		0.			
<b>2</b> AFFILIATED MANAGEMENT SERVICES CORPORATI ON, INC.	0.	0.	31,788.		0.		31,788.	
<b>3</b> HEALTH MANAGEMENT SERVICES ORG., INC	0.	0.	0.		0.			
<b>4</b> IHA AFFILIATION CORPORATION	0.	0.	0.		0.			
<b>5</b> LANGHORNE SERVICES II, INC	0.	0.	0.		0.			
<b>6</b> LANGHORNE SERVICES, INC.	0.	0.	0.		0.			
<b>7</b> MCMC EASTWICK, INC.	0.	0.	0.		0.			
<b>8</b> MEDNOW, INC.	0.	0.	0.		0.			
<b>9</b> MOUNT CARMEL HEALTH PLAN, INC.	0.	0.	0.		0.			
<b>10</b> PHYSICIANS MEDICAL OFFICE BUILDING CONDO MINIUM TRUST	0.	0.	0.		0.			
<b>11</b> SAMARITAN MEDICAL OFFICE BUILDING, INC.	0.	0.	0.		0.			
<b>12</b> SJM PROPERTIES, INC	0.	0.	0.		0.			
<b>Total</b>	7,500.	6,250.	824,775.		11,750.		850,275.	

Schedule O (Form 1120) (Rev 12-2012)

**Part III Income Tax Apportionment (See instructions)**

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
<b>1</b> THRE SERVICES, LLC	0.	0.	0.		0.		
<b>2</b> MEMORIAL HOSPITAL, ALBANY, N.Y.	0.	0.	86,970.		0.		86,970.
<b>3</b> HACKLEY HEALTH VENTURES, INC. & SUBSIDIARIES	0.	0.	0.		0.		
<b>4</b> HURON ARBOR CORPORATION & SUBSIDIARIES	7,500.	6,250.	471,762.		11,750.		497,262.
<b>5</b> LOURDES MEDICAL ASSOCIATES, P.A.	0.	0.	0.		0.		
<b>6</b> LOURDES URGENT CARE SERVICES PC	0.	0.	0.		0.		
<b>7</b> MERCY MEDICAL SERVICES	0.	0.	0.		0.		
<b>8</b> NURSING NETWORK, INC.	0.	0.	30,462.		0.		30,462.
<b>9</b> SAINT ALPHONSUS HEALTH ALLIANCE, INC.	0.	0.	0.		0.		
<b>10</b> SAINT ALPHONSUS PHYSICIANS, P.A.	0.	0.	0.		0.		
<b>11</b> SAMARITAN HOSPITAL	0.	0.	0.		0.		
<b>12</b> SETON HEALTH SYSTEM, INC.	0.	0.	0.		0.		
<b>Total</b>							

Schedule O (Form 1120) (Rev. 12-2011)

**Part III Income Tax Apportionment** (See instructions)

(a) Group member's name	Income Tax Apportionment						
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 SJRMC HOLDINGS, INC.	0.	0.	88,036.		0.		88,036.
2 ST. PETER'S HOSPITAL	0.	0.	115,757.		0.		115,757.
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<b>Total</b>							

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTION CARRYOVER	N/A	9,147.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		9,147.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	2
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CORPORATION'S NAME	IDENTIFYING NO
TRINITY HEALTH CORPORATION	35-1443425

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2010	
FOR TAX YEAR 2011	
FOR TAX YEAR 2012	
FOR TAX YEAR 2013	9,147
FOR TAX YEAR 2014	

TOTAL CARRYOVER 9,147

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 9,147

TOTAL CONTRIBUTIONS AVAILABLE 18,294

TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS 10% CONTRIBUTIONS 18,294

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 18,294

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0