efile GRAPHIC print - DO NOT PROCESS

Return of Organization Exempt From Income Tax

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

DLN: 93493135013829 OMB No 1545-0047

Department of the Treasury

foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

nema	i Kevenu	ac Service							Inspection
. Fe	or the	2017 c		ning 07-01-2017 $$, and ending 06-	30-2018				
Che	ck ıf app	olicable	C Name of organization MERCY CARE FOUNDATION INC				D Employ	er identif	ıcatıon number
	dress ch	-	MERCY CARE FOONDATION INC				58-1448	3522	
	me char tıal retuı	-	Doing business as						
		terminated	-			L			
□ Am	nended r	return		Il is not delivered to street address) Room/	suite		E Telephon	e number	
⊐Ар	plication	n pending	424 DECATUR STREET				(678) 8	43-8500	
			City or town, state or province, count ATLANTA, GA 303121848	ry, and ZIP or foreign postal code					
			ATLANTA, GA 303121646				G Gross re	ceipts \$ 5	,842,545
			F Name and address of principal	officer	H(a)	Is this a	a group re	turn for	
			EARL THOMAS ANDREWS 424 DECATUR STREET			subordı			□Yes 🗹 No
			ATLANTA, GA 303121848		_ Н(Ь)	Are all :	subordinat d?	es	☐ Yes ☐No
Tax	x-exemp	ot status	☑ 501(c)(3) ☐ 501(c)() ◄ (i	nsert no) 4947(a)(1) or 527				ıst (see	instructions)
W	ebsite	:► ww	/W MERCYATLANTA ORG/FOUNDAT	ION	H(c)	Group e	exemption	number	>
Forn	n of orga	anızatıon	✓ Corporation ☐ Trust ☐ Assoc	lation ☐ Other ►	L Year	of formati	on 1981	M State	of legal domicile GA
		_							
Pa	rt I	Sumi	<u> </u>						
			scribe the organization's mission or DE SUPPORT FOR THE PROGRAMS	most significant activities OF SAINT JOSEPH'S HEALTH SYSTEM .	AND ITS	AFFILIAT	ΓES		
2	=								
	_								
an veninance	, ,	`hoek thi	is boy >	continued its operations or disposed of	mara the	n 75%	of its not a	coote	
9				p body (Part VI, line 1a)			JI ILS HEL A	3	21
8	4 N	lumber o	of independent voting members of	the governing body (Part VI, line 1b)				4	19
ف			nber of individuals employed in cale	5	0				
Well Willes				essary)				6	23
Ş X			· ·	VIII, column (C), line 12				7a	0
	l			Form 990-T, line 34				7b	0
				,		Prio	r Year		Current Year
_	8 c	Contribut	ions and grants (Part VIII, line 1h)		—		1,955,5	532	1,095,924
e E		9 Program service revenue (Part VIII, line 2g)							0
Rəvenue	1	-	ent income (Part VIII, column (A),			13,111,9	914	4,146,910	
α			venue (Part VIII, column (A), lines	, ,			440,3	_	258,721
				t equal Part VIII, column (A), line 12)			15,507,7		5,501,555
			nd similar amounts paid (Part IX, co				9,507,2	249	1,907,462
	1		paid to or for members (Part IX, co					0	0
ç	15 S	Salaries,	other compensation, employee ber	nefits (Part IX, column (A), lines 5–10)	,		724,5	580	817,855
Expenses	1		onal fundraising fees (Part IX, colun					0	0
Ð	 b ⊤₁	otal fundr	raising expenses (Part IX, column (D), lir	ne 25) ▶1.028.050					
ă	1		penses (Part IX, column (A), lines 1	·			1,136,5	566	452,898
	18 ⊤	otal exp	enses Add lines 13-17 (must equa	al Part IX, column (A), line 25)			11,368,3	395	3,178,215
	19 R	Revenue	less expenses Subtract line 18 fro	m line 12			4,139,3	377	2,323,340
5 9			·		Beg	jinning o	f Current Y	ear	End of Year
anc anc									
Fund Balances	20 ⊤	otal asse	ets (Part X, line 16)				72,049,3	342	74,471,548
<u> </u>	21 ⊤	otal liab	ulities (Part X, line 26)				1,127,0	032	956,280
<u> </u>	22 N	let asset	s or fund balances Subtract line 2	1 from line 20			70,922,3	310	73,515,268
	t II		ature Block						
				ned this return, including accompanyin Declaration of preparer (other than of					
	nowled		· · · · · · · · · · · · · · · · · · ·						
	1	*****	*			2010	-05-15		
ign		Signati	ure of officer			Date	-03-13		
lere		, EDICA	STOKES CFO						
			r print name and title						
		P	rınt/Type preparer's name	Preparer's signature	Date			PTIN	
Paid	ł		•				c ∐ ıf Ö mployed		
	a parer	r F	irm's name				s EIN ►		
-	Only	1 0	irm's address 🕨			Phone	e no		
_									
lav t	he IRS	discuss	this return with the preparer show	n above? (see instructions)					′es 🗌 No
			duction Act Notice, see the sepa	<u> </u>	Cat	No 11			Form 990 (2017)

Form	990 (2017)					Page 2
Par	t IIII Statemen	t of Program Service	e Accomplis	hments		
	Check if Sch	nedule O contains a respo	onse or note to	any line in this Part III		🗹
1	Briefly describe the	organization's mission				
TRÁN MERO	ISFORMING HEALING CY, SAINT JOSEPH'S	PRESENCE WITHIN OU	R COMMUNITIES DES EXCELLENT	HONORING THE HERI HEALTH CARE TO POOI	SPIRIT OF THE GOSPEL AS A COMI ITAGE AND ADVANCING THE MINIS R AND MARGINALIZED PERSONS M	STRY OF THE SISTERS OF
2	Did the organizatio	n undertake any significa	ant program ser	vices during the year wi	hich were not listed on	
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe tl	hese new services on Sch	nedule O			
3	Did the organizatio	n cease conducting, or m	nake significant	changes in how it condu	ucts, any program	
						☐ Yes ☑ No
4	Describe the organ Section 501(c)(3) a	zation's program service	accomplishment	I to report the amount o	largest program services, as measi if grants and allocations to others,	ured by expenses the total
4a	(Code) (Expenses \$	2,003,316	including grants of \$	1,907,462) (Revenue \$	3,649)
	See Additional Data					
	-					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program ser	vices (Describe in Schedi	ule O)			
	(Expenses \$	•	uding grants of	\$) (Revenue \$)
4e	Total program se	rvice expenses >	2,003,3	16		

or X as applicable

Checklist of Required Schedules

1

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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Yes

Yes

Yes

Yes

Yes

Page 3

No

Nο

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Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Form **990** (2017)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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No

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

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Nο

25a

25b

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28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Form **990** (2017)

V	Checklist	of Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		

24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 24d

orm	990 (2017)			Page :
Par	t 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 \ldots			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 32 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b	1 1		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			- 110
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
_	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
٥-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
,	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2017)			Page 6
Par	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	,		
Se	Check if Schedule O contains a response or note to any line in this Part VI			✓
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	Let the States with which a copy of this Form 990 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed▶ GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ERICA STOKES 424 DECATUR STREET ATLANTA, GA 30312 (678) 843-8530			0 (2017)

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (A) (B) (C) (E) (F)

(~)	(5)	l		ι –				(5)	(-)	('')
Name and Title	Average hours per week (list	Position than o	ne b	οχ, ι	unles	s pers	on	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	any hours							organization (W-	organizations (W-	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Addıtıonal Data Table										

 \boldsymbol{c} Total from continuation sheets to Part VII, Section \boldsymbol{A} . d Total (add lines 1h and 1c)

_ a	lotal (add lines 1b and 1c)	57		139,181					
2	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		No					
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								

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 \blacktriangleright 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		No				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the							

	or reportable compensation from the organization / o			
			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		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

	of reportable compensation from the organization P 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		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	

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		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	5		No

	individual		4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization 7 If "Yes," complete Schedule 1 for such person		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 Compen		
LEGENDARY EVENTS INC EVENT PLANNING SERVICES					128,235	

Section B. Independent Contractors						
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				
LEGENDARY EVENTS INC	EVENT PLANNING SERVICES	128.235				
1380 W MARRIETA ST NW ATLANTA, GA 30318						

	· · · · · · · · · · · · · · · · · · ·	
(A) Name and business address	(B) Description of services	(C) Compensation
LEGENDARY EVENTS INC	EVENT PLANNING SERVICES	128,235
1380 W MARRIETA ST NW ATLANTA, GA 30318		
	·	

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 ▶ 1			
			Form 990 (2017)	

Part \	Statement of Revenue Check if Schedule O contains	a respo	onse or note to anv	line in this Part VIII	. 		
		<u> </u>	wise of flote to diff	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512-514
Contributions, Giffs, Grants and Other Similar Amounts	b Membership dues	1b					
	c Fundraising events	1c	68,105				
§ ₹	d Related organizations	1d					
<u> </u>	e Government grants (contributions)	1e					
Sir	f All other contributions, gifts, grants,						
	and similar amounts not included above	1f	1,027,819				
	g Noncash contributions included						
n ba	In lines 1a-1f \$		•				
	III Totalii/ (dd iiii es 1 d 11 1 1 1 1	• •		1,095,924	<u> </u>		
를 :	2a		Dusiness	Code			
ا بر		-					
3 S	b ————————————————————————————————————						
ž	d ————————————————————————————————————	_					
SE	е ———						
Program Service Revenue	f All other program service revenue	=					
Ĕ	9Total. Add lines 2a-2f		>				
	3 Investment income (including divid			4,146,910	1		4,146,91
	similar amounts)		ond proceeds •	1,110,51			1,110,51
	5 Royalties						
	(ı) Rea		(II) Personal				
	6a Gross rents]			
	b Less rental expenses			1			
				1			
	c Rental income or (loss)						
	d Net rental income or (loss)			1			
	(ı) Securi	ties	(II) Other				
	7a Gross amount from sales of						
	assets other than inventory						
	b Less cost or			1			
	other basis and sales expenses						
	C Gain or (loss)]			
	d Net gain or (loss)		<u> </u>	1			
	8a Gross income from fundraising ev (not including \$ 68,105						
듄	contributions reported on line 1c) See Part IV, line 18		596,062				
ě	b Less direct expenses		340,990	4			
Other Revenue	c Net income or (loss) from fundrais		,	_ 255,072	2		255,07
ŧ.	9a Gross income from gaming activit	ies					
١ ٠	See Part IV, line 19	a					
	b Less direct expenses	ь		1			
	c Net income or (loss) from gaming		les ▶	1			
	10aGross sales of inventory, less						
	returns and allowances	a					
	b Less cost of goods sold	b		1			
	c Net income or (loss) from sales of	f invent	ory >	_			
	Miscellaneous Revenue		Business Code				
	11aOTHER OPERATING REVENUE		900099	3,649	3,649		
	b						
	С						
	d All other revenue						
	e Total. Add lines 11a-11d		•	3,649	9		
	12 Total revenue. See Instructions			5,501,559	3,649		0 4,401,98
						•	Form 000 (3017

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u>.</u>		🗆
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,907,462	1,907,462		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	240,815	12,041	48,163	180,611
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	485,757	43,718		442,039
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,626	416		4,210
9 Other employee benefits	48,446	4,360		44,086
10 Payroll taxes	38,211	3,439		34,772
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	36,000		36,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	62,686		62,686	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	205,807	18,524		187,283
12 Advertising and promotion	22,715	2,044		20,671
13 Office expenses	42,859	3,857		39,002
14 Information technology	2,989	269		2,720
15 Royalties				
16 Occupancy	43,644	3,928		39,716
17 Travel	10,665	960		9,705
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	3,131	282		2,849
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	18,349	1,651		16,698
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 SUBSCRIPTIONS AND DUES	4,053	365		3,688
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,178,215	2,003,316	146,849	1,028,050
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

(A)

Beginning of year

52.195.059

18.827.323

72,049,342

121.568

5.949

999.515

1,127,032

50,474,758

11,378,036

9.069.516

70,922,310

72.049.342

8.797

11

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Page **11**

700

57.796.382

15,974,077

74,471,548

7.795

90,570

865.710

956,280

54.043.195

10,544,855

8.927.218

73,515,268

74.471.548

Form **990** (2017)

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

Investments—publicly traded securities

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 . Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	371,533	2	363,827
3	Pledges and grants receivable, net	628,567	3	328,767
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and			

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<u>E</u>

Fund Balances

Assets or 30

Net

Assets
⋖
S
bilities

	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (unitary employees' beneficiary organizations (Part II of Schedule L		6		
ets	7	Notes and loans receivable, net		7		
S	8	Inventories for sale or use		8		
◂	9	Prepaid expenses and deferred charges		18,063	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10 c	

5	Net unrealized gains (losses) on investments												5	1,385,815
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 ((exp	olain	ın :	Sche	edul	e O)						9	-1,116,197

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 73,515,268

Financial Statements and Reporting ~ Check if Schedule O contains a response or note to any line in this Part XII . . .

Part XII Yes No ☐ Cash ☑ Accrual ☐ Other **1** Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in

Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

☐ Both consolidated and separate basis

2b

3a

3b

Yes

Yes

Nο

Form 990 (2017)

consolidated basis, or both ✓ Consolidated basis Separate basis ☐ Both consolidated and separate basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

separate basis, consolidated basis, or both

Separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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 or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 58-1448522

Name: MERCY CARE FOUNDATION INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

SINCE 1981, MERCY CARE FOUNDATION (FOUNDATION), LOCATED IN ATLANTA, GA. HAS SERVED AS THE FUND-RAISING ARM OF THE SAINT JOSEPH'S HEALTH SYSTEM. SPECIFICALLY, IN RECENT YEARS IT SUPPORTS SAINT JOSEPH'S MERCY CARE SERVICES (D/B/A MERCY CARE SERVICES) AND MERCY SENIOR CARE (D/B/A MERCY CARE ROME) THE FOUNDATION RAISED \$1,095,924 IN FISCAL YEAR 2018 FROM INDIVIDUALS, CORPORATIONS, PRIVATE FOUNDATIONS AND THE FEDERAL AND STATE GOVERNMENT WITH ASSISTANCE FROM DEDICATED VOLUNTEERS AND GENEROUS FRIENDS DURING FY18. THE FOUNDATION ORGANIZED SEVERAL FUNDRAISING EVENTS INCLUDING THE ANNUAL GOLF OUTINGS. THE WINGS OF MERCY BALL. AND THE ANNUAL FALL FESTIVAL THESE CONTRIBUTIONS HELP MERCY CARE SERVICES AND MERCY CARE ROME TO MEET THE VAST MEDICAL, DENTAL AND SOCIAL SERVICE NEEDS OF THE UNINSURED AND UNDERINSURED COMMUNITY AND TO RESPOND TO

THE UNMET NEEDS OF OLDER PERSONS IN THE COMMUNITY PLEASE VISIT OUR WEBSITE FOR ADDITIONAL INFORMATION WWW MERCYATLANTA ORG/FOUNDATION

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

CHRIS CLEVELAND

DAVID CRAWFORD

DIRECTOR

DIRECTOR

DIRECTOR

SUE GRIFFIN

PETER HENNESSY

DIRECTOR AS OF 1/18

PAULA GWYNN GRANT

DIRECTOR THROUGH 12/17

	for related							(M 2/1000	/M 2/1000	organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
EARL THOMAS ANDREWS	3 00	l		×				0	401 500	32,154	
DIRECTOR, PRESIDENT & CEO	52 00	×						0	481,588	32,154	
MARY ELLEN GARRETT	2 00	l							0		
DIRECTOR, CHAIR	0 00	×		×					0	0	
RICH D'AMARO	2 00	l									
DIRECTOR, VICE CHAIR	0 00	×		X					0	0	
	40.00										

	0 00							
RICH D'AMARO	2 00	X		x		n	0	
DIRECTOR, VICE CHAIR	0 00					7	3	
STEVEN SILER DIRECTOR, FOUNDATION PRESIDENT	40 00 2 00	x		x		0	204,481	;
MARK CHRISTOPHER	2 00	X				0	0	
DIRECTOR	0.00					•		

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) from the organization organizations

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

and Independent Contractors

BRIAN MCEVOY

ED MITCHELL

DANIEL MOHAN

MIKE PETRIK

BARRY SEGARS

DANIEL SODER

DIRECTOR THROUGH 4/18

DIRECTOR

DIRECTOR

....... DIRECTOR

DIRECTOR AS OF 1/18

DIRECTOR THROUGH 12/17

	any nours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PLAS JAMES MD DIRECTOR	2 00	×						0	0	0	
DEB JANSEN DIRECTOR THROUGH 12/17	2 00	x						0	0	0	
CAROLINE JEFFORDS DIRECTOR AS OF 1/18	2 00	X						0	0	0	

		X	I	l		l	I	l ni	
DIRECTOR THROUGH 12/17	0 00	, ,							
CAROLINE JEFFORDS	2 00	x						0	
DIRECTOR AS OF 1/18	0 00							Ĭ	
EDWARD KENNEDY JR	2 00	Y						0	
DIRECTOR	0 00	^							
BDIAN MCEVOV	2 00								

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and a director/trustee)

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organization

organizations

from the

8,967

43,344

18,382

203,415

134,903

any hours

and Independent Contractors

ANGELA EBBERWEIN RSM

ERICA STOKES

PATRICIA DUBOISE

SECRETARY, VP OF MISSION

...... TREASURER, VP OF FINANCE

DIRECTOR GRANTS & DEVELOPMENT

......

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

	any nound	"""	u u		,, .,	autec	′	01941112461011	distant and a second	monn and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LIZANNE STEPHENSON DIRECTOR	2 00	×						0	0	0
JOHN THOMAS MD DIRECTOR	2 00	×						0	0	0
CARMEN TITLEMAN DIRECTOR	2 00	×						0	0	0
JEANNIE WRIGHT DIRECTOR	2 00	×						0	0	0
TERI XEROGEANES	2 00	х						0	0	0

DIRECTOR

0 00 3 00

47 00 12 00

38 00 40 00

0 00

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efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93493135013829					
SCI (For	HED m 99	ULE A		Public (Charity Statu	ion 501(c)(3) d	organization o	ort	OMB No 1545-0047 2017				
990I	CZ)				4947(a)(1) nonexe ► Attach to Form								
•		f the Treasury	► Info	ormation abou	it Schedule A (Form www.irs.a	990 or 990-EZ ov/form990.) and its instru	ictions is at	Open to Public Inspection				
Nam	e of th	nue Service he organiza			<u></u>			Employer identific					
MERC	Y CARE	FOUNDATION	INC					58-1448522					
	rt I				us (All organization			See instructions.					
	rganız		•		it is (For lines 1 thro	5 ,	,						
1		•		•	sociation of churches								
2					1)(A)(ii). (Attach Sch	•	• •						
3		·	·	·	vice organization desc			•					
4		name, city,	and state _		ed in conjunction with								
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170				
6 -		•	·	_	governmental unit de								
7	✓	_		mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the gener	al public described in				
8		A communi	ty trust desci	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)						
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a				
10		from activit	ies related to income and	ıts éxempt fun unrelated busın	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su					
11		An organiza	ition organize	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).					
12		more public	ly supported	organizations of	l exclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a					
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by					
b		Type II. A manageme	supporting o nt of the sup	rganızatıon sup portıng organıza	ervised or controlled i								
С		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its				
d		Type III n functionally	on-function integrated	ally integrated The organization	d. A supporting organi n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar					
e	П	Check this	box if the org	anızatıon receiv	't IV, Sections A and ved a written determir	nation from the II		pe I, Type II, Type II	I functionally				
f	Ento			ion-functionally Lorganizations	integrated supporting	organization							
g				_	ipported organization(c)		_					
		Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iii) EIN (iii) Type of organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of monetary support (see instructions)											
						Yes	No						
Tota				ice, see the Ir		Cat No 11285		 Schedule A (Form 9	<u> </u>				

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in)

1	Gifts, grants, contributions, and membership fees received (Do not	626,251	3,878,822	7,125,704	1,955,532	1,095,924	14,682,233
2	include any "unusual grant ") 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	626,251	3,878,822	7,125,704	1,955,532	1,095,924	14,682,233
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)						3,657,953
5	Public support. Subtract line 5 from line 4						11,024,280
•	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4	626,251	3,878,822	7,125,704	1,955,532	1,095,924	14,682,233
8	Gross income from interest, dividends, payments received on securities loans, rents, reveiling and	2,440,769	1,806,530	84	6,646,482	4,146,910	15,040,775

	, , , ,						
6	Public support. Subtract line 5 from line 4						11,024,280
- :	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4	626,251	3,878,822	7,125,704	1,955,532	1,095,924	14,682,233
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,440,769	1,806,530	84	6,646,482	4,146,910	15,040,775
9	Net income from unrelated business activities, whether or not the business is regularly carried on	192,109	40,752				232,861
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	87,110	178,170	513,061	684,835	596,062	2,059,238
11	Total support. Add lines 7 through						32,015,107

	(or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	7	(f)Total
7	Amounts from line 4	626,251	3,878,822	7,125,704	1,955,532	1,09	5,924	14,682,233
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,440,769	1,806,530	84	6,646,482	4,14	6,910	15,040,775
9	Net income from unrelated business activities, whether or not the business is regularly carried on	192,109	40,752					232,861
LO	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	87,110	178,170	513,061	684,835	59	6,062	2,059,238
L1	Total support. Add lines 7 through 10							32,015,107
L2	Gross receipts from related activities,	etc (see instructio	ns)		_	12		357,401
L3	First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	anization,
	check this box and stop here						. ▶ 🗆]
S	ection C. Computation of Public							
L4	Public support percentage for 2017 (lir	ne 6, column (f) di	vided by line 11, c	olumn (f))		14		34 430 %
L5	Public support percentage for 2016 Sc	hedule A, Part II, l	ıne 14			15		42 900 %
	00 - 1-01				4.4 22 . 1-0/			

▶ ☑ and stop here. The organization qualifies as a publicly supported organization

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2016. 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

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

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 organization h 10%-facts-and-circumstances test—2016. 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 gualifies as a publicly

supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·				
	determination					
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b ın Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

				3.		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c				
	L Company of the Comp					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b ın Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$			
	supervised by or in connection with its supported organizations					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections					
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
		4c				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and					

			, ,				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b in Part I, answer (b) and (c) below						
b							
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations						
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the						
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)						

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a				
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)				

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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Pa	rt IV Supporting Organizations (continued)			-9		
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a				
b	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c				
	ection 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? 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					
_		1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization					
5	ection C. Type II Supporting Organizations					
	cetion c. Type 11 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)? 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)	1				
S	ection D. All Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3				
s	ection 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 instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b				
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> .	3a				
	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.</i> the role played by the organization in this regard	3b				

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whose details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions

details in Part VI) See instructions	sive (provide		
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 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 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 58-1448522

Name: MERCY CARE FOUNDATION INC

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Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

DLN: 93493135013829

58-1448522

Department of the Treasury Internal Revenue Service Name of the organization

MERCY CARE FOUNDATION INC

(Form 990)

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

OMB No 1545-0047 Open to Public **Inspection Employer identification number**

Pa	Organizations Maintaining Donor Adv Complete if the organization answered "Ye		or Accounts.						
	Complete if the organization answered Te	(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 advisorganization's property, subject to the organization's ex		dvised funds are the						
6	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	onor advisors in writing that grant funds car	n be used only for						
Pa	rt III Conservation Easements. Complete if t	he organization answered "Yes" on For	m 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)							
	\square Preservation of land for public use (e g , recreation	n or education) \qed Preservation of a	n 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 fo	orm of a conservation						
	easement on the last day of the tax year		Held at the End of the Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified histor	, ,	2c						
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ired after 8/17/06, and not on a historic	2d						
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or terminated by	the organization during the						
4	Number of states where property subject to conservation	on easement is located >							
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations, $\begin{tabular}{ll} \Box \ \mbox{Yes} & \begin{tabular}{ll} \Box \ \mbox{No} \end{tabular}$						
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing o	conservation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting. • \$	handling of violations, and enforcing conse	rvation easements during the year						
8	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(\shortparallel)?) above satisfy the requirements of section 3	170(h)(4)(B)(ι)						
9	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial stat							
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye		her Similar Assets.						
1a	701								
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items								
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$						
(1	i)Assets included in Form 990, Part X		▶ \$						
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		ancial gain, provide the						
а	Revenue included on Form 990, Part VIII, line 1	Contract of the contract of th	> \$						
b	Assets included in Form 990, Part X		> \$						
For	Paperwork Reduction Act Notice, see the Instructio	ns for Form 990. Cat No	52283D Schedule D (Form 990) 2013						

Part	***	Organizations Ma	intaining Col	lections o	f Art, His	tori	cal Tı	eas	ures, o	r Other	Simila	r Assets (contınu	ed)	
3		the organization's acqu (check all that apply)	usition, accession	n, and other	records, ch	neck a	any of	the f	ollowing t	that are a	significa	ant use of it	s collect	tion	
a		Public exhibition				d		Loar	n or exch	ange prog	ırams				
b		Scholarly research				е		Othe	er						
С		Preservation for future	generations												
4	Provid Part X	le a description of the c	organization's coll	lections and	explain ho	w the	y furth	ner th	ne organi:	zation's e	xempt pı	urpose in			
5		g the year, did the orga s to be sold to raise fun									nılar	□ Y €	es [□No)
Par	t IV	Escrow and Custo Complete if the org X, line 21.			on Form	990,	, Part	IV,	line 9, o	r reporte	ed an ar	mount on	Form 9	90, 1	Part
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 "Ye	s," explain the arrangei	ment in Part XIII	and complet	te the follo	wing	table					Amount			-
c	Begini	ning balance								1c					-
d	Addıtı	ons during the year								1d					-
e	Distrib	outions during the year								1e					_
f	Ending	g balance								1f					_
2a	Did th	e organization include a	an amount on Fo	rm 990, Part	t X, line 21	, for e	escrow	or c	ustodial a	account lia	ability?	□ Ye	es [□No)
b	If "Ye	s," explain the arranger	ment in Part XIII	Check here	if the expl	anati	on has	heer	n provide	d in Part	XIII .			П	
	t V	Endowment Fund			<u> </u>										
			ior complete ii	(a)Current			or year			ears back		e years back	(e)Fou	r years	s back
1a	3egınnı	ng of year balance .		36,	338,188		33,065	,406		13,454,819		8,248,483			
Ь	Contrib	utions		1,	419,853		2,710	,698	:	25,188,017		7,906,173		4,1	89,911
c	Net inv	estment earnings, gain:	s, and losses	2,	554,842		3,254	,000		-5,577,430		1,833,834		4,0	79,113
d (Grants	or scholarships	•												
		expenditures for facilitie	es	3,	740,632		2,691	,916				4,533,671			20,541
f /	Adminis	strative expenses .													
g	End of	year balance		36,	572,251		36,338	,188	:	33,065,406		13,454,819		8,2	48,483
2 a		le the estimated percer designated or quasi-er	-	ent year end 46 760 %	balance (li	ne 1g	ı, colui	mn (a	a)) held a	is					
ь	Perma	anent endowment 🕨	24 410 %												
c	Temp	orarily restricted endow	/ment ▶ 28 8	330 %											
Ū	The p	ercentages on lines 2a,	2b, and 2c shou	ld equal 100	%										
За		ere endowment funds i	not in the posses	sion of the o	rganization	n that	are h	eld ai	nd admın	istered fo	r the				
	-	ization by												/es	No
	` '	related organizations					•						a(i) a(ii)	_	No No
b	. ,	elated organizations . s" on 3a(ii), are the rela			equired on	Sche	· · ·	? .	• •				3b	\dashv	110
4		ibe in Part XIII the inte	-					·		•		· L			
Par	t VI	Land, Buildings, a	and Equipmer	 1t.											
		Complete If the org	anization answ	vered "Yes"	on Form	990,	, Part	IV,	line 11a	. See Fo	rm 990,	, Part X, lıı	ne 10.		
	Descri	ption of property	(a) Cost or oth (Investme		(b) Cost or	other	basıs (d	other)	(c) Acc	cumulated o	depreciation	on	(d) Book	: value	!
1a	_and														
b	Building	gs													
С	-easeh	old improvements													
d	Equipm	ent													
	Other	F													
Tota	l. Add l	ines 1a through 1e <i>(Co</i>	lumn (d) must ed	qual Form 99	90, Part X,	colun	nn (B),	line	10(c))		>				0

(a) Description of security or creegory (in the country) (in the country) (in the country) (in the country) (in the country) (cost or end-of-year market value (in the country)	Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	ne organization answ	ered "Yes" on Form 9	90, Part IV, line 11b.
11 Francis derivatives	(a) Description of security or category	(b) Book value		
			Cost or end-	of-year market value
Sign	(2) Closely-held equity interests			
(c) EQUITY METHOD INVESTMENTS	(A) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	5,734,284		F
(E) (E) (E) (F) (G) (G) (H) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(B) HEDGE FUNDS	3,276,734		F
(6) (7) (8) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(C) EQUITY METHOD INVESTMENTS	6,963,059		С
(6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
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(h) Total. (Column (b) must equal from 990, Part X, col (8) line 12)				
Total Column (b) must equal from 990, Part X, oil (b) Next X, oil (b) Next X, oil (c) Next Y, oil (c) Next Y, oil (d) Next Y, oil				
Investments - Program Related. Complete if the organization answered "ves" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation Coat or end-of-year market value (1)	(H) 			
Complete if the organization answered "Ves" on Form 990, Part X, line 11. (see Form 990, Part X, line 12. (a) Description of investment (b) Book value (c) Method of Valuation Cost or end-of-year market value (1) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part X Other Assets. Complete if the organization answered "Ves" on Form 990, Part XIV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (b) Book value (c) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) (b) Book value (c) (c) (d) (d) (d) (f) (e) (f) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part X Other Liabilities. Complete if the organization answered "Ves" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description in Italia (b) Book value (b) Book value (c) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part X Other Liabilities. Complete if the organization answered "Ves" on Form 990, Part IV, line 11e or 11f. (a) Description of liability (b) Book value (c) Book value (d) Bo		15,974,077		
Cost or end-of-year market value		Form 990, Part IV, lır	ne 11c. See Form 990	, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) 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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part X 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 (c) (d) (d) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(a) Description of investment	(b) Book value		
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Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (c) (c) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(9)			
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(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes ANNUITIES PAYABLE 805,474 INTERCOMPANY ACCOUNTS PAYABLE 1,260 DEFERRED COMPENSATION LIABILITY 18,696 OTHER LONG TERM LIABILITIES 40,280 (5) (6)	(1)	·		(b) book value
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1. (a) Description of liability (b) Book value (1) Federal income taxes ANNUITIES PAYABLE 805,474 INTERCOMPANY ACCOUNTS PAYABLE 1,260 DEFERRED COMPENSATION LIABILITY 18,696 OTHER LONG TERM LIABILITIES 40,280 (5) (6)		answered 'Yes' on Fo	rm 990, Part IV, line :	11e or 11f.
ANNUITIES PAYABLE 805,474 INTERCOMPANY ACCOUNTS PAYABLE 1,260 DEFERRED COMPENSATION LIABILITY 18,696 OTHER LONG TERM LIABILITIES 40,280 (5)	<u></u>	(b) Bo	ook value	
INTERCOMPANY ACCOUNTS PAYABLE DEFERRED COMPENSATION LIABILITY 18,696 OTHER LONG TERM LIABILITIES 40,280 (6)	<u>* </u>		805 474	
OTHER LONG TERM LIABILITIES 40,280 (5)	INTERCOMPANY ACCOUNTS PAYABLE			
(5) (6)	DEFERRED COMPENSATION LIABILITY			
(6)	OTHER LONG TERM LIABILITIES (5)		40,280	
	(8)			
(e)	(9)			
·	Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
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.	·		-	·

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII, line 12

Schedule D (Form 990) 2017

1

Page 4

_		· · · · · · · · · · · · · · · · · · ·			
а	Net unrealized gains (losses) on inv	vestments	2a		
b	Donated services and use of facilities	es	2b		
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Pa	rt VIII, line 12, but not on line 1			
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12)		5	
Par		enses per Audited Financial Statem		per Return.	
		ation answered 'Yes' on Form 990, Part	· · · · · · · · · · · · · · · · · · ·		
1	Total expenses and losses per audi	ted financial statements		1	
2	Amounts included on line 1 but not	on Form 990, Part IX, line 25			
а	Donated services and use of facilities	es	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line $\bf 2e$ from line $\bf 1$			3	
4	Amounts included on Form 990, Pa	rt IX, line 25, but not on line 1:			
а	Investment expenses not included	on Form 990, Part VIII, line 7b 🔒 .	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c	. (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Infor	mation			
		t II, lines 3, 5, and 9, Part III, lines 1a and			Part X, line 2, Part
ΧI,	lines 2d and 4b, and Part XII, lines 2	2d and 4b Also complete this part to provide	any additional informati	on	
	Return Reference	Explanation			

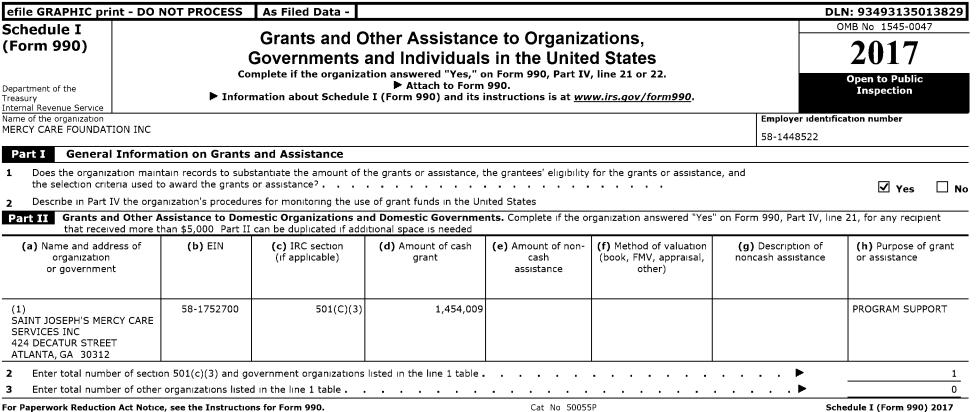
Schedule D (Fo	orm 990) 2017		Page 5
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135013829 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** MERCY CARE FOUNDATION INC 58-1448522 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **BALL MCF GOLF MCF** (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 449,102 150,615 64,450 664,167 2 Less Contributions. 64,100 4,005 68,105 3 Gross income (line 1 minus 385,002 150,615 60,445 line 2) 596,062 4 Cash prizes 5 Noncash prizes 10,940 3,103 14,043 Direct Expenses Rent/facility costs 109.770 43,495 9,196 162,461 7 Food and beverages 20,466 17,754 38,220 8 Entertainment 7,000 2,474 9,474 Other direct expenses 97,359 8,755 10,678 116,792 10 Direct expense summary Add lines 4 through 9 in column (d) 340,990 11 Net income summary Subtract line 10 from line 3, column (d) 255,072 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?			☐ Yes	□No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		per of a partnership or other entity		□Yes		
13	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
L4	Enter the name and address of the pers	son who prepares the organizatio	n's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
	Does the organization have a contract virevenue?	. ,			□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by			he			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
.6	Gaming manager information						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
.7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable distribut	ions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributions required in the organization's own exempt activities.		other exempt organizations or spent			0	
Par	t IV Supplemental Informatio	n. Provide the explanations i	equired by Part I, line 2b, columre. Also provide any additional info				 s).
	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2017



Schedule I (Form 990) 2017						Page 2
		Domestic Individuonal space is needed	als. Complete if the org	anızatıon answered "Yes	" on Form 990, Part IV, line 22	-
(a) Type of grant or as		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplement	tal Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.
Return Reference	Explanati	on				
PART I, LINE 2	DONATION PURPOSE	S MADE BY MERCY CA	ARE FOUNDATION TO C	HARITABLE ORGANIZATI	ONS ARE MADE IN FURTHERANCE	OF THE RECIPIENT ORGANIZATION'S EXEMPT

Schedule I (Form 990) 2017

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 9349	9313	5013	829
Sch	edule J	Compensation Information	ОМЕ	3 No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest				
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2()	17	7
_		▶ Attach to Form 990.			o Pul	
•	tment of the Treasury al Revenue Service	► Information about Schedule J (Form 990) and its instructions is at <u>www.irs.qov/form990</u> .			ectio	
	me of the organiza		r identificati	on nu	ımber	
MEH	CT CARE FOUNDATI	58-14485	522			
Pa	rt I Questi	ons Regarding Compensation				
			Г		Yes	No
1a		opiate box(es) if the organization provided any of the following to or for a person listed on Form Section A, line 1a Complete Part III to provide any relevant information regarding these items				
		s or charter travel Housing allowance or residence for personal u				
	_	r companions \square Payments for business use of personal resider	ıce			
		nification and gross-up payments Health or social club dues or initiation fees	,			
	LI Discretion	nary spending account LJ Personal services (e g , maid, chauffeur, chef	,			
b		ixes in line 1a are checked, did the organization follow a written policy regarding payment or rei all of the expenses described above? If "No," complete Part III to explain	nbursement	1b		
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all		2		
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?				
3		If any, of the following the filing organization used to establish the compensation of the				
	_	CEO/Executive Director Check all that apply Do not check any boxes for methods ed organization to establish compensation of the CEO/Executive Director, but explain in Part III				
		- Western consists and the second sec				
		eation committee				
		of other organizations Deficient compensation compensation compensation commensation commensati	uttee			
4		r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organ				
	related organiza		ization of a			
а	Receive a sever	rance payment or change-of-control payment?		4a		No
b	Participate in, o	or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes	
C		or receive payment from, an equity-based compensation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3	3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the revenues of				
-	The organization			5a		No
a b	Any related orga		-	5b		No
_		e 5a or 5b, describe in Part III				
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the net earnings of				
а	The organization	n?		6 a		No
b	Any related orga	anization?		6b		No
	•	e 6a or 6b, describe in Part III				_
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed lescribed in lines 5 and 6 ⁷ If "Yes," describe in Part III		7		No
8		unts reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				Ne Ne
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure described in Regulation	is section	9		No_
Eor I	Danarwark Badı	uction Act Notice, see the Instructions for Form 990. Cat. No. 50053T	Schodule 1 (Form	990)	2017

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 EARL THOMAS ANDREWS DIRECTOR, PRESIDENT &	(i)	0	0	0	0	0	0	0
CEO '	(ii)	257,171	97,786	126,631	16,200	15,954	513,742	0
STEVEN SILER DIRECTOR, FOUNDATION	(i)	0	0	0	0	0	0	0
PRESIDENT	(ii)	168,122	18,481	17,878	9,021	27,313	240,815	0
B ERICA STOKES TREASURER, VP OF FINANCE	(i)	0	0	0	0	0	0	0
INERGONEN, VI OI FIMINGE	(ii)	161,513	20,213	21,689	15,097	28,247	246,759	0
4 PATRICIA DUBOISE DIRECTOR GRANTS &	(i)	0	0	0	0	0	0	0
DEVELOPMENT	(ii)	124,646	10,044	213	8,246	10,136	153,285	0

Part III Supplemental Information										
Provide the information, explanation, o	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									
	MERCY CARE FOUNDATION IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM MERCY CARE FOUNDATION'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 MERCY CARE FOUNDATION'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, LINE 4B	THE FOLLOWING IS A PARTICIPANT IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2017 THE PLAN PROVIDES RETIREMENT									

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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 2017, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2017 THE

FOLLOWING PAYOUT FOR 2017 FOR THE PLAN IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II EARL THOMAS ANDREWS - \$115,466

efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -		DLI	N: 93493135013829
SCHEDUL	ΕΛ	Supplements	I Information to	Form 990 or 9	190_E7	OMB No 1545-0047
(Form 990 or EZ) Department of the T	· 990-	Complete to prov Form 990 or	ide information to 990-EZ or to provide any ▶ Attach to Form 990 or 5chedule O (Form 990 or 9 www.irs.gov/form	ses to specific questi additional informatio · 990-EZ. 990-EZ) and its instru	2017 Open to Public Inspection	
Name of the org MERCY CARE FOUR 990 Schedule	NDATION INC	olemental Information			Employer ider 58-1448522	ntification number
Return Reference			Explan	ation		
FORM 990, PART VI, SECTION A, LINE 6	1	E MEMBER OF MERCY CA NAL INFORMATION	RE FOUNDATION IS SAINT	JOSEPH'S HEALTH S	SYSTEM SEE LI	NE 7 FOR

Return Explanation
Reference

FORM 990,	SAINT JOSEPH'S HEALTH SYSTEM IS THE SOLE MEMBER OF MERCY CARE FOUNDATION SAINT JOSEPH'S H
PART VI,	EALTH SYSTEM HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF MERCY CARE
SECTION A,	FOUNDATION
LINE 7A	

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, SAINT JOSEPH'S HEALTH SYSTEM MUST APPROVE CERTAIN DECISIONS OF THE GOVERNI NG BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET S AINT JOSEPH'S HEALTH SYSTEM MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOL UTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENT S AS THE PARENT OF THE NATIONAL TRINITY HEALTH SYSTEM, CERTAIN POWERS ARE RESERVED TO TRI NITY 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 APP ROVE SIGNIFICANT FINANCE MATTERS IN EXCESS OF CERTAIN LIMITS ESTABLISHED BY TRINITY HEALTH CORPORATION

Return Explanation
Reference

FORM 990, PRIOR TO FILING, THE FORM 990 FOR MERCY CARE FOUNDATION IS REVIEWED BY MANAGEMENT EACH ME PART VI, MBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH SECTION B, THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MERCY CARE FOUNDATION HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO 1, WHICH SETS FOR TH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES IT APPLIES TO ALL "INTERE STED PERSONS" OF MERCY CARE FOUNDATION, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS INTERESTED PERSONS ARE E XPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF MERCY CARE FOUNDATION AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF IN TEREST 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 IMPACTIN G THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY THE ANNUAL DISCLOSURES ARE PROVID ED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL CO UNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND COO A SUMMARY OF POTENTIAL CONFLICTS IS R EVIEWED WITH THE BOARD OF DIRECTORS OF MERCY CARE FOUNDATION (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO M ERCY CARE FOUNDATION OF ANY FINANCIAL OR BUSINESS INTERESTED THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST THE BOARD OF DIRECTORS OF MERCY CARE FOUNDATION (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DE TERMINE 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 MERCY CARE FOUNDATION (OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF MERCY CARE FOUNDATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATION S OF THE POLICY THE POLICY THE POLICY THE POL

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	QUESTION 15A IS ANSWERED "NO" BECAUSE THE COMPENSATION FOR MERCY CARE FOUNDATION'S CEO IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION IN ESTABLISHING CEO AND CFO COMPENS ATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECT ION 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 B OTH THE CEO AND CFO OF MERCY CARE FOUNDATION 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 AND 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 PROSED COMPENSATION AND BENEFIT S ARRANGEMENTS FOR THE COMPENSATION OF OTHER OFFICERS, MERCY CARE FOUNDATION HAS A PROCESS FOR DETERMINING COMPENSATION WHICH INCLUDES THE FOLLOWING THE BOARD HAS AN INDEPENDENT COMMITTEE REVIEW AND APPROVE ALL ELEMENTS OF REMUNERATION FOR ALL DISQUALIFIED PARTIES, AS WELL AS OTHER KEY MANAGEMENT THE BOARD/COMMITTEE HAS AN ESTABLISHED COMPENSATION PHILOSO PHY WHICH DETAILS THE OBJECTIVES OF MARKET POSITIONING AND PAY ELEMENTS THE COMMITTEE ENG AGES WITH EXTERNAL CONSULTANTS TO PROVIDE MARKET DATA COMPARING THE ORGANIZATION'S ROLES TO SIMILARLY SIZED ORGANIZATIONS UTILIZING BOTH TILLE AND JOB CONTENT COMPARISONS THE COMMITTEE ENG AGES WITH EXTERNAL CONSULTANTS TO PROVIDE MARKET DATA COMPARING THE ORGANIZATION'S ROLES TO SIMILARLY SIZED ORGANIZATIONS UTILIZING BOTH TILLE AND JOB CONTENT COMPARISONS THE COMMITTEE ENG AGES WITH EXTERNAL CONSULTANTS TO PROVIDE MARKET DATA COMPARING THE ORGANIZATION'S ROLES TO SIMILARLY SIZED ORGANIZATIONS UTILIZING BOTH TILLE AND JOB CONTENT COMPARISONS THE COMMITTEE ENG AGES WITH EXTERNAL CONSULTANTS TO PROVIDE MARKET DATA COMPARING THE PROGRAMS AND ESTABLISHED THE DETAILED PERFORMANCE EXPECTATIONS WHI

Explanation Return Reference

FORM 990. MERCY CARE FOUNDATION IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM TRINITY H PART VI. EALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. WWW TRINI TY-HEALTH ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE CONSOLIDATED AUDITED FINANC IAL STATEMENTS ARE PUBLICLY AVAILABLE MERCY CARE FOUNDATION'S GOVERNING DOCUMENTS AND CON-FLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

SECTION C. LINF 19

Explanation Return Reference

FORM 990. **EQUITY TRANSFERS TO AFFILIATES -1.116.197** PART XI,

LINE 9

Return Explanation

Reference	
FORM 990,	MERCY CARE FOUNDATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY18 CONSOLIDATED FINANC
PART XII.	I IAL STATEMENTS OF TRINITY HEALTH. WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING F

LINE 2

Return

Reference	
FORM 990,	ANGELA EBBERWEIN, RSM IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY HAVING TAKEN A VOW OF
PART VII,	POVERTY, ANGELA EBBERWEIN, RSM DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED
SECTION A,	TO SAINT JOSEPH'S HEALTH SYSTEM AND ITS AFFILIATES EXCEPT FOR INSURANCE BENEFITS OF \$8,96
LINE 1	7 INSTEAD, A TOTAL OF \$154,429 WAS PAID BY SAINT JOSEPH'S MERCY CARE SERVICES DIRECTLY TO
	THE RELIGIOUS SISTERS OF MERCY FOR ANGELA EBBERWEIN, RSM'S SERVICES

Explanation

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -										DLN: 93493	135013	829	
SCHEDULE R (Form 990)	1 tolated Organizations and Omerated Latinerships									OMB No 1545-0047 2017				
Department of the Treasury Internal Revenue Service	▶ Information about So	hedule				s is at <u>www</u>	.irs.gov/f	orm99	<u>o</u> .		Open to Public Inspection			
Name of the organization MERCY CARE FOUNDATION INC								Emp	loyer identif	icatior	n number			
THERE I CARLE TO SHOW THE								58-1	448522					
Part I Identification	of Disregarded Entities Complete if the	ie organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.						
Name, address, and	(a) EIN (If applicable) of disregarded entity		(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inco	ome	(e) End-of-year as	sets	(f Direct co ent	ntrolling		
	of Related Tax-Exempt Organizations npt organizations during the tax year.	Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more		
	(a) d EIN of related organization	Prim	(b) ary activity	Legal dom	c) ncile (state n country)	(d) Exempt Cod			(e) harity status on 501(c)(3))	Dir	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?	
												Yes	No	
For Panerwork Reduction Ac	t Notice, see the Instructions for Form 99	n		Ca	t No 5013	357				Sch	edule R (Form	990) 20	17	

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 (b) (c) (d) (i) (k) (e) (f) (g) (ı) Name, address, and EIN of Primary Legal Direct Predominant Share of Share of Disproprtionate Code V-UBI General or Percentage related organization controlling income(related, total income end-of-year allocations? amount in box ownership activity domicile managing unrelated, 20 of (state entity assets Schedule K-1 excluded from or tax under (Form 1065) foreign country) sections 512-514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (e) (f) (h) (ı) (g) Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Section 512(b) Primary activity Percentage domicile (C corp, S corp, ownership (13) controlled related organization entity ıncome vear (state or foreign or trust) assets entity? country) Yes No See Additional Data Table

Schedule N (10111 550) 2017		Pa	age 3
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 orgranization 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	1a	3	No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	. 10	=	No
d Loans or loan guarantees to or for related organization(s)	10	1	No
e Loans or loan guarantees by related organization(s)	1e	•	No
f Dividends from related organization(s)	1f	f	No
g Sale of assets to related organization(s)	1 g	<u>, </u>	No
h Purchase of assets from related organization(s)	1h	1	No
i Exchange of assets with related organization(s)	11	1	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1 k	k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	11	1	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	n	No
o Sharing of paid employees with related organization(s)	10	,	No
	<u></u>	+-	+

9		-9	l	
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10		No

p Reimbursement paid to related organization(s) for expenses . . . No **1**q No Reimbursement paid by related organization(s) for expenses . . . 1r No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a)
Name of related organization (d) (b) (c) Transaction Amount involved Method of determining amount involved

type (a-s) (1)SAINT JOSEPH'S MERCY CARE SERVICES INC В 1,414,009 PER BOOKS (2)TRINITY HEALTH CORPORATION Μ 64,030 PER BOOKS

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017 Software ID: Software Version:

EIN: 58-1448522

Name: MERCY CARE FOUNDATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code **(f)** Direct controlling (e) Public charity (g) Section 512 (a)
Name, address, and EIN of related organization (b) (c) Primary activity Legal domicile (b)(13)(state section status entity (if section 501(c) or foreign country) controlled entity? (3)) Yes No TRINITY HEALTH-HEALTH CARE SERVICES ΜI 501(C)(3) LINE 10 Yes MICHIGAN 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974 GRANT MAKING 501(C)(3) TRINITY HEALTH FL LINE 12A, I Yes CORPORATION 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325 HEALTH CARE SERVICES 501(C)(3) LINE 3 TRINITY HEALTH OF NEW CT Yes ENGLAND CORP INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450170 HEALTH CARE AND IΑ 501(C)(3) LINE 3 MERCY HEALTH Yes HOSPITAL SERVICES SERVICES-IOWA CORP 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277 FOUNDATION IΑ 501(C)(3) LINE 12A, I BAUM HARMON MERCY Yes HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307 501(C)(2) LTC (EDDY) INC TITLE HOLDING NY N/A Yes COMPANY 2212 BURDETT AVE TROY, NY 12180 14-1651563 HOMELESS SHELTER PITTSBURGH MERCY PΑ 501(C)(3) LINE 7 Yes HEALTH SYSTEM INC 905 WATSON STREET PITTSBURGH, PA 15219 25-1436685 LINE 10 LTC (EDDY) INC SENTOR LIVING 501(C)(3) Yes NY COMMUNITY 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028 THE MERCY HOSPITAL HEALTH CARE SERVICES MA 501(C)(3) LINE 10 Yes INC 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395 501(C)(3) LONG TERM CARE LINE 10 LTC (EDDY) INC NY Yes **421 WEST COLUMBIA STREET** COHOES, NY 12047 14-1701597 HOME HEALTH SERVICES ΜI 501(C)(3) LINE 10 GLACIER HILLS INC Yes 1200 EARHART RD ANN ARBOR, MI 48105 20-1681131 HEALTH CARE SERVICES ΜI 501(C)(3) LINE 3 TRINITY HEALTH-Yes MICHIGAN PO BOX 995 ANN ARBOR, MI 48106 38-2507173 GOVERNANCE AND VT 501(C)(3) LINE 1 N/A No MANAGEMENT OF 20555 VICTOR PARKWAY TRINITY HEALTH SYSTEM LIVONIA, MI 48152 INACTIVE ENTITY NJ 501(C)(3) LINE 10 SAINT MICHAEL'S Yes MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342 HEALTH CARE AND ОН 501(C)(3) LINE 3 MOUNT CARMEL HEALTH Yes HOSPITAL SERVICES SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340 LINE 12A, I FOUNDATION IΑ 501(C)(3) MERCY HEALTH Yes SERVICES-IOWA CORP 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941 FOUNDATION LINE 12A, I MERCY HEALTH IΑ 501(C)(3) Yes SERVICES-IOWA CORP 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271 MERCY PHYSICIAN 501(C)(3) LINE 3 HEALTH CARE SERVICES PA Yes NETWORK ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999 HOME HEALTH SERVICES NY 501(C)(3) LINE 3 LTC (EDDY) INC Yes 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568 ST JOSEPH'S HEALTH INC Yes PACE PROGRAM 501(C)(3) LINE 10 NY 333 BUTTERNUT DRIVE DEWITT, NY 13214 46-1051881

Form 990, Schedule R, Part II - Identification of Relate (a)	(b)	tions (c)	(d)	(e)	(f)	(9	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section (b)(contr	n 512 (13)
						Yes	No
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	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
04-2501711	LONG TERM CARE	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
PO BOX 2500 WILMINGTON, DE 19805 22-3008680	(INACTIVE)						
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	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
14-1794150 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
42-1253527 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642	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	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	GOTTLIEB MEMORIAL HOSPITAL	Yes	
36-3332852 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	
945 OTTAWA AVE NW GRAND RAPIDS, MI 49503	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH- MICHIGAN	Yes	
23-7270669 125 E SOUTHERN AVENUE MUSKEGON, MI 49442	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
38-1386362 30 COMMUNITY WAY EAST GREENBUSH, NY 12061	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 2153 WATERBURY, CT 06722	MANAGEMENT	СТ	501(C)(3)	LINE 12A, I	N/A		No
2920 TIBBITS AVE TROY, NY 12180	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
14-1725101 PO BOX 9184 FARMINGTON HILLS, MI 48152	LONG TERM CARE	MD	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
52-1945054 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
20-8428450 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	HEALTH CARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
52-0738041 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	

Martin selections, and P11 of remaind organization Private State Private	Form 990, Schedule R, Part II - Identification of Rela (a)	(b)	(c)	(d)	(e)	(f)	(<u>c</u>	
Part Part		Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	Sectio (b)(n 512 13)
MALTH CARE SERVICES 14. MINESSES					(if section 501(c)	,	contr	olled
### PERMANDER JOSEPH MATERIAN JOSEPH MATERIA							Yes	No
F LACESTED LESS AND L		HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10		Yes	
MACHINI CARE SERVICES F.	4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308							
100 100	46-5421068	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL	Yes	
THE ADMINISTRATE PRODUCTION FOR THE ADMINISTRATE OF THE NEW YORK PRODUCTION OF THE ADMINISTRATE OF THE ADMINISTRATE	4725 NORTH FEDERAL HIGHWAY							
1.4 MODELAND STREET	FT LAUDERDALE, FL 33308 81-2531495							
1.4 MODOLAND STREET		HOME HEALTH SERVICES	СТ	501(C)(3)	LINE 10		Yes	
11-07-12991 MONE REALTH SERVICES NY 2014(CIG) 2016 12 170 (REALTH SERVICES NY 2014(CIG) 2016 12 170 (REALTH SERVICES NY 2014(CIG) 2016 12 170 (REALTH SERVICES NY 2014(CIG) 2016 12 20	114 WOODLAND STREET HARTFORD, CT 06105							
123 - PARKET ST SUITE 200 124 - PARKET SAND 124 - PARKET SAND 125	81-0723591	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Vec	
RECY, FOR 1989 A	433 RIVER ST SUITE 3000	HOME HEALTH SERVICES	N	301(0)(3)	LINE TO	LIC (LDDI) INC	163	
123 SACOUB STREET SE 124 SOLICIO 125	TROY, NY 12180							
233 SECOLO STREET SE 42 STATUTO STREET SE 42 STATUTO		HOSPICE SERVICES	IA	501(C)(3)	LINE 10		Yes	
142-1127099 162-1	232 SECOND STREET SE					SERVICES-IOWA CORP		
### ### ##############################	42-1173708							
SIGNER CTIT, 16 B 10 04 #EA_TH CARE SERVICES #EA_TH CARE SERVICE	4300 HAMILTON BLVD	HOSPICE SERVICES	IA IA	DOT(C)(3)	LINE 12A, I	IN/A		No
HEA.TH CARR SERVICES ME SELC(1/3) LINE 10 TRIVITY HEALTH Ves MICHIGAN AREAS (LINY WILDING THE ALTH OF REW Ves MICHIGAN AREA (LINY WILDING THE ALTH OF REW Ves LINE 2015/105/106/106/106/106/106/106/106/106/106/106	SIOUX CITY, IA 51104							
24 FRANK LEOTO WILGHT DR LOSSY 3 MA ASSOCIAL VIS. MA SADOL WILD STREET MOSPITAL SERVICES PACE PROGRAM NO SOL(C)(3) LINE 3 TRINITY HEALTH OR REW YES ENGLAND CORP INC. PRICE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL VES CONTRET PACE PROGRAM NO SOL	38-3320/10	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10		Yes	
18-3315599	24 FRANK LLOYD WRIGHT DR LOBBY J					MICHIGAN		
NOSPITAL SERVICES PACE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL Yes	ANN ARBOR, MI 48106 38-3316559							
HARTFORD, CT 06 105		I	СТ	501(C)(3)	LINE 3	1	Yes	
HALTH CARE SERVICES PA SOL(C)(3) LINE 10 CENTER	114 WOODLAND STREET HARTFORD, CT 06105							
CENTER C	47-5676956	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL	Yes	
ARAGHORME, PA 19047 2201 LANGHORME, PA 19047 2202 LANGHORME, PA 19047 2203 LANGHORME, PA 19047 2204 STIGNEY PACE PROGRAM NO SOI(C)(3) LINE 10 ST KARRY MEDICAL Yes WEALTH CARE SERVICES PACE PROGRAM NO SOI(C)(3) LINE 3 OUR LADY OF LOURDIS YES WEALTH CARE SERVICES WEALTH CARE SERVICES WEALTH CARE SERVICES PACE PROGRAM NO SOI(C)(3) LINE 10 ST FRANCIS HOSPITAL YES WILDINGTON, DE 19005 ST FRANCIS MEDICAL YES WEALTH CARE SERVICES WILDINGTON, DE 19005 ST FRANCIS MEDICAL YES WEALTH CARE SERVICES WEALTH CARE SERVICES NO SOI(C)(3) LINE 10 ST FRANCIS MEDICAL YES WEALTH CARE SERVICES WEALTH CAR	1201 LANGHORNE-NEWTOWN ROAD							
201 LIANGHORNE-NEWTOWN ROAD ANGEROGRAM NJ S01(C)(3) LINE 3 OUR LADY OF LOURDES Ves	LANGHORNE, PA 19047 23-2519529							
1301 LANGHORME-NEWTOWN ROAD		HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10		Yes	
PACE PROGRAM NI S01(C(3) LINE 3 OUR LADY OF LOURDES Yee	1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047					JERNEIN.		
HEALTH CARE SERVICES PACE PROGRAM DE SDI(C)(3) LINE 10 ST FRANCIS HOSPITAL Yes	23-2571699	PACE PROGRAM	N1	501(C)(3)	LINE 3	OUR LADY OF LOURDES	Yes	
PACE PROGRAM DE 501(C)(3) LINE 10 ST FRANCIS HOSPITAL Yes WILLINGTON, DE 19805 45.2569214 PACE PROGRAM NJ 501(C)(3) LINE 10 ST FRANCIS MODICAL Yes CENTER TRENTON NJ SOLOCHY, ST FRANCIS MEDICAL Yes INC. 100 GOSSMAN DRIVE SOLOCHY, ST FRANCIS MEDICAL Yes INC. 1010 GOSSMAN DRIVE SOLOCHY, ST FRANCIS MEDICAL Yes INC. 1020 COSSMAN DRIVE SOLOCHY, ST FRANCIS MEDICAL Yes INC. 1030 LINE 10 ST MARY MEDICAL Yes CENTER SOLOCHY, ST FRANCIS MEDICAL YES CONTENT YES CONTENT AND SOLOCHY, ST FRANCIS MEDICAL CENTER SOLOCHY, ST FRANCIS MEDICAL CENTER SOLOCHY, ST FRANCIS MEDICAL YES CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN CARE STREW CONTENT AND SUPPORT IN	2475 MCCLELLAN AVENUE	TAGE TROOMAT					103	
PACE PROGRAM DE SOI(C)(3) LINE 10 ST FRANCIS HOSPITAL Yes WILLINGTON, DE 19805 45-2595214 PACE PROGRAM NJ SOI(C)(3) LINE 10 ST FRANCIS MEDICAL Yes CENTER TRENTON NJ SOI(C)(3) LINE 10 ST FRANCIS MEDICAL Yes CENTER TRENTON NJ SOI(C)(3) LINE 10 ST FRANCIS MEDICAL Yes CENTER TRENTON NJ SOI(C)(3) LINE 3 ST JOSEPH OF THE PINES Yes INC SOUTHERN PINES, NC 28387 PACE PROGRAM NC SOI(C)(3) LINE 3 ST JOSEPH OF THE PINES Yes INC SOUTHERN PINES, NC 28387 PACE PROGRAM PA SOI(C)(3) LINE 10 ST MARY MEDICAL Yes CENTER SOUTHERN PINES, NC 28387 PACE PROGRAM PA SOI(C)(3) LINE 10 ST MARY MEDICAL Yes CENTER SOUTHERN PINES, NC 28387 PACE PROGRAM PA SOI(C)(3) LINE 10 ST MARY MEDICAL YES CENTER SOUTHERN PINES, NC 28387 PACE PROGRAM PA SOI(C)(3) LINE 10 OUR LADY OF LOURDES YES HEALTH CARE SERVICES NJ SOI(C)(3) LINE 12B, II OUR LADY OF LOURDES YES HEALTH CARE SERVICES WILLIARRY HEALTH CARE SERVICES NJ SOI(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES NJ SOI(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES NJ SOI(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES NJ SOI(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES TRANSPORATION IL SOI(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES TRANSPORATION IL SOI(C)(3) LINE 10 LOYOLA UNIVERSITY YES MEDICAL CENTER WILLIARDEN, NJ GOIGG SOSMAN DRIVE YES MEDICAL YES SERVICES TRANSPORATION IL SOI(C)(3) LINE 10 LOYOLA UNIVERSITY YES MEDICAL CENTER WERKOSE PARK, IL 60160 NAMAGEMENT AND SUPPORT	PENNSAUKEN, NJ 08109							
### PACE PROGRAM NJ \$01(C)(3) LINE 10 ST FRANCIS MEDICAL YES CENTER TRENTON NJ \$022-2797382 PACE PROGRAM NC \$01(C)(3) LINE 3 ST JOSEPH OF THE PINES YES INC SOUTHERN PINES, NC 28387 PACE PROGRAM PACE PROGRAM PA \$01(C)(3) LINE 3 ST JOSEPH OF THE PINES YES INC \$000000000000000000000000000000000000		PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
15-2569214 PACE PROGRAM NJ 501(C)(3) LINE 10 ST FRANCIS MEDICAL Yes	7TH AND CLAYTON STREETS WILMINGTON DE 19805							
CENTER TRENTON NJ CENTER TRENTON NJ	45-2569214	DACE DROCRAM	NI	E01(C)(3)	LINE 10	CT EDANICIS MEDICAL	V	
BORDENTOWN, NJ 08505 22-2797282 22-279	7500 K JOHNSON BOULEVARD	PACE PROGRAM	CN	SUI(C)(3)	LINE 10	1	res	
PACE PROGRAM NC S01(C)(3) LINE 3 ST JOSEPH OF THE PINES VES INC PACE PROGRAM PAC	BORDENTOWN, NJ 08505							
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847 PACE PROGRAM PA 501(C)(3) LINE 10 ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184 VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICES NJ 501(C)(3) LINE 12B, II OUR LADY OF LOURDES HEALTH CARE SERVICES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES HEALTH CARE SERVICES HEALTH CARE SERVICES Ves HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES HEALTH CARE SERVICES VES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES HEALTH CARE SERVICES VES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES HEALTH CARE SERVICES HEALTH CARE SERVICES VES HEALTH CARE SERVICES TRANSPORATION SERVICES IL S01(C)(3) LINE 10 LOYOLA UNIVERSITY MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER TRINITY HEALTH TO CORPORATION SUPPORT MANAGEMENT AND SUPPORT MANAGEMENT AND SUPPORT MANAGEMENT AND SUPPORT TO SO1(C)(3) LINE 12B, II TRINITY HEALTH TO CORPORATION TRINITY HEALTH TO CORPORATION TRINITY HEALTH TO CORPORATION TO CORPORA	22 2737202	PACE PROGRAM	NC	501(C)(3)	LINE 3		Yes	
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VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICES VES HEALTH CARE SERVICES NJ 501(C)(3) LINE 12B, II OUR LADY OF LOURDES YES HEALTH CARE SERVICES VES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES VES LANGHORNE, PA 19047								
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525 HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES HEALTH CARE SERVICES PERMITTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES OUR LADY OF LOURDES YES HEALTH CARE SERVICES TRANSPORATION SIL 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES DIA 10 LOYOLA UNIVERSITY YES MEDICAL CENTER MEDICAL CENTER HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT LINE 10 LOYOLA UNIVERSITY YES MEDICAL CENTER TRINITY HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	20-23/010 4		NJ	501(C)(3)	LINE 12B, II		Yes	
HEALTH CARE SERVICES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES Ves HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES Ves HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT HEALTH CARE SERVICES LINE 10 LOYOLA UNIVERSITY YES MEDICAL CENTER MEDICAL CENTER TRINITY HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT MANAGEMENT AND SUPPORT	1600 HADDON AVENUE	AUXILIARY				HEALTH CARE SERVICES		
1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794 HEALTH CARE SERVICES HEALTH CARE AND NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES Yes HEALTH CARE SERVICES WILLINGBORO, NJ 08046 22-3612265 TRANSPORATION SERVICES TRANSPORATIO	CAMDEN, NJ 08103 22-2568525							
CAMDEN, NJ 08103 27-4357794 HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SYSTEM MAD SUPPORT HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT LIL 501(C)(3) LINE 10 LOYOLA UNIVERSITY Yes MEDICAL CENTER TRINITY HEALTH CARE SYSTEM CORPORATION SUPPORT LIL 501(C)(3) LINE 12B, II TRINITY HEALTH CORPORATION Yes CORPORATION	4600 HADDON AVENUE	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3		Yes	
HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES IL 501(C)(3) LINE 10 LOYOLA UNIVERSITY MEDICAL CENTER HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT LINE 12B, II TRINITY HEALTH CORPORATION SUPPORT	CAMDEN, NJ 08103							
HOSPITAL SERVICES HOSPITAL SERVICES HEALTH CARE SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES MEDICAL CENTER MEDICAL CENTER TRANSPORATION MEDICAL CENTER TRANSPORATION SERVICES MEDICAL CENTER TRANSPORATION SUPPORT TRANSPORATION MEDICAL CENTER TRANSPORATION SUPPORT TRANSPORATION MEDICAL CENTER TRANSPORATION SERVICES	2/-435//94		NJ	501(C)(3)	LINE 3	1	Yes	
TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES IL 501(C)(3) LINE 10 LOYOLA UNIVERSITY Yes MEDICAL CENTER HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT TRINITY HEALTH CORPORATION TRINITY HEALTH CORPORATION TRINITY HEALTH CORPORATION Yes CORPORATION	218 SUNSET ROAD	HOSPITAL SERVICES				HEALTH CARE SERVICES		
TRANSPORATION SERVICES TRANSPORATION SERVICES IL 501(C)(3) LINE 10 LOYOLA UNIVERSITY Yes MEDICAL CENTER MEDICAL CENTER HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT MANAGEMENT AND SUPPORT TRANSPORATION IL 501(C)(3) LINE 12B, II TRINITY HEALTH CORPORATION TRANSPORATION MEDICAL CENTER MEDICAL CENT	WILLINGBORO, NJ 08046 22-3612265							
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171 HEALTH CARE SYSTEM IL 501(C)(3) LINE 12B, II TRINITY HEALTH Yes CORPORATION MANAGEMENT AND SUPPORT MAYWOOD, IL 60153			IL	501(C)(3)	LINE 10		Yes	
47-4147171 HEALTH CARE SYSTEM IL 501(C)(3) LINE 12B, II TRINITY HEALTH YES CORPORATION 2160 SOUTH FIRST AVENUE SUPPORT SUPPORT	905 W NORTH AVE MELROSE PARK, IL 60160					Service Services		
MANAGEMENT AND 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 MANAGEMENT AND SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT	47-4147171	LIEALTH CARE SYSTEM	TI	501(C)(2)	I THE 12P TT	TDINITY HEALTH	Vac	
MAYWOOD, IL 60153	2160 SOUTH FIRST AVENUE	MANAGEMENT AND	1	301(C)(3)	LINE 12B, II		t es	
I I I I I I I I I I I I I I I I I I I	MAYWOOD, IL 60153 36-3342448	SUFFURI						

Form 990, Schedule R, Part II - Identification of Related (a)	d Tax-Exempt Organiza (b)	itions (c)	(d)	(e)	(f)	(g	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 51 (b)(13) controlled	
		or foreign country)		(if section 501(c) (3))		contr	
	LUCALTU CARE AND		504(0)(0)	line a	LOVOLA UNIVERSITA	Yes	No
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	
	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 12B, II	ST PETER'S HEALTH PARTNERS	Yes	
2212 BURDETT AVE TROY, NY 12180 22-2564710							
	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES- IOWA CORP	Yes	
801 5TH STREET SIOUX CITY, IA 51101 38-3320705							
3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	СТ	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
PO BOX 992 ANN ARBOR, MI 48106	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
38-2561013 3333 FIFTH AVENUE PITTSBURGH, PA 15213	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
94-3436142	HEALTH CARE AND	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH	Yes	
600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HOSPITAL SERVICES				PARTNERS		
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC		No
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ст	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	РА	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
23-2325059 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
36-3227350 888 TERRACE STREET MUSKEGON, MI 49440	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
38-3321856 ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	FOUNDATION	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
23-2829864 1111 6TH AVENUE DES MOINES, IA 50314	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12B, II	N/A		No
42-1478417 1500 E SHERMAN BLVD MUSKEGON, MI 49444	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH- MICHIGAN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
22-2483605	HEALTH CARE AND	DE	501(C)(3)	LINE 3	TRINITY HEALTH	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HOSPITAL SERVICES				CORPORATION		

Form 990, Schedule R, Part II - Identification of Relate (a)	(b)	tions (c)	(d)	(e)	(f)		g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	(b)(on 512 (13)
		or foreign country)		(if section 501(c) (3))		contr ent	rolled ity?
	LUEAU TUL GADE GVOTEM		504 (0) (2)	1705 400 77	TO ANTE CHE ALTER	Yes	No
2525 SOUTH MICHIGAN AVENUE	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
CHICAGO, IL 60616 36-3163327							
	HEALTH CARE SYSTEM MANAGEMENT AND	PA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	SUPPORT						
23-2212638	HEALTH CARE AND	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH	Yes	
114 WAWBEEK AVENUE	(INACTIVE)				CORPORATION		
TUPPER LAKE, NY 12986 15-0532211	TOURIS ATTOM	ļ	504 (0) (2)	1	21/2		<u> </u>
1410 N 4TH ST	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
CLINTON, IA 52732 42-1316126							
	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064					SERVICES		
23-1352099	MANAGEMENT SERVICES	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM	Yes	_
1001 BALTIMORE PIKE SUITE 310	FOR HOME HEALTH		301(0)(0)		OF SOUTHEASTERN PENNSYLVANIA	105	
SPRINGFIELD, PA 19064 23-2325058							
	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616							
36-2170152	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-	Yes	
1820 44TH ST SE					MICHIGAN		
KENTWOOD, MI 49508 20-3357131							
	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
1200 REEDSDALE STREET PITTSBURGH, PA 15233							
25-1604115	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	_
PO BOX 7957							
MOBILE, AL 36670 27-3163002							
1221 MAIN CIRET CUITE 212	PACE PROGRAM	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711							
45 5000711	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428					NET WORK		
23-2627944	HEALTH CARE AND	DE	501(C)(3)	LINE 3	MERCY HEALTH	Yes	
1410 NORTH 4TH ST	HOSPITAL SERVICES		301(0)(3)	LINE 3	SERVICES-IOWA CORP	163	
CLINTON, IA 52732 42-1336618							
	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
801 5TH STREET SIOUX CITY, IA 51102							
14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH	Yes	
1000 4TH STREET SW					SERVICES-IOWA CORP		
MASON CITY, IA 50401 42-1229151							
DO DOY 7057	PACE PROGRAM	AL	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
PO BOX 7957 MOBILE, AL 36670 63-6002215							
	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040							
45-4884805	MANAGEMENT SERVICES	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM	Yes	
ONE WEST ELM STREET SUITE 100	FOR PHYSICIAN SERVICE ORGANIZATIONS				OF SOUTHEASTERN PENNSYLVANIA	163	
CONSHOHOCKEN, PA 19428 46-1187365							
	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312							
58-1366508	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH	Yes	
424 DECATUR STREET	THE HOLDING COMPANY		301(3)		SYSTEM INC	165	
ATLANTA, GA 30312 27-2046353							

December Prince of the Content Prince of the Con	Form 990, Schedule R, Part II - Identification of Relate (a)	ed Tax-Exempt Organiza	ations (c)	(d)	(e)	(f)	(g)
A CAME OF THE PARTY NAME	Name, address, and EIN of related organization		Legal domicile	Exempt Code	Public charity	Direct controlling	Section	on 512
ONE TURN COME COME TURN COME COME COME COME TURN COME C				333.3	(if section 501(c)	S.Harry	conti	rolled
COLORADE COLORADE								·—
Pack Pack		LONG TERM CARE	MI	501(C)(3)	LINE 10		Yes	
## 27,000 Mary Case Services PO BOX 9184 FARMINGTON HILLS, MI 48333								
123 MART PRETECT AUTHOR 124 MART PRETECT	38-2719605	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC.	Yes	<u> </u>
## CHAST AND AND AND AND AND AND AND AND AND AND	1221 MAIN STREET SUITE 213			(-)(-)				
DECEMBER 1992 199	HOLYOKE, MA 01040 26-4033168							
PRINCE P			PA	501(C)(3)	LINE 3		Yes	
PRINCES PRIN	ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428							
AND PRINTED RESIDENCE OF THE COMPONENT AND SOURCE PARTY OF S	23-1396763	HEALTH CARE SYSTEM	NY	501(C)(3)	LINE 12B II	TRINITY HEALTH	Yes	
### WOODLAND STREET **COMMEND OF 1922 **COMMEND	3805 WEST CHESTER PIKE SUITE 100	MANAGEMENT AND				1	. 55	
SECOND S	NEWTOWN SQUARE, PA 19073 16-1535133	,						
17955 SEPT MILE ROAD			DE	501(C)(3)	LINE 12A, I	N/A		No
19-319-1572 COLLEGE OF NUMBERS OF SELECT COLLEGE OF SELECT COLLEGE OF NUMBERS OF SELECT COLLEGE OF SELECT COLLEGE OF SELECT COLLEGE OF SELECT COLLEGE OF NUMBERS OF SELECT COLLEGE OF NUMBERS OF SELECT COLLEGE OF SELECT	37595 SEVEN MILE ROAD LIVONIA. MI 48152	SERVICES						
SYSTEM S	38-3181557	COLLEGE OF NUBSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH	Vec	<u> </u>
SOLINGING DIRECT STATE SOLICION SOLICI	6150 FAST RROAD STREET	COLLEGE OF NORSING	011	301(0)(3)	LINE 2		165	
### ### ### ### ### ### ### ### ### ##	COLUMBUS, OH 43213							
1300 PAST BROADS STREET	22 2333333	HEALTH INSURANCE	ОН	501(C)(4)	N/A		Yes	
NEDICARE HMO	6150 EAST BROAD STREET					STSTEM		
SISTEM S	25-1912781	MEDICARE LIMO		E01(C)(4)	NI/A	MOUNT CARMEL LIEALTH	V	
COUMBING OF 45213	61EA EAST BROAD STREET	MEDICARE HMO	OH	501(C)(4)	IN/A		res	
MEALTH CARE AND OH SOL(C)(3) LINE 3 TRINTY HEALTH Yes	COLUMBUS, OH 43213							
1.50 EAST BROAD STREET	51-14/1227		ОН	501(C)(3)	LINE 3		Yes	
1-1439334 FOUNDATION	6150 EAST BROAD STREET	HOSPITAL SERVICES				CORPORATION		
STATEM S	31-1439334		<u> </u>					
TOUNDATION CT SOI(C)(3) LINE 12C, III-FL NVA	CATO FACT PROAD CIRCLE	FOUNDATION	ОН	501(C)(3)	LINE 12A, I		Yes	
FOUNDATION CT SOI(CX3) LINE 12C, III-FI N/A	COLUMBUS, OH 43213							
HARTFORD, CT 06105 HALTH CARE AND CT S01(C)(3) LINE 3 TRINITY HEALTH OF NEW Yes ENGLAND CORP INC	31-1113900	FOUNDATION	ст	501(C)(3)	LINE 12C, III-FI	N/A		No
HEALTH CARE AND HOSPITAL SERVICES	114 WOODLAND STREET							
HOSPITAL SERVICES	22-2584082	UEALTH CARE AND		504(6)(2)	1.115.3	TRINITE / LIEAL TU OF NEW		<u> </u>
ARTRORD, CT 06105	114 WOOD, AND STREET			501(C)(3)	LINE 3		Yes	
LONG TERM CARE ME S01(C)(3) LINE 3 MERCY COMMUNITY Yes	HARTFORD, CT 06105							
PHIGHTOWER STREET MI MATERVILLE, ME 04901 11:0274998 HEALTH CARE SERVICES MI S01(C)(3) LINE 10 TRINITY HEALTH- Yes	00 1422373	LONG TERM CARE	ME	501(C)(3)	LINE 3	1	Yes	
11-0274998 HEALTH CARE SERVICES MI S01(C)(3) LINE 10 TRINITY HEALTH YES HEALTH CARE SERVICES MI S01(C)(3) LINE 10 TRINITY HEALTH YES HEALTH CARE SERVICES MI S01(C)(3) LINE 7 MERCY HEALTH PARTNERS YES HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY HEALTH SYSTEM YES HEALTH CARE SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN YES HEALTH CARE SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN YES HEALTH CARE SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN YES HEALTH CARE SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN YES HEALTH CARE SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN YES HEALTH CARE SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN YES HEALTH CARE SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN YES HEALTH CARE SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN YES HEALTH CARE SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN YES HEALTH CARE SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN YES HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN NETWORK HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN NETWORK HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN NETWORK HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN NETWORK HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY PHYSICIAN NETWORK HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY HEALTH SERVICES YES HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY HEALTH SERVICES YES HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY HEALTH SERVICES YES HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY HEALTH SERVICES YES HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY HEALTH SERVICES YES HEALTH CARE AND HOSPITAL SERVICES PA S01(C)(3) LINE 3 MERCY HEALTH SE	7 HIGHTOWER STREET					HEALTH INC		
REALTH CARE SERVICES PA SO1(C)(3) LINE 3 MERCY PHYSICIAN Yes MERCY PHALTH STRENGEN Yes MERCY PHALTH CARE SERVICES PA SO1(C)(3) LINE 3 MERCY PHYSICIAN Yes MERCY PHYSICIAN Yes MERCY PHALTH CARE AND MERCY PHYSICIAN Yes MERCY PHYSICIAN MERCY PHYSICIAN Yes MERCY PHYSICIAN YE	01-0274998	UEALTH CARE CERVICES		504(6)(2)	1705 40	TRINITRAL TIL		<u> </u>
MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH SYSTEM MERCY HEALTH STRUCKS MERCY HEALTH SERVICES MER	1920 AATH STREET		MI	501(C)(3)	LINE 10	1	res	
COMMUNITY OUTREACH MI 501(C)(3) LINE 7 MERCY HEALTH PARTNERS Yes ### SO1(C)(3) LINE 7 MERCY HEALTH PARTNERS Yes ### FOUNDATION PA 501(C)(3) LINE 12A, I NAZARETH HOSPITAL Yes ### PAULITY OUTREACH PARTNERS Yes ### FOUNDATION PA 501(C)(3) LINE 12A, I NAZARETH HOSPITAL Yes ### PAULITY OUTREACH PARTNERS Yes ### FOUNDATION PA 501(C)(3) LINE 12A, I NAZARETH HOSPITAL Yes ### PAULITY OUTREACH PARTNERS Yes ### PAULITY OUTREACH PAULITY OUTREACH PAULITY OUTREACH ### PAULITY OUTREACH PAULITY OUTREACH ### PAULITY OUTREACH PAULITY OUTREACH ### PAULITY OUTREACH PAULITY OUTREACH ### PAULITY O	KENTWOOD, MI 49508							
### ### ### ### ### ### ### ### ### ##	30 30/3/ 13	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
P1-1932918 FOUNDATION PA 501(C)(3) LINE 12A, I NAZARETH HOSPITAL Yes PA 501(C)(3) LINE 12A, I NAZARETH HOSPITAL Yes PA 501(C)(3) LINE 3 MERCY HEALTH SYSTEM Yes OF SOUTHEASTERN PENNSYLVANIA HEALTH CARE AND HOSPITAL SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN PENNSYLVANIA PENNSYLVANIA Yes NETWORK PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK PA FOUNDATION Yes NETWORK PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK PA FOUNDATION NETWORK PA FOUNDATION FOUNDATION PA FOUNDATION PA FOUNDATION FOUNDATION PA FOUNDATION FOUNDATION PA FOUNDATION FOUNDATION PA FOUNDATION FOU	565 W WESTERN AVENUE							
2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951 HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES PA 501(C)(3) LINE 3 MERCY HEALTH SYSTEM Yes OF SOUTHEASTERN PENNSYLVANIA PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK NETWORK PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK NETWORK PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK NETWORK PENNSYLVANIA NETWORK NETWORK PENNSYLVANIA NETWORK NETWORK NETWORK PENNSYLVANIA NETWORK	91-1932918	FOUNDATION	PΛ	501(C)(3)	LINE 12A T	NAZADETH HOSDITAL	Voc	<u> </u>
HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE SERVICES HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY HEALTH SYSTEM Yes OF SOUTHEASTERN PENNSYLVANIA MERCY PHYSICIAN Yes OF SOUTHEASTERN PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK NETWORK DIVERSE LIM STREET SUITE 100 CONSHOHOCKEN, PA 19428 DIVE	2701 HOLME AVENUF	CONDATION		501(0)(3)	127, 1	MAZAKETII HOSFITAL	165	
HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK DIVENTED THE TOTAL CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK DIVENTED THE TOTAL CARE SERVICES (INACTIVE) PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK DIVENTED THE TOTAL CARE SERVICES (INACTIVE) HEALTH CARE SERVICES (INACTIVE) HEALTH CARE AND HEALTH CARE AND HOSPITAL SERVICES DIVENTED THE TOTAL CARE AND HOSPITAL SERVICES DIV	PHILADELPHIA, PA 19152 23-2300951							
PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK DNE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 CONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 CONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 CONSTRUCTIVE) HEALTH CARE SERVICES (INACTIVE) HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES OIL EAST 2ND STREET DAKLAND, NE 68045			PA	501(C)(3)	LINE 3		Yes	
HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK YES DIVIDING WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266 HEALTH CARE SERVICES (INACTIVE) HEALTH CARE SERVICES (INACTIVE) HEALTH CARE AND HOSPITAL SERVICES DIVIDING WEST ELM STREET DAKLAND, NE 68045	2601 HOLME AVENUE PHILADELPHIA. PA 19152							
DNE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266 HEALTH CARE SERVICES (INACTIVE) PA 501(C)(3) LINE 3 MERCY PHYSICIAN YES (INACTIVE) NETWORK HEALTH CARE AND HOSPITAL SERVICES DAKLAND, NE 68045	23-2794121	HEALTH CARE SERVICES	DΛ	501(C)(3)	LINE 3	MERCY PHYSICIAN	Ver	
CONSHOHOCKEN, PA 19428 20-3261266 HEALTH CARE SERVICES (INACTIVE) PA 501(C)(3) LINE 3 MERCY PHYSICIAN YES (INACTIVE) DIVIDING WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355 HEALTH CARE AND HOSPITAL SERVICES DAKLAND, NE 68045	ONE WEST FLM STREET SUITE 100	HEVELLI CAKE SEKVICES	FA	501(0)(3)	LINE J		1 65	
HEALTH CARE SERVICES (INACTIVE) DIVIDING WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355 HEALTH CARE AND HEALTH CARE AND HOSPITAL SERVICES DAKLAND, NE 68045 HEALTH CARE SERVICES NE 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK NE 501(C)(3) LINE 3 MERCY HEALTH SERVICES- Yes IOWA CORP	CONSHOHOCKEN, PA 19428							
DNE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355 HEALTH CARE AND NE 501(C)(3) LINE 3 MERCY HEALTH SERVICES- Yes IOWA CORP DAKLAND, NE 68045			PA	501(C)(3)	LINE 3		Yes	
23-2497355 HEALTH CARE AND NE SO1(C)(3) LINE 3 MERCY HEALTH SERVICES IOWA CORP OAKLAND, NE 68045	ONE WEST ELM STREET SUITE 100	(TIVACITVE)				INC. I AA OLK		
HOSPITAL SERVICES I IOWA CORP 501 EAST 2ND STREET DAKLAND, NE 68045	23-2497355	HEALTH CASE AND	NIE -	E01(C\/2\	LINE 2	MEDCY LIEALTH CED TOES	V -	<u> </u>
DAKLAND, NE 68045	601 EAST 2ND STREET		NE NE	201(C)(3)	LINE 3		res	
1 I I I I I I I I I I I I I I I I I I I	OAKLAND, NE 68045 20-8072234							

Form 990, Schedule R, Part II - Identification of Related (a)	(b)	(c)	(d)	(e)	(f)	(9	J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section (b)(contraction contraction)	13) folled ity?
	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY	Yes Yes	No
601 E 2ND STREET OAKLAND, NE 68045 31-1678345					HOSPITAL		
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	ОН	501(C)(3)	LINE 12A, I	N/A		No
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 12B, II	MAXIS HEALTH SYSTEM	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	HEALTH CARE SERVICES	МА	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	
271 CAREW ST SPRINGFIELD, MA 01104 81-1807730	HEALTH CARE SERVICES	МА	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	
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 82-0401011	BUILDING MANAGEMENT SERVICES	ID	501(C)(3)	LINE 10	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	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	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER- ONTARIO	Yes	
20-2683560 1055 N CURTIS ROAD BOISE, ID 83706 27 1030503	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
27-1929502 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER- ONTARIO	Yes	

Form 990, Schedule R, Part II - Identification of Relate (a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)	Direct controlling entity	Section 5 (b)(13) controlle) ∍d
				(3))		entity?	,
3325 POCAHONTAS ROAD BAKER CITY, OR 97814	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
27-1790052	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256					MEDICAL CENTER-NAMPA		
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	СТ	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	СТ	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	ст	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S 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 12B, II	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	
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	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
31-1040468 1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
38-3320700 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH- MICHIGAN	Yes	
38-1779602	FOUNDATION	СТ	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400							

Form 990, Schedule R, Part II - Identification of Related (a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 5 (b)(13	3)
		or foreign country)		(if section 501(c) (3))		controlle entity?	
	UEALTH CARE AND		504(0)(0)	line a	TRANSPOLICAL TRANSPORT		No
114 WOODLAND STREET	HEALTH CARE AND HOSPITAL SERVICES	СТ	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
HARTFORD, CT 06105 06-0646844							
30 30 100 11	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
111 CENTRAL AVENUE NEWARK, NJ 07102	TOST TIME SERVICES						
26-2616046	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH	Yes	
2215 BURDETT AVE	CHIED CARE SERVICES		301(0)(3)		PARTNERS	163	
TROY, NY 12180 14-1710225							
	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
2215 BURDETT AVE TROY, NY 12180							
14-1338544	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
504 STATE STREET							
SCHENECTADY, NY 12305 14-1708754							
	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180							
14-1505031	LONG TERM CARE	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM	Yes	
ONE ABELE BLVD					INC		
CLIFTON PARK, NY 12065 14-1756230							
	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SETON HEALTH SYSTEM INC	Yes	
310 S MANNING BLVD ALBANY, NY 12208							
22-2345416	HEALTH CARE AND	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH	Yes	
1300 MASSACHUSETTS AVENUE	HOSPITAL SERVICES				PARTNERS		
TROY, NY 12180 14-1776186				1		.,	
1221 MAIN CERET CHITE 212	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103							
22 23 12103	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312	30110101				STOTEM INC		
47-2299757	PACE PROGRAM	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM	Yes	
ONE WEST ELM STREET SUITE 100	THEE TROOMS		301(0)(3)		OF SOUTHEASTERN PENNSYLVANIA		
CONSHOHOCKEN, PA 19428 23-2840137							
	FOUNDATION	PA	501(C)(3)	LINE 12A, I	ST AGNES CONTINUING CARE CENTER	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428							
23-2415137	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL	Yes	
PO BOX 2500				,			
WILMINGTON, DE 19805 51-0374158							
	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	_
PO BOX 2500 WILMINGTON, DE 19805							
51-0064326	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL	Yes	
601 HAMILTON AVENUE					CENTER TRENTON NJ		
TRENTON, NJ 08629 52-1025476	UEALTH CASE		E04/03/23	LINE 2	NAAWIG UEALEN SV		
COL HAMILTON AVENUE	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049							
EE 3131077	HEALTH CARE SYSTEM	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH	Yes	
411 CANISTEO STREET HORNELL, NY 14843	MANAGEMENT AND SUPPORT (INACTIVE)				CORPORATION		
22-3127184	LONG TERM CARE	NIC .	E01/C\/3\	LINE 2	TRINITY CONTINUES	\/-	
100 GOSSMAN DRIVE	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200							
JU-0034200	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL	Yes	
206 PROSPECT AVENUE					HEALTH CENTER		
SYRACUSE, NY 13203 20-2497520							

Form 990, Schedule R, Part II - Identification of Relate (a)	(b)	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section 512 (b)(13) controlled entity?
	BUILDING MANAGEMENT	NY	501(6)(2)	LINE 42B II	ST JOSEPH'S HEALTH INC	Yes No
301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	SERVICES	NY	501(C)(3)	LINE 12B, II	ST JUSEPH 5 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	СТ	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 CORPORATION	Yes
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	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
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

Form 990, Schedule R, Part II - Identification of Relat (a)	(b)	(c)	(d)	(e)	(f)	(0	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section (b)	n 512 [13]
		or foreign country)		(if section 501(c) (3))		contr	
	FOUNDATION	A	E04/63/33	LINE 7	CT DETERIO (CT)	Yes	No
210 COUTH MANNING PLVD	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982							
22-2202502	HEALTH CARE AND	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVENUE SCHENECTADY, NY 12308	HOSPITAL SERVICES				PARTNERS		
14-1338386	FOUNDATION	NIV	E04(C)(3)	1705 424 7	CUNINA (TEM LIGGRITAL		<u> </u>
1270 BELMONT AVE	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127					CENTER		
22-2303127	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE	Yes	
445 NEW KARNER RD ALBANY, NY 12205					INC		
22-2692940							
44E NEW KADNED DD	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
445 NEW KARNER RD ALBANY 12205 14-1608921							
14-1608921	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL	Yes	
707 EAST CEDAR STREET STE 175					MEDICAL CENTER INC		
SOUTH BEND, IN 46617 35-1654543							
	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) 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							
	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040							
04-3398280	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH	Yes	
310 SOUTH MANNING BLVD					PARTNERS		
ALBANY, NY 12208 22-2743478							
	VOLUNTEER SERVICE AUXILIARY	СТ	501(C)(3)	LINE 12B, II	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105							
06-0660403	HOSPICE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH	Yes	
17410 COLLEGE PARKWAY STE 150	(INACTIVE)			21112 13	SERVICES	103	
LIVONIA, MI 48152 38-3320699							
	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
309 GRAND RIVER PORT HURON, MI 48060							
38-2485700	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH	Yes	
PO BOX 9184	LONG TERM CARE		301(0)(3)	LINE 10	CORPORATION	165	
FARMINGTON HILLS, MI 48333 38-2559656							
	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333					O'INE SERVICES		
93-0907047	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING	Yes	<u> </u>
PO BOX 9184	LONG TERM CARE	INIT	501(C)(3)	LINE 10	CARE SERVICES	res	
FARMINGTON HILLS, MI 48333 82-4005577							
	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152	HOSPITAL SERVICES				CONFORMITON		
38-2113393	HEALTH CARE SYSTEM	IN	E01(C)(3)	LINE 12D II	CATHOLIC HEALTH	V -	
20555 VICTOR PARKWAY	MANAGEMENT AND SUPPORT	TIM	501(C)(3)	LINE 12B, II	MINISTRIES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	SUFFURI						
7. TTTTT2	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
20555 VICTOR PARKWAY							
LIVONIA, MI 48152 47-5244984							
	HEALTH CARE SYSTEM MANAGEMENT AND	СТ	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105	SUPPORT						
06-1491191							

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (state section status entity (b)(13)(if section 501(c) or foreign country) controlled (3)) entity? Yes No СТ HEALTH CARE SERVICES 501(C)(3) LINE 3 TRINITY HEALTH OF NEW Yes ENGLAND CORP INC. 114 WOODLAND STREET HARTFORD, CT 06105 06-1450168 PACE PROGRAM ΜI 501(C)(3) LINE 12B. II TRINITY HEALTH Yes CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124 ΜI 501(C)(9) N/A TRINITY HEALTH RETIREE MEDICAL AND Yes RETIREE LIFE CORPORATION INSURANCE MANAGEMENT SERVICES ΜI 501(C)(3) LINE 10 TRINITY HEALTH Yes FOR HOME HEALTH CORPORATION SYSTEM LIVONIA, MI 48152 38-2621935

NY

NY

ΜI

501(C)(3)

501(C)(3)

501(C)(4)

LINE 3

LINE 3

N/A

MERCY UIHLEIN HEALTH

ST PETER'S HOSPITAL

CORPORATION

MERCY HEALTH

PARTNERS

Yes

Yes

Yes

HEALTH CARE SERVICES

(INACTIVE)

LONG TERM CARE

HEALTH NETWORK

47-30/3124	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	R R II
17410 COLLEGE PARKWAY STE 150	M Fi S

3805 WEST CHESTER PIKE SUITE 100 **NEWTOWN SQUARE, PA 19073**

15-0532190

301 HACKETT BLVD ALBANY, NY 12208 14-1438749

1820 44TH STREET KENTWOOD, MI 49508

38-3280200

Form 990, Schedule R, Part	III - Identification of	Relate	d Organizatio	ns Taxable as	a Partnersh	jp						
(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	(† Dispropi allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Part	r agıng	(k) Percentage ownership
ADVENT REHABILITATION LLC	REHABILITATION	MI	N/A	312 311)			Yes	No		Yes	No	
607 DEWEY AVENUE SUITE 300 GRAND RAPIDS, MI 49504 38-3306673	THERAPY SERVICES											
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP	MEDICAL OFFICE BUILDING RENTAL	ОН	N/A									
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1608125												
	PROPERTY MANAGEMENT	MA	N/A									
1221 MAIN STREET SUITE 105 HOLYOKE, MA 01040 04-2723429												
CENTENNIAL SURGUNIT LLC	HEALTH CARE SERVICES	NJ	N/A									
502 CENTENNIAL BLVD SUITE 1 VOORHEES, NJ 08043 22-3580847												
CENTER FOR DIGESTIVE CARE LLC 5300 ELLIOTT DRIVE	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A									
YPSILANTI, MI 48197 03-0447062												
CENTRAL NEW JERSEY HEART SERVICES LLC	CARDIAC PROGRAM	NJ	N/A									
45 SAPPHIRE DRIVE PRINCETON, NJ 08550 20-8525458												
CLINTON IMAGING SERVICES LLC	MRI DIAGNOSTIC SERVICES	IA	N/A									
615 VALLEY VIEW DR STE 202 MOLINE, IL 61265 41-2044739												
DIAGNOSTIC IMAGING OF SOUTHBURY LLC	IMAGING CENTER	СТ	N/A									
385 MAIN STREET SOUTH SOUTHBURY, CT 06488 06-1487582												
FOREST PARK IMAGING LLC	X-RAY AND MAMMOGRAPHY	IA	N/A									
1000 4TH STREET SW MASON CITY, IA 50401 13-4365966	SERVICES											
FRANCES WARDE MEDICAL LABORATORY	LABORATORY	MI	N/A									
300 WEST TEXTILE ROAD ANN ARBOR, MI 48104 38-2648446												
GATEWAY HEALTH PLAN LP 444 LIBERTY AVE SUITE 2100 PITTSBURGH, PA 15222	MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE ORGANIZATION	PA	N/A									
25-1691945 GREATER HARTFORD LITHOTRIPSY LLC	LITHOTRIPSY SERVICES	СТ	N/A									
114 WOODLAND ST HARTFORD, CT 06105 06-1578891												
HAWARDEN REGIONAL HEALTH CLINICS LLC	MEDICAL CLINIC	IA	N/A									
1122 AVENUE L HAWARDEN, IA 51023 20-1444339												
HEART INSITUTE OF ST MARY LLC	CARDIOVASCULAR SERVICES	PA	N/A									
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 45-4903701												
IDAHO ASC HOLDINGS LLC	HOLDING COMPANY FOR AMBULATORY SURGERY	ID	N/A									
1055 N CURTIS ROAD BOISE, ID 83706 36-4729605												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Lègal (g) Disproprtionate (k) Predominant (b) Domicile Direct Share of total Share of endor allocations? Percentage Name, address, and EIN of income(related) Code V-UBI amount in Primary activity Managing Controlling (State ıncome of-year assets Box 20 of Schedule K-1 ownership related organization unrelated. Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes Yes No No INNOVATIVE HEALTH ALLIANCE | ACCOUNTABLE CARE NY N/A ORGANIZATION OF NEW YORK LLC 14 COLUMBIA CIRCLE DRIVE ALBANY, NY 12203 46-5676066 LOYOLA AMBULATORY SURGERY SURGICAL SERVICES ΙL N/A CENTER AT OAKBROOK LP 569 BROOKWOOD VILLAGE **SUITE 901** BIRMINGHAM, AL 35209 36-4119522 MAGNETIC RESONANCE MRI SERVICES IΑ N/A SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388 MASON CITY AMBULATORY SURGERY-SAME DAY IΑ N/A SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA 50401 20-1960348 MCE MOB IV LIMITED MEDICAL OFFICE ОН N/A **PARTNERSHIP** BUILDING RENTAL 6150 EAST BROAD STREET COLUMBUS, OH 43213 42-1544707 MDRMRI TECHNICAL SERVICES MRI SERVICES NY N/A 5640 EAST TAFT ROAD 3770 SYRACUSE, NY 13220 16-1590982 MEDILUCENT MOB I MEDICAL OFFICE ОН N/A BUILDING RENTAL 6150 EAST BROAD STREET COLUMBUS, OH 43213 20-4911370 REHABILITATION СТ N/A MEDWORKS LLC SERVICES 375 EAST CEDAR STREET NEWINGTON, CT 06111 06-1490483 MERCY ADVANCED MRI LLC SUBLEASE MRI ΙL N/A EQUIPMENT 2525 SOUTH MICHIGAN AVE CHICAGO, IL 60616 26-2116721 MERCY HEART CTR OP SERVICES CARDIOVASCULAR IΑ N/A 1000 4TH STREET SW MASON CITY, IA 50401 13-4237594 MERCYMANOR PARTNERSHIP NURSING HOME PA N/A PO BOX 10086 TOLEDO, OH 43699 52-1931012 MERCYUSP HEALTH VENTURES OUTPATIENT SURGERY IΑ N/A 15305 DALLAS PARKWAY STE 1600 LB 28 ADDISON, TX 75001 47-1290300 MOUNT CARMEL EAST POB III MEDICAL OFFICE ОН N/A LIMITED PARTNERSHIP BUILDING RENTAL 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1369473 NAUGATUCK VALLEY MRI LLC IMAGING CENTER СТ N/A 385 MAIN STREET SOUTH SOUTHBURY, CT 06488 06-1239526 MEDICAL OFFICE NAZARETH MEDICAL OFFICE PΑ N/A BUILDING BUILDING ASSOCIATES LP C/O NAZARETH HOSP 2601 HOLME AVE PHILADELPHIA, PA 19152 23-2388040

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (g) Predominant Disproprtionate (k) (b) Domicile Direct Share of total Share of endor allocations? Percentage Name, address, and EIN of Code V-UBI amount in Primary activity income(related Managing Controlling (State ıncome of-year assets ownership Box 20 of Schedule K-1 related organization unrelated. Entity Partner? excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes Yes No No OSWEGO HEALTH HOME CARE LLC HOME HEALTH CARE NY N/A 113 SCHUYLER STREET FULTON, NY 13069 47-2463736 PHYSICIANS OUTPATIENT AMBULATORY SURGERY FL N/A SURGERY CENTER LLC CENTER 1000 NE 56TH STREET OAKLAND PARK, FL 33334 35-2325646 PRIMARY CARE PHYSICIAN OFFICE BUILDING N/A ΙL CENTER LLC RENTAL 1445 ROSS AVENUE SUITE 1400 DALLAS, TX 75202 36-4038505 RADISSON SJH PROPERTIES LLC MEDICAL OFFICE NY N/A BUILDING 5000 CAMPUSWOOD DRIVE SUITE EAST SYRACUSE, NY 13057 46-1892799 SARMED OUTPATIENT PHARMACY PHARMACY ID N/A 999 N CURTIS RD STE 102 BOISE, ID 83706 51-0483218 SIXTY FOURTH STREET LLC PROVIDE OUTPATIENT ΜI N/A SURGICAL CARE 2373 64TH ST STE 2200 BYRON CENTER, MI 49315 20-2443646 SJLS LLC DIALYSIS SERVICES NY N/A 7650 SE 27TH ST STE 200 MERCER ISLAND, WA 98040 20-1796650 SJV MANAGEMENT LLC RADIOLOGY NJ N/A 200 CENTURY PKWY STE 200E MOUNT LAUREL, NJ 08054 20-2273476 SMMC MOB II LP INVESTMENT AND PΑ N/A OPERATION OF A 1201 LANGHORNE-NEWTOWN MEDICAL BUILDING ROAD LANGHORNE, PA 19047 36-4559869 ST AGNES LONG-TERM INTENSIVE LONG TERM INTENSIVE PA N/A CARE LLP CARE C/O MHS ONE WEST ELM ST STE CONSHOHOCKEN, PA 19428 20-0984882 ST ALPHONSUS CALDWELL HEALTH CARE N/A ID CANCER CTR LLC SERVICES 3123 MEDICAL DR CALDWELL, ID 83605 82-0526861 ST ANN'S MEDICAL OFFICE BLDG MEDICAL OFFICE ОН N/A II LIMITED PARTNERSHIP **BUILDING RENTAL** 6150 FAST BROAD STREET COLUMBUS, OH 43213 31-1603660 ST JOSEPH'S IMAGING RADIOLOGY SERVICES NY N/A ASSOCIATES PLLC 104 UNION AVE SUITE 905 SYRACUSE, NY 13203 16-1104293 ST MARY REHABILITATION HEALTH CARE DE N/A HOSPITAL LLP SERVICES 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 27-3938747 ST PETER'S AMBULATORY **OUTPATIENT SURGERY** NY N/A SURGERY CENTER LLC 1375 WASHINGTON AVENUE STE ALBANY, NY 12206 46-0463892

(c) (h) (e) Legal (d) (g) (b) Disproprtionate (a) Predominant Share of total Share of end-Domicile Direct allocations? Name, address, and EIN of Primary activity income(related, (State Controlling income of-vear assets related organization unrelated.

excluded from

tax under

sections 512-514)

Entity

(j)

General

or

Managing

Partner?

Yes No

Code V-UBI amount in

Box 20 of Schedule K-1

(Form 1065)

Yes

No

(k)

Percentage

ownership

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

Foreign

(Country

ID

PA

ΜI

N/A

IN/A

IN/A

TAMARACK MEDICAL CLINIC LLC OUTPATIENT MEDICAL

402 LAKE CASCADE PARKWAY CASCADE, ID 83611 20-1637921

THE AMBULATORY SURGERY CENTER AT ST MARY LLC

1203 LANGHORNE-NEWTOWN

WOODLAND IMAGING CENTER

LANGHORNE, PA 19047

5301 E HURON RIVER DR ANN ARBOR, MI 48106

ROAD

LLC

27-2871206

76-0820959

SERVICES

OUTPATIENT SURGERY

RADIOLOGY/ IMAGING

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (f) (h) (i) (a) (e) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, year entity ıncome ownership (b)(13)controlled (state or foreign or trust) assets country) entity? Yes No c AFFILIATED MANAGEMENT SERVICES N/A REAL ESTATE NY Yes CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024 CATHERINE HORAN BUILDING CORPORATION BUILDING MANAGEMENT MA N/A С Yes 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160 CHESTNUT RISK SERVICES LTD INSURANCE BD N/A С Yes 11 VICTORIA STREET **HAMILTON** DIVERSIFIED COMMUNITY SERVICES INC N/A С MEDICAL SERVICES MA Yes 1233 MAIN STREET HOLYOKE, MA 01040 04-3128890 FHS SERVICES INC MEDICAL SERVICES NY N/A C Yes 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699 С FRANCISCAN ASSOCIATES INC MEDICAL SERVICES NY N/A Yes 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688 FRANCISCAN HEALTH SUPPORT INC MEDICAL SERVICES c NY N/A Yes 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354 FRANCISCAN MANAGEMENT SERVICES INC MANAGEMENT SERVICES N/A С NY Yes 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193 FRANKLIN MEDICAL GROUP PC PHYSICIAN OFFICE CT N/A Yes 56 FRANKLIN ST WATERBURY, CT 06706 06-1470493 GOTTLIEB MANAGEMENT SERVICES INC MANAGEMENT SERVICES ΙL N/A С Yes 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529 HEF INC OFFICE STAFFING ΜI N/A Yes 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401 HACKLEY HEALTH MANAGEMENT CENTER WEIGHT MANAGEMENT ΜI N/A lc Yes 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814 С HACKLEY HEALTH VENTURES INC OTHER MEDICAL ΜI N/A Yes 1820 44TH STREET SE SERVICES KENTWOOD, MI 49508 38-2589959 HACKLEY HEALTHCARE EQUIPMENT HOME MEDICAL ΜI N/A lc Yes 1820 44TH STREET SE EQUIPMENT KENTWOOD, MI 49508 38-2578569 HACKLEY PROFESSIONAL PHARMACY PHARMACY ΜI N/A Yes 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (h) (i) (a) (d) (e) (f) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)ıncome ownership entity year controlled (state or foreign or trust) assets country) entity? Yes No HEALTH CARE MANAGEMENT HEALTH CARE N/A NY Yes 333 BUTTERNUT DRIVE SUITE 100 MANAGEMENT DEWITT, NY 13214 16-1450960 HEALTH MANAGEMENT SERVICES ORG INC MEDICAL NJ N/A Yes 500 GROVE STREET SUITE 100 ADMINISTRATION HADDON HEIGHTS, NJ 08035 22-3366580 HOME CARE SERVICES N/A HOLY CROSS PRIVATE HOME SERVICES CORP MD Yes 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562 lc HURON ARBOR CORPORATION PROVIDES OFFICE ΜI N/A Yes 5301 EAST HURON RIVER DR RENTAL SPACE ANN ARBOR, MI 48106 38-2475644 IHA AFFILIATION CORPORATION MEDICAL MANAGEMENT ΜI N/A Yes 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895 PΑ LANGHORNE SERVICES II INC GENERAL PARTNER OF N/A Yes 1201 LANGHORNE-NEWTOWN ROAD LMOB PARTNERS, II LANGHORNE, PA 19047 26-3795549 GENERAL PARTNER OF LANGHORNE SERVICES INC PΑ N/A Yes 1201 LANGHORNE-NEWTOWN ROAD LMOB PARTNERS LANGHORNE, PA 19047 23-2625981 LOURDES MEDICAL ASSOCIATES PA MEDICAL SERVICES NJ N/A Yes 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862 N/A LOURDES URGENT CARE SERVICES PC URGENT CARE CENTER NJ Yes 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202 MACNEAL HEALTH PROVIDERS INC MEDICAL SERVICES ΙL N/A Yes 750 PASQUINELLI DR SUITE 216 WESTMONT, IL 60559 36-3361297 MARYLAND CARE GROUP INC HEALTH CARE HOLDING MD N/A Yes 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313 MEDICAL OFFICE PΑ N/A MCMC EASTWICK INC Yes C/O MHS ONE WEST ELM STREET STE 100 BUILDINGS CONSHOHOCKEN, PA 19428 23-2184261 MEDNOW INC MEDICAL SERVICES ID N/A lc Yes 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927 MERCY HOME CARE INC HEALTH CARE SERVICES MA N/A Yes 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426 MERCY INPATIENT MEDICAL ASSOCIATES INC MEDICAL SERVICES MA N/A Yes 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (i) (a) (b) (c) (d) (e) (f) (g) (h) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 ownership related organization domicile entity (C corp, S corp, ıncome (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No PRIMARY CARE N/A С MERCY MEDICAL SERVICES IΑ Yes 801 5TH STREET PHYSICIANS SIOUX CITY, IA 51101 42-1283849 MERCY SERVICES CORPORATION DORMANT ΙL N/A Yes 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348 MOUNT CARMEL HEALTH PROVIDERS INC MEDICAL SERVICES ОН N/A С Yes 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442 NURSING NETWORK INC MEDICAL SERVICES FL N/A С Yes 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192 SAINT ALPHONSUS HEALTH ALLIANCE INC ACCOUNTABLE CARE ID N/A Yes 1055 NORTH CURTIS ROAD ORGANIZATION BOISE, ID 83706 82-0524649 SAINT ALPHONSUS PHYSICIANS PA HEALTH CARE SERVICES ID N/A С Yes 1055 NORTH CURTIS ROAD (INACTIVE) BOISE, ID 83706 33-1078261 C SAINT FRANCIS BEHAVIORAL HEALTH GROUP MEDICAL SERVICES CT N/A Yes PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686 SAINT FRANCIS CARE MEDICAL GROUP PC СТ N/A MEDICAL SERVICES Yes 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373 SAMARITAN MEDICAL OFFICE BUILDING INC REAL ESTATE NY N/A C Yes 2212 BURDETT AVENUE TROY, NY 12180 14-1607244 SJM PROPERTIES INC PROPERTY HOLDINGS N/A С NY Yes 411 CANISTEO STREET HORNELL, NY 14843 16-1294991 MANAGEMENT SERVICES SJPE PRACTICE MANAGEMENT SERVICES INC NY N/A Yes 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964 SJRMC HOLDINGS INC PROPERTY HOLDINGS IN N/A С Yes **5215 HOLY CROSS PARKWAY** MISHAWAKA, IN 46545 47-4763735 ST ELIZABETH HEALTH SUPPORT SERVICES MEDICAL SERVICES NY N/A Yes INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486 ST MARY'S HIGHLAND HILLS VILLAGE INC ASSISTED LIVING GΑ N/A Yes 1230 BAXTER STREET ATHENS, GA 30606 58-2276801 SYSTEM COORDINATED SERVICES INC LAB SERVICES MΑ N/A С Yes 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161

(b) (c) (d) (e) (f) (h) (i) (a) (q) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, ownership (b)(13)entity income vear (state or foreign or trust) assets controlled country) entity? Yes No THRE SERVICES LLC REAL ESTATE ΜI ln/a Yes 20555 VICTOR PARKWAY BROKERAGE SERVICES LIVONIA, MI 48152 45-2603654 TRI-HOSPITAL MRI CENTER HEALTH CARE SERVICES ΜI N/A Yes 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297 TRINITY ASSURANCE LTD SELF-INSURANCE CIln/a Yes PO BOX 1159 GRAND CAYMAN

Yes

Yes

Yes

Yes

IN/A

ln/a

N/A

IN/A

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

ACCOUNTABLE CARE

ORGANIZATION

GRANTOR TRUST

OCCUPATIONAL HEALTH

GRAND CAYMAN

TRINITY HEALTH ACO INC.

TRINITY HEALTH EMPLOYEE BENEFIT TRUST

WORKPLACE HEALTH OF GRAND HAVEN INC

20555 VICTOR PARKWAY

20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377

1820 44TH STREET SE KENTWOOD, MI 49508

FARMINGTON HILLS, MI 48333

LIVONIA, MI 48152 47-3794666

PO BOX 9184

37-1572595

38-3112035

98-0453602

TRINITY SENIOR SERVICES MANAGEMENT INCISENIOR SERVICES