

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JAN 1, 2016, and ending SEP 30, 2016

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

JOHNSON MEMORIAL HOSPITAL, INC

47-5676956

Name and title of officer

**STUART ROSENBERG
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>47,008,284.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARCUM LLP to enter my PIN 96923
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06411606103

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

08060815 756977 173720

2016.04013 JOHNSON MEMORIAL HOSPITAL, 1737201

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning **JAN 1, 2016** and ending **SEP 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JOHNSON MEMORIAL HOSPITAL, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 114 WOODLAND STREET MS#510358 City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06105 F Name and address of principal officer: STUART E ROSENBERG SAME AS C ABOVE	D Employer identification number 47-5676956 E Telephone number (860) 684-8136 G Gross receipts \$ 47,031,519. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.JMMC.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2016		M State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: JOHNSON MEMORIAL HOSPITAL PROVIDES NEEDED MEDICAL CARE TO THE COMMUNITY REGARDLESS OF ANY		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	33,245.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-17,844.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)		2,315,829.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		44,739,882.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,510.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-70,937.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		47,008,284.
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		24,285,632.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,114,000.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		50,399,632.
19	Revenue less expenses. Subtract line 18 from line 12		-3,391,348.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)		49,593,099.
22	Net assets or fund balances. Subtract line 21 from line 20		55,219,316.
			-5,626,217.

Part II Signature Block

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

Sign Here	Signature of officer STUART E ROSENBERG, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS FARRINGTON	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00370668
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323
	Firm's address ▶ CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103	Phone no. 860-760-0600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE, JOHNSON MEMORIAL HOSPITAL, INC. AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 46,563,845. including grants of \$) (Revenue \$ 44,667,868.) INPATIENT AND OUTPATIENT CARE EXPENSES RELATED TO SERVICES PERFORMED FOR PATIENTS OF JOHNSON MEMORIAL CONTRIBUTE IMPORTANTLY TO IT'S EXEMPT PURPOSE BECAUSE THE EXPENSES ARE INCURRED IN THE DIAGNOSIS, CURE, MITIGATION AND PREVENTION OF DISEASE AND FOR MEDICAL PURPOSES AFFECTING THE STRUCTURE OR FUNCTION OF THE HUMAN BODY (50,770) OUTPATIENT VISITS AND (11,684) INPATIENT DAYS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 46,563,845.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b covering various IRS filing and compliance questions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 11		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?	X	
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?	X	
16b		X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: **JANE MOONAN - (860) 684-8136**
201 CHESTNUT HILL ROAD, STAFFORD SPRINGS, CT 06076

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK MAHON CHAIRMAN	0.10 0.30	X		X				0.	0.	0.
(2) REV. MICHAEL DEVITO DIRECTOR	0.10 0.30	X						0.	0.	0.
(3) CATHRYN JEAN FLEMING, ESQ. DIRECTOR	0.10 0.30	X						0.	0.	0.
(4) JOHN P. KEARNEY DIRECTOR	0.10 0.30	X						0.	0.	0.
(5) MICHAEL P. KROL DIRECTOR	0.10 0.30	X						0.	0.	0.
(6) YOUNUS MASIH, MD DIRECTOR	0.10 0.30	X						0.	0.	0.
(7) DAVID O'CONNOR TREASURER	0.10 0.30	X		X				0.	0.	0.
(8) EVELYNE PARIZEK SECRETARY	0.10 0.30	X		X				0.	0.	0.
(9) ALEXANDRA PIFER DIRECTOR	0.10 0.30	X						0.	0.	0.
(10) KEVIN SULLIVAN DIRECTOR	0.10 0.30	X						0.	0.	0.
(11) PHIL TARTSINIS VICE CHAIRMAN	0.10 0.30	X		X				0.	0.	0.
(12) CHRISTOPHER M. DADLEZ DIRECTOR	0.10 62.30	X						0.	0.	0.
(13) STUART ROSENBERG PRESIDENT	0.10 55.30	X		X				0.	0.	0.
(14) JEFFREY THOMPSEN, M.D. PRESIDENT/MEDICAL STAFF	8.10 0.30	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	38,366.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,268,459.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,004.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			2,315,829.			
Program Service Revenue	2 a PATIENT SERVICE INCOME	Business Code 622000	44,739,882.	44,706,637.	33,245.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			44,739,882.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		23,510.			23,510.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 38,366. of contributions reported on line 1c). See Part IV, line 18	a	48,094.				
		b Less: direct expenses	b	23,235.			
		c Net income or (loss) from fundraising events		24,859.			24,859.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue							
11 a FEES REVENUE	Business Code 900099		65,754.	65,754.			
	b CAFE INCOME	722212	41,048.			41,048.	
	c VENDOR REBATES	900099	33,667.	33,667.			
	d All other revenue	900099	-236,265.	-236,265.			
	e Total. Add lines 11a-11d			-95,796.			
12 Total revenue. See instructions.			47,008,284.	44,569,793.	33,245.	89,417.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,028,647.	18,025,782.	2,002,865.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	146,626.	131,963.	14,663.	
9 Other employee benefits	2,708,154.	2,437,339.	270,815.	
10 Payroll taxes	1,402,205.	1,261,984.	140,221.	
11 Fees for services (non-employees):				
a Management				
b Legal	119,812.		119,812.	
c Accounting	15,331.		15,331.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,619,469.	7,749,554.	869,915.	
12 Advertising and promotion	36,908.		36,908.	
13 Office expenses	784,601.	715,055.	69,546.	
14 Information technology	24,987.	22,488.	2,499.	
15 Royalties				
16 Occupancy	1,765,676.	1,589,108.	176,568.	
17 Travel	6,510.	6,510.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	595,396.	581,911.	13,485.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,385,036.	2,385,036.		
23 Insurance	99,947.		99,947.	
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 DRUGS	4,451,234.	4,451,234.		
b MEDICAL SUPPLIES	3,032,818.	3,032,818.		
c HOSPITAL PROVIDER TAX	2,593,395.	2,593,395.		
d BAD DEBT	1,261,634.	1,261,634.		
e All other expenses	321,246.	318,034.	3,212.	
25 Total functional expenses. Add lines 1 through 24e	50,399,632.	46,563,845.	3,835,787.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	85,944.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	0.	4	17,416,700.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	0.	8	1,513,473.
	9 Prepaid expenses and deferred charges	0.	9	676,713.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,133,134.		
	b Less: accumulated depreciation	10b 377,122.	0.	10c 20,756,012.
	11 Investments - publicly traded securities	0.	11	
	12 Investments - other securities. See Part IV, line 11		12	3,202,165.
	13 Investments - program-related. See Part IV, line 11	0.	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	5,942,092.
16 Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	49,593,099.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	6,971,985.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	4,756,339.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	43,490,992.
	26 Total liabilities. Add lines 17 through 25	0.	26	55,219,316.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	-6,168,689.
	28 Temporarily restricted net assets		28	542,472.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	0.	33	-5,626,217.	
34 Total liabilities and net assets/fund balances	0.	34	49,593,099.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,008,284.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,399,632.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,391,348.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,234,869.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-5,626,217.

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		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.			
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.			
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? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization JOHNSON MEMORIAL HOSPITAL, INC **Employer identification number** 47-5676956

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,470,000.		1,470,000.
b Buildings		8,730,519.	225,112.	8,505,407.
c Leasehold improvements		196,098.	8,242.	187,856.
d Equipment		4,793,427.	131,768.	4,661,659.
e Other		5,943,090.	12,000.	5,931,090.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,756,012.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN TOLLAND		
(B) IMAGING	203,902.	COST
(C) INVESTMENT IN NRRON	2,980,576.	COST
(D) INVESTMENT IN CT HOSPITAL		
(E) LAB NETWORK	17,687.	COST
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,202,165.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	3,526,334.
(2) ASSETS LIMITED OR RESTRICTED BY DONOR	542,472.
(3) TRINITY HEALTH POOLED INVESTMENT PROGRAM	1,067,756.
(4) OTHER ASSETS	805,530.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,942,092.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	23,268,438.
(3) SELF-INSURANCE RESERVE	1,337,773.
(4) OTHER LONG TERM LIABILITIES	18,040,959.
(5) DUE TO THIRD-PARTY	843,822.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	43,490,992.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF (event type)	(event type)	NONE (total number)	
	1 Gross receipts	86,460.			86,460.
	2 Less: Contributions	38,366.			38,366.
	3 Gross income (line 1 minus line 2)	48,094.			48,094.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,235.			23,235.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,235.
	11 Net income summary. Subtract line 10 from line 3, column (d)				24,859.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **JOHNSON MEMORIAL HOSPITAL, INC** Employer identification number **47-5676956**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		30	46,188.		46,188.	.09%
b Medicaid (from Worksheet 3, column a)		4,203	3053064.		3053064.	6.06%
c Costs of other means-tested government programs (from Worksheet 3, column b)			892,509.		892,509.	1.77%
d Total Financial Assistance and Means-Tested Government Programs		4,233	3991761.		3991761.	7.92%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		2,048	14,849.		14,849.	.03%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		190	1,365.		1,365.	.00%
j Total. Other Benefits		2,238	16,214.		16,214.	.03%
k Total. Add lines 7d and 7j		6,471	4007975.		4007975.	7.95%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 JOHNSON MEMORIAL HOSPITAL
201 CHESTNUT HILL ROAD
STAFFORD SPRINGS, CT 06076
WWW.JMMC.COM
0072

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , , , X, , ,

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group JOHNSON MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.TRINITYHEALTH-NE.ORG/COMMUNITY-HEALTH</u>		
b <input type="checkbox"/> Other website (list url):		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.JMMC.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group JOHNSON MEMORIAL HOSPITAL

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %</p> <p>b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Was widely publicized within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.JMMC.COM/FINANCIAL-ASSISTANCE</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.JMMC.COM/FINANCIAL-ASSISTANCE</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group JOHNSON MEMORIAL HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input checked="" type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input type="checkbox"/> Processed incomplete and complete FAP applications		
d <input type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group JOHNSON MEMORIAL HOSPITAL

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2016

Part V Facility Information (continued)

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

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 3J: THE HOSPITAL PUBLISHED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT IN SEPTEMBER OF 2016. THE PROCESS BEGAN IN JANUARY OF 2015 WITH PARTNERSHIP DISCUSSIONS AND INVESTMENTS IN THE DATA HAVEN WELL BEING TELEPHONE SURVEY WHICH WAS USED TO GATHER PRIMARY DATA FROM RESIDENTS ABOUT THEIR HEALTH AND WELL-BEING. THIS PRIMARY DATA AND SECONDARY DATA INCLUDING CENSUS DATA; INFORMATION FROM THE SAINT FRANCIS COMMUNITY PROFILE FROM THE CT HOSPITAL ASSOCIATION; LOCAL REPORTS ON ASTHMA; OBESITY AND ACCESS TO HEALTHY FOODS AND OTHER RESOURCES WERE ANALYZED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT PARTNERS AND THE RESULTS WERE USED TO DEVELOP KEY INFORMANT INTERVIEWS WHICH WERE COMPLETED IN JUNE - AUG OF 2015. ADDITIONALLY FOCUS GROUPS WERE HELD WITH THE ENFIELD HUNGER ACTION TEAM TO TALK SPECIFICALLY ABOUT FOOD INSECURITY ISSUES. SUBSEQUENT TO THIS PUBLICATION AN IMPLEMENTATION STRATEGY WAS DEVELOPED AND APPROVED BY THE BOARD OF DIRECTORS.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: PERSONS INVOLVED IN PLANNING THE CHNA INCLUDED LEADERS OF LOCAL COMMUNITY AGENCIES; FAITH LEADERS; HEALTHCARE PROVIDERS; GOVERNMENT EMPLOYEES AND FOUNDATIONS STAFF. DURING THE DATA GATHERING PROCESS COMMUNITY MEMBERS WERE INTERVIEWED AND COMMUNITY CONVERSATIONS WERE HELD ONCE PRELIMINARY ANALYSIS WAS COMPLETED TO IDENTIFY PRIORITIES AND CONFIRM THE FINDINGS FROM THE PERSPECTIVE OF THOSE WHO LIVE AND WORK IN THE COMMUNITIES SERVED. ADDITIONALLY, HEALTH LEADERS FROM THE COMMUNITIES WERE CONSULTED TO DETERMINE IF THE FINDINGS REFLECTED

Part V Facility Information (continued)

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

THEIR COMMUNITY NEEDS AS WELL.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6A: OTHER HOSPITAL FACILITIES WHO PARTICIPATED IN THE CHNA INCLUDED MOUNT SINAI HOSPITAL; SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND CONNECTICUT CHILDREN'S MEDICAL CENTER.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6B: OTHER ORGANIZATIONS INCLUDED IN CONDUCTING THE CHNA INCLUDED HARTFORD FOUNDATION FOR PUBLIC GIVING, DATA HAVEN, HARTFORD HEALTH AND HUMAN SERVICES, TRINITY HEALTH NEW ENGLAND AND COMMUNITY SOLUTIONS.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: THE IMPLEMENTATION STRATEGY ADOPTED 2/7/17 ADDRESSES THE NEEDS FOUND IN THE CHNA INCLUDING:

- 1. SUPPORT FOR HEALTHY BEHAVIOR CHANGE
- 2. SUBSTANCE ABUSE AND TOBACCO CESSATION
- 3. ACCESS TO CARE

ACTIVITIES HAVE BEEN DEVELOPED BY SAINT FRANCIS AND WITH COMMUNITY PARTNERS TO ADDRESS THE NEEDS IDENTIFIED, THEY INCLUDE:

- 1. SUPPORT FOR HEALTHY BEHAVIOR CHANGE

Part V Facility Information (continued)

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

- DIABETES PREVENTION PROGRAMS

- AMERICAN HEART ASSOCIATION

2. SUBSTANCE ABUSE AND TOBACCO CESSATION

- MATCH COALITION

- REGIONAL HEALTH MINISTRIES AND POLICY SUPPORT FOR TOBACCO 21

3. ACCESS TO HEALTHCARE (BEHAVIORAL HEALTH SERVICES)

- SAINT FRANCIS HOSPITAL

- ACCESS HEALTH CT

- FINANCIAL AID COUNSELORS

- FOUNDATION SUPPORT

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 13B: THNE RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT."

EXAMPLES OF PRESUMPTIVE SUPPORT CASES INCLUDE:

A. DECEASED PATIENTS WITH NO KNOWN ESTATE

B. HOMELESS

C. UNEMPLOYED PATIENTS WITH NO SPOUSE OR ASSETS

D. NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS

QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS

Part V Facility Information *(continued)*

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

E. OUT OF STATE MEDICAID IN WHICH WE ARE NOT A PROVIDER

F. PATIENT WHO IS CURRENTLY ON PUBLIC ASSISTANCE BUT WAS INELIGIBLE AT THE TIME OF SERVICE

G. DISCHARGED BANKRUPTCIES

H. MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER

FOR PATIENTS WHO ARE NON-RESPONSIVE TO THE FAP APPLICATION PROCESS, OTHER SOURCES OF INFORMATION, IF AVAILABLE SHOULD BE USED TO MAKE AN INDIVIDUAL ASSESSMENT OF FINANCIAL NEED. THIS INFORMATION WILL ENABLE THNE TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF NON-RESPONSIVE PATIENTS.

JOHNSON MEMORIAL HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.JMMC.COM/FINANCIAL-ASSISTANCE

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

N/A

PART I, LINE 4

FINANCIAL ASSISTANCE IS OFFERED FOR THE BENEFIT OF OUR COMMUNITY TO UNINSURED OR UNDERINSURED PATIENTS WHO ARE UNABLE TO PAY FOR THEIR CARE. JOHNSON MEMORIAL HOSPITAL IS COMMITTED TO PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY, AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND UNDERSERVED IN OUR COMMUNITIES; CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES; AND ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THAT THEY RECEIVE.

PART I, LINE 6A:

COMMUNITY BENEFITS ARE REPORTED TO THE STATE'S OFFICE OF THE HEALTH CARE ADVOCATE IN CONNECTICUT. A COMMUNITY BENEFIT REPORT IS PUBLISHED AND WIDELY DISTRIBUTED IN THE LOCAL COMMUNITY AND IT IS POSTED ON THE WEBSITE FOR FULL VIEWING.

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:

RATIO OF COST TO CHARGES WAS UTILIZED. ALSO ACTUAL ACCUMULATED COSTS WITH OVERHEAD ALLOCATIONS BASED ON RECENT MEDICARE COST STUDY.

PART II

THE HOSPITAL IS INVOLVED IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES WHICH ADDRESS BOTH THE ROOT CAUSES OF HEALTH PROBLEMS SPECIFIC TO THE COMMUNITY SERVED AND WHICH TAKE A MORE GLOBAL APPROACH TO STRUCTURAL BARRIERS. REALLOCATION OF COMMUNITY BENEFIT DOLLARS FOR COMMUNITY TRANSFORMATION IS A NEW INITIATIVE WHICH WILL SUPPORT THIS WORK.

THE CHEMICAL DEPENDENCY PROGRAM IS PART OF THE PSYCHIATRIC SERVICES OFFERED BY JOHNSON MEMORIAL HOSPITAL. THE OUTPATIENT PROGRAM, LOCATED IN ENFIELD, CT TREATS INDIVIDUALS WHO HAVE SUBSTANCE ABUSE DISORDERS, AS WELL AS THOSE WITH CO-OCCURRING DISORDERS.

SINCE 1908, HOME & COMMUNITY HEALTH SERVICES HAS PROVIDED HOME HEALTH

Part VI Supplemental Information

Provide the following information.

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

AND HOSPICE CARE TO RESIDENTS OF NORTH CENTRAL CONNECTICUT AND THE
 BORDERING TOWNS OF WESTERN MASSACHUSETTS. HOME & COMMUNITY HEALTH
 SERVICES IS LOCATED ON 101 PHOENIX AVENUE IN ENFIELD, CT AND IS
 LICENSED BY BOTH THE STATES OF CONNECTICUT AND MASSACHUSETTS.

JOHNSON OCCUPATIONAL MEDICINE CENTER IS AN OCCUPATIONAL HEALTH FACILITY
 IN ENFIELD, CT WHICH PROVIDES OCCUPATIONAL AND INDUSTRIAL MEDICINE
 SERVICES TO LOCAL BUSINESSES.

PART III, LINE 4:

GROSS CHARGES WRITTEN TO BAD DEBT WERE REDUCED TO COST BY APPLYING
 APPLICABLE (UPDATED QUARTERLY) RATIO OF COST TO CHARGES. THE DIRECTOR OF
 PATIENT ACCOUNTS REVIEWED DETAILED REPORTS AND ESTIMATED THAT
 APPROXIMATELY 7 PERCENT MAY HAVE BEEN CHARITY CARE.

PART III, LINE 8:

LINES 5 & 6 WERE COMPUTED FROM THE 2016 MEDICARE COST STUDY (D&E
 WORKSHEETS). THE SHORTFALL FROM MEDICARE CONTRIBUTES IMPORTANTLY TO THE

Part VI Supplemental Information

Provide the following information.

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

WELFARE AND BENEFIT OF OUR COMMUNITY BY PROVIDING HIGH QUALITY HEALTHCARE AT AFFORDABLE PRICES.

PART III, LINE 9B:

PATIENTS WHO CAN DEMONSTRATE THAT PAYMENT OF A HOSPITAL BILL WOULD BE A HARDSHIP FOR THEM MAY APPLY FOR FINANCIAL ASSISTANCE.

PART III, LINE 4

JOHNSON MEMORIAL HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOME. IN ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING

Part VI Supplemental Information

Provide the following information.

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

PURPOSED.

PART III, LINE 8

NONE OF THE SHORTFALL WAS TREATED AS COMMUNITY BENEFIT. THE SOURCE OF THE COSTING METHODOLOGY WAS THE MEDICARE COST REPORT.

PART VI, LINE 2

THE PROCESS BEGAN WITH THE IDENTIFICATION OF A TEAM REPRESENTING HEALTHCARE, COMMUNITY DEVELOPMENT, GOVERNMENT AND LOCAL GROUPS AND COMMUNITY FOUNDATION AGENCIES. WORK OFFICIALLY BEGAN WITH AN AGREEMENT AMONG THESE GROUPS TO REVIEW EXISTING DATA SETS; ENGAGE DATAHAVEN, A NONPROFIT DATA-COLLECTION ORGANIZATION SPECIALIZING IN PUBLIC HEALTH, TO COMPLETE TELEPHONE INTERVIEWS OF COMMUNITY RESIDENTS; INVOLVE PROGRAM PARTICIPANTS AND CONDUCT INTERVIEWS WITH "KEY INFORMANTS" (COMMUNITY LEADERS AND LEADERS OF PARTNER AGENCIES). ALL ASPECTS OF THE INFORMATION-GATHERING PROCESS WERE DESIGNED TO REACH BEYOND THE WALLS OF THE HOSPITAL TO GET ANSWERS TO THE QUESTIONS: WHO? WHAT? WHERE? HOW?

Part VI Supplemental Information

Provide the following information.

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

THROUGHOUT, THE EMPHASIS WAS ON SIGNIFICANT COMMUNITY INPUT-IN THE FORM OF TELEPHONE INTERVIEWS WITH COMMUNITY MEMBERS, SURVEYS OF PROGRAM PARTICIPANTS, INFORMAL DISCUSSIONS WITH COMMUNITY LEADERS AND INTERVIEWS WITH KEY INFORMANTS & FOCUS GROUPS TO GAIN A BETTER UNDERSTANDING OF WHAT IS AFFECTING THE HEALTH OF THE JOHNSON MEMORIAL HOSPITAL SERVICE AREA. THE TEAM COLLECTED DATA AT THE LOCAL LEVEL TO FACILITATE AND IDENTIFY WHERE THE GREATEST NEEDS ARE CONCENTRATED AND THE PROCESS BEGAN WITH THE IDENTIFICATION OF A TEAM REPRESENTING HEALTHCARE, COMMUNITY DEVELOPMENT, GOVERNMENT AND LOCAL GROUPS AND COMMUNITY FOUNDATION AGENCIES. WORK OFFICIALLY BEGAN WITH AN AGREEMENT AMONG THESE GROUPS TO REVIEW EXISTING DATA SETS; ENGAGE DATAHAVEN, A NONPROFIT DATA-COLLECTION ORGANIZATION SPECIALIZING IN PUBLIC HEALTH, TO COMPLETE TELEPHONE INTERVIEWS OF COMMUNITY RESIDENTS; INVOLVE PROGRAM PARTICIPANTS AND CONDUCT INTERVIEWS WITH "KEY INFORMANTS" (COMMUNITY LEADERS AND LEADERS OF PARTNER AGENCIES).

PART VI, LINE 3

COMMUNITY HEALTH EDUCATION PROGRAMS ARE OFFERED TO THE COMMUNITY AND

Part VI Supplemental Information

Provide the following information.

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

INCLUDE LECTURE PROGRAMS, HEALTH SCREENINGS, SUPPORT GROUPS, AND HEALTH FAIR PARTICIPATION. LECTURES, SCREENINGS, AND SUPPORT GROUPS ARE DONE ON CAMPUS AND AT OTHER ORGANIZATIONS (MALL, SENIOR CENTER, SCHOOLS, FOOD KITCHENS, ETC.) FINANCIAL AND IN-KIND SERVICES AND GOODS ARE DONATED TO COMMUNITY GROUPS. FACILITY SPACE IS ALSO USED TO HOST AMERICAN RED CROSS BLOOD DRIVES AND MEETINGS FOR OTHER NON-PROFIT ORGANIZATIONS AND SUPPORT GROUPS.

PART VI, LINE 4

THE COMBINED POPULATION FOR THESE COMMUNITIES IS ROUGHLY 222,746 RESIDENTS. THE POPULATION IS MOSTLY WHITE (83%), FOLLOWED BY BLACK/AFRICAN AMERICAN (8%), HISPANIC/LATINO (5%), AND ASIAN (3%). THIS MAKES THE JOHNSON SERVICE AREA LESS DIVERSE THAN THE STATE AS A WHOLE (CT TOTAL 70% WHITE). THAT BEING SAID, THE SERVICE AREA MEETS STATE AVERAGES FOR AGE AND GENDER DEMOGRAPHICS. 21% OF THE JOHNSON SERVICE AREA IS YOUNGER THEN 18 YEARS OLD AND 15% IS OVER 64 YEARS OF AGE. THE STATE TOTAL IS 22% AND 15% RESPECTIVELY.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE JOHNSON SERVICE AREA POPULATION HAS AN EVEN 50-50 SPLIT IN TERMS OF GENDER, WHICH IS ALMOST IDENTICAL TO THE STATE TOTAL OF 49% MALE AND 51% FEMALE. ACCORDING TO COUNTY HEALTH RANKINGS, PUBLISHED BY COUNTYHEALTHRANKINGS.ORG, 91% OF RESIDENTS IN TOLLAND COUNTY HAVE A HIGH SCHOOL DEGREE AND 72% HAVE SOME COLLEGE EXPERIENCE. THIS IS HIGHER THAN THE CT AVERAGE OF 86% HAVING A HIGH SCHOOL DEGREE AND 68% WITH COLLEGE EXPERIENCE. HAMPDEN COUNTY HAS A HIGH SCHOOL GRADUATION RATE OF 73% WHILE 57.9% OF RESIDENTS HAVE COLLEGE EXPERIENCE. THIS FALLS BELOW THE 85% HIGH SCHOOL GRADUATION AND 71% COLLEGE EXPERIENCE MASSACHUSETTS AVERAGE.

CONNECTICUT HEALTH RANKINGS WERE REVIEWED FOR 2015 AND 2016 WITH REGARD TO HEALTH OUTCOMES AND HEALTH FACTORS. HEALTH OUTCOME RANKINGS ARE BASED ON MORTALITY AND MORBIDITY MEASURES (WEIGHTED EQUALLY) AND HEALTH FACTORS ARE WEIGHTED ON SCORES WITH REGARD TO BEHAVIORAL HEALTH, CLINICAL, SOCIAL AND ECONOMIC AND ENVIRONMENTAL FACTORS. OF THE EIGHT COUNTIES IN CONNECTICUT, TOLLAND COUNTY IS RANKED #1 FOR HEALTH OUTCOMES AND #2 IN THE STATE FOR HEALTH FACTORS FOR BOTH YEARS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HARTFORD COUNTY IS RANKED #7 FOR HEALTH OUTCOMES AND #5 FOR HEALTH FACTORS. THESE RANKINGS PUT TOLLAND COUNTY IN THE 90TH PERCENTILE, MEANING ONLY 10% IN THE COUNTRY ARE BETTER.

PART VI, LINE 5

LEADERSHIP DEVELOPMENT:

EXECUTIVE STAFF AT JOHNSON ARE EXPECTED TO PARTICIPATE IN COMMUNITY IMPROVEMENT ACTIVITIES SUCH AS SERVING ON BOARDS, ASSISTING SMALL NON-PROFITS WITH FUNDRAISING ACTIVITIES, PROVIDING EXPERTISE AND IN-KIND SUPPORT AND PROVIDING MEETING SPACE FREE OF CHARGE.

ADVOCACY FOR HEALTH IMPROVEMENTS:

IN PARTNERSHIP WITH SAINT FRANCIS HOSPITAL AND TRINITY HEALTH OF NEW ENGLAND CORPORATION INC, JOHNSON MEMORIAL MEDICAL CENTER ENGAGES WITH TOBACCO CESSATION ACTIVITIES AT THE COALITION LEVEL BY PARTICIPATION IN THE MATCH COALITION - A GROUP WORKING TO IMPROVE LAWS AND POLICIES WHICH LIMIT ACCESS TO TOBACCO BY YOUTH. THIS PARTNERSHIP EXTENDS TO TRINITY HEALTH CORPORATE WHICH IS ABLE TO PROVIDE A MYRIAD OF RESOURCES

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TO MOVE THIS AGENDA FORWARD.

POLICY WORK IN THE AREAS OF SUPPORT FOR BREASTFEEDING AND ACCESS TO HEALTHY FOODS AS WELL AS WORK TO IMPROVE THE OPPORTUNITIES FOR ACTIVE LIVING HAVE ALSO BECOME PRIORITIES.

THE HOSPITAL IS INVOLVED IN A VARIETY OF INITIATIVES THAT FOCUS ON THE IMPROVING THE HEALTH OF THE COMMUNITY OVERALL INCLUDING COLLABORATIVE EFFORTS WITH THE LOCAL HEALTH DEPARTMENT AND LOCAL COMMUNITY FOUNDATIONS AND NON-PROFIT ORGANIZATIONS.

PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

MERCY HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2016, GOALS INCLUDED 1) PARTNERING WITH COMMUNITY ORGANIZATIONS IN INSURANCE

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ENROLLMENT ACTIVITIES TARGETED AT UNINSURED INDIVIDUALS TO IMPROVE ACCESS TO HEALTHCARE, 2) PARTICIPATING IN LOCAL ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, AND 3) DEVELOPING A STRATEGY WITH MULTI-DISCIPLINARY TEAMS TO OPTIMIZE CARE FOR VULNERABLE PERSONS, WITH PARTICULAR FOCUS ON THOSE WHO ARE DUALY ENROLLED IN MEDICAID AND MEDICARE.

TRINITY HEALTH APPRECIATES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL. THE AWARDED PROGRAMS FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED AREAS OF NEED AND THAT WILL REDUCE OBESITY AND TOBACCO USE.

AS A SYSTEM, TRINITY HEALTH SUPPORTED PROGRAMS AND ORGANIZATIONS WHO

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE GRANTING SEVEN DACA "DREAMERS" LOW INTEREST LOANS, ENABLING RECEIPIENTS TO ATTEND MEDICAL SCHOOL AT STRITCH SCHOOL OF MEDICINE, AND PROVIDING A GRANT TO THE U.S. SOCCER FOUNDATION TO FUND ITS SOCCER FOR SUCCESS PROGRAM IN NINE COMMUNITIES, OFFERING STUDENTS IN UNDERSERVED AREAS THE OPPORTUNITY TO SAFELY AND COST-EFFECTIVELY ENGAGE IN A HEALTHY AND ACTIVE LIFESTYLE.

AS A NOT-FOR-PROFIT HEALTH SYTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMITING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS NEARLY \$1 BILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY.

Part VI Supplemental Information

Provide the following information.

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT

WWW.TRINITYHEALTH-NE.ORG.

PART VI, LINE 7: COMMUNITY BENEFITS ARE REPORTED TO THE STATE'S OFFICE
 OF THE HEALTH CARE ADVOCATE IN CONNECTICUT. A COMMUNITY BENEFIT REPORT
 IS PUBLISHED AND WIDELY DISTRIBUTED IN THE LOCAL COMMUNITY AND IT IS
 POSTED ON THE WEBSITE FOR FULL VIEWING.

PART VI, LINE 7

CONNECTICUT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

JOHNSON MEMORIAL HOSPITAL, INC

Employer identification number

47-5676956

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS ABILITY TO PAY. SERVICES INCLUDE INPATIENT ROUTINE,
INPATIENT ANCILLIARY, AND OUTPATIENT CARE IN SUPPORT OF THE HOSPITALS
HEALTHCARE MISSION

FORM 990, PART VI, SECTION A, LINE 6:

TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. IS THE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. APPOINTS THE JOHNSON
MEMORIAL HOSPITAL, INC. BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE OF TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.
HAS THE RESPONSIBILITY FOR OVERSEEING THE REVIEW OF THE FORM 990 INCLUDING
ENSURING APPROPRIATE DIRECTORS AND/OR MANAGEMENT PERSONNEL HAVE REVIEWED,
ANY ISSUES ARE COMMUNICATED TO THE COMMITTEE AND FORM 990S ARE AVAILABLE TO
THE BOARD OF DIRECTORS. THE FORM 990 IS AVAILABLE ON THE BOARD'S INTERNAL
SECURE WEB PORTAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY INCLUDES AN OBLIGATION OF EACH BOARD MEMBER TO ANNUALLY DISCLOSE
ALL MATERIAL FACTS AND RELATIONSHIPS AND REFRAIN FROM VOTING ON ANY MATTER
WHEN THERE IS A CONFLICT OF INTEREST. THE GOVERNANCE AND NOMINATIONS
COMMITTEE REVIEWS THE RESULTS OF THOSE SUBMISSIONS ON AN ANNUAL BASIS FOR
COMPLIANCE WITH GOVERNANCE POLICIES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

JOHNSON MEMORIAL HOSPITAL, INC

Employer identification number

47-5676956

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS COMPENSATION AND BONUS' FOR OFFICERS AND KEY EMPLOYEES ANNUALLY. DURING THE YEAR AN INDEPENDENT CONSULTANT WAS ENGAGED TO REVIEW COMPENSATION AND AN EXTERNAL MARKET ANALYSIS IS PERFORMED AND REVIEWED BY THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE JOHNSON MEMORIAL MEDICAL CENTER MAINTAINS THESE DOCUMENTS IN ADMINISTRATION AND ARE AVAILABLE FOR VIEWING ON REQUEST DURING NORMAL BUSINESS HOURS. THIS INCLUDES THE JOHNSON MEMORIAL HOSPITAL

FORM 990, PART IX, LINE 11G, OTHER FEES:

TEMPORARY LABOR:

PROGRAM SERVICE EXPENSES	717,118.
MANAGEMENT AND GENERAL EXPENSES	79,680.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	796,798.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	3,327,437.
MANAGEMENT AND GENERAL EXPENSES	369,715.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,697,152.

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	103,368.
MANAGEMENT AND GENERAL EXPENSES	11,485.

Name of the organization JOHNSON MEMORIAL HOSPITAL, INC	Employer identification number 47-5676956
--	--

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	114,853.

MEDICAL PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	3,601,631.
MANAGEMENT AND GENERAL EXPENSES	409,035.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,010,666.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,619,469.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACQUISITION OF TEMP RESTRICTED ASSETS OF OLD JMH	459,880.
ACQUISITION OF ASSETS & LIABILITIES OF OLD JMH	14,949,328.
NEW DEBT THROUGH TRINITY HEALTH OF NEW ENGLAND CORPORATION	-18,489,738.
PURCHASE ACCOUNTING ADJUSTMENT	845,661.
TOTAL TO FORM 990, PART XI, LINE 9	-2,234,869.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS HAS DELEGATED ITS OVERSIGHT RESPONSIBILITY OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS TO THE FINANCE COMMITTEE OF TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.

FORM 990, PAGE 7, PART VII, SECTION A

THIS FORM 990 REFLECTS A SHORT YEAR RETURN IN WHICH THERE IS NO CALENDER YEAR THAT ENDS WITH OR WITHIN THE SHORT YEAR. THE FORM 990 COMPENSATION COLUMNS HAVE BEEN LEFT BLANK IN ACCORDANCE WITH IRS INSTRUCTIONS. NOTE THAT KEY EMPLOYEES AND ANY FORMER OFFICERS AND DIRECTORS WILL BE EXCLUDED FROM PART VII, SECTION A AS THESE

Name of the organization

JOHNSON MEMORIAL HOSPITAL, INC

Employer identification number

47-5676956

INDIVIDUALS ARE REQUIRED TO BE REPORTED ONLY IF CERTAIN MINIMUM
COMPENSATION THRESHOLDS HAVE BEEN MET.

Multiple horizontal lines for reporting individual compensation data.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **JOHNSON MEMORIAL HOSPITAL, INC** Employer identification number **47-5676956**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP - 27-2491974, 245 STATE ST. SE, GRAND RAPIDS, MI 49503	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
ALBANY MEMORIAL HOSPITAL - 14-1338457 600 NORTHERN BLVD. ALBANY, NY 12204	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ALLEGANY FRANCISCAN MINISTRIES, INC. - 58-1492325, 33920 U.S. HIGHWAY 19 NORTH SUITE 269, PALM HARBOR, FL 34684	GRANT MAKING	FLORIDA	501(C)(3)	LINE 11	TRINITY HEALTH CORPORATION	X	
ASYLUM HILL FAMILY MEDICINE CENTER, INC. - 06-1450170, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	

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

Schedule R (Form 990) 2016

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	HEALTHCARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	FOUNDATION	IOWA	501(C)(3)	LINE 11	BAUM HARMON MERCY HOSPITAL	X	
BEECHWOOD, INC. - 14-1651563 2212 BURDETT AVE. TROY, NY 12180	TITLE HOLDING COMPANY	NEW YORK	501(C)(2)	N/A	LTC (EDDY), INC.	X	
BETHLEHEM HAVEN OF PITTSBURGH - 25-1436685 905 WATSON STREET PITTSBURGH, PA 15219	HOMELESS SHELTER	PENNSYLVANIA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM	X	
BEVERWYCK, INC. - 14-1717028 40 AUTUMN DRIVE SLINGERLANDS, NY 12159	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
BRIGHTSIDE, INC. - 04-2182395 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 9	THE MERCY HOSPITAL, INC.	X	
CAPITAL REGION GERIATRIC CENTER, INC. - 14-1701597, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
CARING PARTNERS HOME HEALTH, INC. - 20-1681131, 1200 EARHART RD, ANN ARBOR, MI 48105	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	GLACIER HILLS, INC.	X	
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VERMONT	501(C)(3)	LINE 1	N/A		X
COLUMBUS ACQUISITION CORP - 26-2616342 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	X	
COMMUNITY HEALTH PARTNERS OF SOUTH BEND - 26-3051440, PO BOX 3998, SOUTH BEND, IN 46619	HEALTHCARE SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CRANBROOK HOSPICE CARE - 38-3320699 1111 W. LONG LAKE RD., STE 102 TROY, MI 48098	HOSPICE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	X	
DUBUQUE MERCY HEALTH FOUNDATION - 26-2227941 250 MERCY DRIVE DUBUQUE, IA 52001	FOUNDATION	IOWA	501(C)(3)	LINE 11	MERCY HEALTH SERVICES-IOWA, CORP.	X	
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	FOUNDATION	IOWA	501(C)(3)	LINE 11	MERCY HEALTH SERVICES-IOWA, CORP.	X	
EAST NORRITON PHYSICIANS SERVICES, INC. - 23-2515999, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
EDDY LICENSED HOME CARE AGENCY - 14-1818568 433 RIVER ST SUITE 3000 TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 3	LTC (EDDY), INC.	X	
EMBRACING AGE, INC. - 46-1051881 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 9	ST. JOSEPH'S HEALTH, INC.	X	
EMPIRE HOME INFUSION SERVICE, INC. - 14-1795732, 10 BLACKSMITH DRIVE, MALTA, NY 12020	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
FARREN CARE CENTER, INC. - 04-2501711 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
FRANCISCAN ELDERCARE CORPORATION - 22-3008680, P.O. BOX 2500, WILMINGTON, DE 19805	LONG TERM CARE (INACTIVE)	DELAWARE	501(C)(3)	LINE 9	ST. FRANCIS HOSPITAL	X	
GLACIER HILLS FOUNDATION - 20-8072723 1200 EARHART RD ANN ARBOR, MI 48105	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11	GLACIER HILLS, INC.	X	
GLACIER HILLS, INC - 38-1891500 1200 EARHART RD ANN ARBOR, MI 48105	SENIOR LIVING COMMUNITY	MICHIGAN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	

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						Yes	No
GLEN EDDY, INC. - 14-1794150 ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
GLOBAL HEALTH MINISTRY - 42-1253527 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11	TRINITY HEALTH CORPORATION	X	
GOOD SAMARITAN HOSPITAL, INC. - 26-1720984 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION - 36-3332852, 701 W. NORTH AVE., MELROSE PARK, IL 60160	COMMUNITY OUTREACH	ILLINOIS	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL	X	
GOTTLIEB MEMORIAL FOUNDATION - 74-3260011 701 W. NORTH AVE. MELROSE PARK, IL 60160	FOUNDATION	ILLINOIS	501(C)(3)	LINE 12B, II	N/A		X
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649 701 W. NORTH AVE. MELROSE PARK, IL 60160	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
GRAND RAPIDS MEDICAL EDUCATION PARTNERS, INC. - 23-7270669, 945 OTTAWA AVE NW, GRAND RAPIDS, MI 49503	MEDICAL EDUCATION TRAINING PROGRAMS	MICHIGAN	501(C)(3)	LINE 11	TRINITY HEALTH-MICHIGAN	X	
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443	SELF INSURANCE	MICHIGAN	501(C)(3)	LINE 12A, I	MERCY HEALTH PARTNERS	X	
HACKLEY LIFE COUNSELING - 38-1386362 125 E. SOUTHERN AVENUE MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	X	
HAWTHORNE RIDGE, INC. - 80-0102840 30 COMMUNITY WAY EAST GREENBUSH, NY 12061	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
HEART CENTER OF GREATER WATERBURY, INC. - 83-0416893, P.O. BOX 2153, WATERBURY, CT 06722	MANAGEMENT	CONNECTICUT	501(C)(3)	LINE 11	N/A		X
HERITAGE HOUSE NURSING CENTER, INC. - 14-1725101, 2920 TIBBITS AVE, TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	

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						Yes	No
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48152	LONG TERM CARE	MARYLAND	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	
HOLY CROSS HEALTH FOUNDATION, INC. - 20-8428450, 1500 FOREST GLEN RD., SILVER SPRING, MD 20910	FOUNDATION	MARYLAND	501(C)(3)	LINE 7	HOLY CROSS HEALTH, INC.	X	
HOLY CROSS HEALTH, INC. - 52-0738041 1500 FOREST GLEN RD. SILVER SPRING, MD 20910	HEALTHCARE AND HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
HOLY CROSS HOSPITAL, INC. - 59-0791028 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE AND HOSPITAL SERVICES	FLORIDA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
HOLY CROSS MEDICAL PROPERTIES, INC. - 65-0666283, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	BUILDING MANAGEMENT SERVICES	FLORIDA	501(C)(2)	N/A	HOLY CROSS HOSPITAL, INC.	X	
HOLY CROSS OUTPATIENT SERVICES, INC. - 46-5421068, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL, INC.	X	
HOLY CROSS PRIMARY CARE, INC. - 81-2531495 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL, INC.	X	
HOME & COMMUNITY HEALTH SERVICES, INC. - 81-0723591, 201 CHESTNUT HILL ROAD, STAFFORD SPRINGS, CT 06076	HOME HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 9	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
HOME AIDE SERVICE OF EASTERN NEW YORK, INC. - 14-1514867, 433 RIVER ST SUITE 3000, TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 9	MERCY HEALTH SERVICES-IOWA, CORP.	X	
HOSPICE OF SIOUXLAND - 38-3320710 4300 HAMILTON BLVD. SIOUX CITY, IA 51104	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 11	N/A		X
HOSPICE OF WASHTENAW II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 11	TRINITY HEALTH-MICHIGAN	X	

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						Yes	No
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
JOHNSON HEALTH CARE, INC. - 81-0709903 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 9	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
JOHNSON MEMORIAL MEDICAL CENTER, INC. - 81-0696923, 201 CHESTNUT HILL ROAD, STAFFORD SPRINGS, CT 06076	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 12A, I	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
LANGHORNE MRI, INC. - 23-2519529 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
LANGHORNE PHYSICIAN SERVICES, INC. - 23-2571699, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
LIFE AT LOURDES, INC. - 26-1854750 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LIFE AT ST. FRANCIS HEALTHCARE, INC. - 45-2569214, 7TH AND CLAYTON STREETS, WILMINGTON, DE 19805	PACE PROGRAM	DELAWARE	501(C)(3)	LINE 9	ST. FRANCIS HOSPITAL	X	
LIFE ST. FRANCIS CORPORATION - 22-2797282 1435 LIBERTY STREET HAMILTON, NJ 08629	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 9	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
LIFE ST. JOSEPH OF THE PINES, INC. - 27-2159847, 100 GOSSMAN DRIVE, SOUTHERN PINES, NC 28387	PACE PROGRAM	NORTH CAROLINA	501(C)(3)	LINE 3	ST. JOSEPH OF THE PINES, INC.	X	
LIFE ST. MARY - 26-2976184 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
LOURDES ANCILLARY SERVICES - 22-2568525 1600 HADDON AVENUE CAMDEN, NJ 08103	VOLUNTEER SERVICE AUXILIARY	NEW JERSEY	501(C)(3)	LINE 12A, I	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOURDES CARDIOLOGY SERVICES PC - 27-4357794 1600 HADDON AVENUE CAMDEN, NJ 08103	HEALTHCARE SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	

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						Yes	No
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY -- 22-3612265, 218 SUNSET ROAD, WILLINGBORO, NJ 08046	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOYOLA MEDICINE TRANSPORT LLC -- 47-4147171 905 W. NORTH AVE. MELROSE PARK, IL 60160	TRANSPORATION SERVICES	ILLINOIS	501(C)(3)	LINE 9	LOYOLA UNIVERSITY MEDICAL CENTER	X	
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
LOYOLA UNIVERSITY MEDICAL CENTER - 36-4015560, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
LTC (EDDY), INC. - 22-2564710 2212 BURDETT AVE. TROY, NY 12180	MANAGEMENT SERVICES FOR LONG TERM CARE	NEW YORK	501(C)(3)	LINE 12A, I	ST. PETER'S HEALTH PARTNERS	X	
MARIAN COMMUNITY HOSPITAL - 24-0711230 3805 WEST CHESTER PIKE, STE. 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	X	
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET SIOUX CITY, IA 51101	HOME HEALTH SERVICES (INACTIVE)	IOWA	501(C)(3)	LINE 11	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MAXIS HEALTH SYSTEM -- 91-1940902 3805 WEST CHESTER PIKE, STE. 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 11	TRINITY HEALTH CORPORATION	X	
MCAULEY CENTER, INC. - 06-1058086 275 STEELE ROAD WEST HARTFORD, CT 06117	SENIOR LIVING COMMUNITY	CONNECTICUT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH, INC.	X	
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP.	X	
MCAULEY MINISTRIES - 94-3436142 3333 FIFTH AVENUE PITTSBURGH, PA 15213	GRANT MAKING	PENNSYLVANIA	501(C)(3)	LINE 12A, I	PITTSBURGH MERCY HEALTH SYSTEM	X	
MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 1111 W. LONG LAKE RD., STE 102, TROY, MI 48098	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	

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						Yes	No
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 17410 COLLEGE PARKWAY, STE 150, LIVONIA, MI 48152	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MERCY CARE FOUNDATION - 58-1448522 424 DECATUR STREET ATLANTA, GA 30312	FOUNDATION	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY COMMUNITY HEALTH, INC. - 06-1492707 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 12A, I	TRINITY CONTINUING CARE SERVICES	X	
MERCY FAMILY SUPPORT - 23-2325059 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	X	
MERCY FOUNDATION, INC. - 36-3227350 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	FOUNDATION	ILLINOIS	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 888 TERRACE STREET, MUSKEGON, MI 49440	HOSPICE & HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA - 23-2829864, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH NETWORK, INC. - 42-1478417 1111 6TH AVENUE DES MOINES, IA 50314	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DELAWARE	501(C)(3)	LINE 12A, I	N/A		X
MERCY HEALTH PARTNERS - 38-2589966 1500 E. SHERMAN BLVD. MUSKEGON, MI 49444	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
MERCY HEALTH PLAN - 22-2483605 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	MEDICAID MANAGED CARE PLAN	PENNSYLVANIA	501(C)(3)	LINE 12A, I	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	

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						Yes	No
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA - 23-2212638, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
MERCY HEALTHCARE CENTER - 15-0532211 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986	HEALTHCARE AND HOSPITAL SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	X	
MERCY HEALTHCARE FOUNDATION - CLINTON - 42-1316126, 1410 N. 4TH ST., CLINTON, IA 52732	FOUNDATION	IOWA	501(C)(3)	LINE 7	N/A		X
MERCY HOME HEALTH - 23-1352099 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	X	
MERCY HOME HEALTH SERVICES - 23-2325058 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	MANAGEMENT SERVICES FOR HOME HEALTH	PENNSYLVANIA	501(C)(3)	LINE 12A, I	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HOSPITAL AND MEDICAL CENTER - 36-2170152, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY HOSPITAL CADILLAC FOUNDATION - 20-3357131, 1820 44TH ST. SE, KENTWOOD, MI 49508	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11	TRINITY HEALTH-MICHIGAN	X	
MERCY HOSPITAL, INC. - 59-0791034 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES (INACTIVE)	FLORIDA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
MERCY HOSPITAL, INC. - 04-3398280 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE AND HOSPITAL SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
MERCY LIFE CENTER CORPORATION - 25-1604115 1200 REEDSDALE STREET PITTSBURGH, PA 15233	COMMUNITY OUTREACH	PENNSYLVANIA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	X	
MERCY LIFE OF ALABAMA - 27-3163002 P.O. BOX 7957 MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	

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						Yes	No
MERCY LIFE, INC. - 45-3086711 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	PACE PROGRAM	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS, INC.	X	
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA - 23-2627944, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CORPORATION - 63-6002215 P.O. BOX 7957 MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
MERCY MEDICAL GROUP, INC. - 45-4884805 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
MERCY PHYSICIAN NETWORK - 46-1187365 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PENNSYLVANIA	501(C)(3)	LINE 12A, I	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY SENIOR CARE, INC. - 58-1366508 424 DECATUR STREET ATLANTA, GA 30312	COMMUNITY OUTREACH	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SERVICES DOWNTOWN, INC. - 27-2046353 424 DECATUR STREET ATLANTA, GA 30312	TITLE HOLDING COMPANY	GEORGIA	501(C)(3)	LINE 12A, I	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SERVICES FOR AGING NONPROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	
MERCY SPECIALIST PHYSICIANS, INC. - 26-4033168, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	

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						Yes	No
MERCY SUBURBAN HOSPITAL - 23-1396763 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY UIHLEIN HEALTH CORPORATION - 16-1535133, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, NY 19073	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NEW YORK	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
MISSION HEALTH CORPORATION - 38-3181557 37595 SEVEN MILE ROAD LIVONIA, MI 48152	BUILDING MANAGEMENT SERVICES	DELAWARE	501(C)(3)	LINE 11	N/A		X
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	FOUNDATION	OHIO	501(C)(3)	LINE 11	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HOME CARE, LLC - 26-2729300 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081	HOME HEALTH SERVICES	OHIO	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MOUNT SINAI HOSPITAL FOUNDATION, INC. - 22-2584082, 500 BLUE HILLS AVENUE, HARTFORD, CT 06112	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 12B, II	N/A		X
MOUNT SINAI REHABILITATION HOSPITAL, INC. - 06-1422973, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
MOUNT ST. JOSEPH - 01-0274998 7 HIGHTOWER STREET WATERVILLE, ME 04901	HEALTHCARE SERVICES	MAINE	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 44TH STREET, KENTWOOD, MI 49508	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	COMMUNITY OUTREACH	MICHIGAN	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	X	
NAZARETH HEALTH CARE FOUNDATION - 23-2300951 2701 HOLME AVENUE PHILADELPHIA, PA 19152	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11	NAZARETH HOSPITAL	X	
NAZARETH HOSPITAL - 23-2794121 2601 HOLME AVENUE PHILADELPHIA, PA 19152	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
NAZARETH PHYSICIAN SERVICES, INC. - 20-3261266, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
NE PHYSICIAN SERVICES, INC. - 23-2497355 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE AND HOSPITAL SERVICES	NEBRASKA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, 601 E. 2ND STREET, OAKLAND, NE 68045	FOUNDATION	NEBRASKA	501(C)(3)	LINE 11	OAKLAND MERCY HOSPITAL	X	
ONE THOUSAND CORPORATION - 06-0922325 1000 ASYLUM AVENUE HARTFORD, CT 06105	BUILDING MANAGEMENT SERVICES	CONNECTICUT	501(C)(2)	N/A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	X	
OSU/MOUNT CARMEL HEALTH ALLIANCE - 31-1654603, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	COOPERATIVE HEALTHCARE DELIVERY SYSTEM	OHIO	501(C)(3)	LINE 11	N/A		X
OUR LADY OF LOURDES HEALTH CARE SERVICES, INC. - 22-2568528, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW JERSEY	501(C)(3)	LINE 12A, I	MAXIS HEALTH SYSTEM	X	
OUR LADY OF LOURDES HEALTH FOUNDATION, INC. - 22-2351960, 1600 HADDON AVENUE, CAMDEN, NJ 08103	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	

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						Yes	No
OUR LADY OF LOURDES MEDICAL CENTER -- 21-0635001, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
OUR LADY OF MERCY LIFE CENTER -- 14-1743506 2 MERCYCARE LANE GUILDERLAND, NY 12084	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL	X	
PIONEER VALLEY CARDIOLOGY ASSOCIATES, INC. - 45-4208896, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
PITTSBURGH MERCY HEALTH SYSTEM - 25-1464211 3333 5TH AVENUE PITTSBURGH, PA 15213	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
PROBILITY THERAPY SERVICES - 20-2020239 2058 S. STATE STREET ANN ARBOR, MI 48104	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	X	
RIVERBEND MEDICAL GROUP, INC. - 81-1807730 271 CAREW ST SPRINGFIELD, MA 01104	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
S.J. MANAGEMENT COMPANY OF SYRACUSE, INC. - 27-1763712, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 12B, II	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE AND HOSPITAL SERVICES	CALIFORNIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
SAINT AGNES MEDICAL FOUNDATION (FKA PROFESSIONAL OFFICE CORPORATION) - 94-28, 1303 EAST HERNDON AVE., FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	LINE 11	SAINT AGNES MEDICAL CENTER	X	
SAINT ALPHONSUS BUILDING COMPANY, INC. - 82-0401011, 1055 NORTH CURTIS RD., BOISE, ID 83706	BUILDING MANAGEMENT SERVICES	IDAHO	501(C)(3)	LINE 9	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	X	
SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE SYSTEM SUPPORT	IDAHO	501(C)(3)	LINE 11	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	X	

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						Yes	No
SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC. - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	X	
SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	VOLUNTEER SERVICE AUXILIARY	OREGON	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY, INC. - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	HEALTHCARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	FOUNDATION	IDAHO	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC. - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	HEALTHCARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC. - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	HEALTHCARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. - 45-1994612, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 12A, I	TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK	X	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. - 06-1008255, 114 WOODLAND STREET, HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 12A, I	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	X	
TRINITY OF HEALTH NEW ENGLAND PROVIDER NETWORK ORGANIZATION, INC - 06-145016, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	

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						Yes	No
SAINT JAMES CARE INC. - 26-2616230 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	X	
SAINT JOSEPH PACE, INC. - 47-3129127 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	INDIANA	501(C)(3)	LINE 7	TRINITY HEALTH PACE	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, PO BOX 670, PLYMOUTH, IN 46563	HEALTHCARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTHCARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY, INC. - 35-6033285, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	VOLUNTEER SERVICE AUXILIARY	INDIANA	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY, INC. - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	VOLUNTEER SERVICE AUXILIARY	INDIANA	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
SAINT JOSEPH'S HEALTH SYSTEM, INC. - 58-1744848, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	GEORGIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
SAINT JOSEPH'S MERCY CARE SERVICES, INC. - 58-1752700, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY	INDIANA	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES -	X	
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, STE 120, GRAND RAPIDS, MI 49505	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
SAINT MARY'S FOUNDATION - 38-1779602 200 JEFFERSON ST., SE GRAND RAPIDS, MI 49503	FOUNDATION	MICHIGAN	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	X	

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						Yes	No
SAINT MARY'S HOSPITAL FOUNDATION, INC - 22-2528400, 56 FRANKLIN STREET, WATERBURY, CT 06706	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL, INC	X	
SAINT MARY'S HOSPITAL, INC - 06-0646844 56 FRANKLIN STREET WATERBURY, CT 06706	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
SAINT MICHAEL'S MEDICAL CENTER - 26-2616046 111 CENTRAL AVENUE NEWARK, NJ 07102	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	X	
SAMARITAN CHILD CARE CENTER, INC. - 14-1710225, 2213 BURDETT AVE., TROY, NY 12180	CHILD CARE	NEW YORK	501(C)(3)	LINE 9	ST. PETER'S HEALTH PARTNERS	X	
SAMARITAN HOSPITAL - 14-1338544 2215 BURDETT AVE. TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SENIOR CARE CONNECTION, INC. - 14-1708754 504 STATE ST. SCHENECTADY, NY 12305	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
SETON AUXILIARY, INC. - 14-1505031 1300 MASSACHUSETTS AVENUE TROY, NY 12180	VOLUNTEER SERVICE AUXILIARY	NEW YORK	501(C)(3)	LINE 9	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE - 14-1756230, 1 ABELE BLVD., CLIFTON PARK, NY 12065	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH FOUNDATION, INC. - 22-2345416 1300 MASSACHUSETTS AVENUE TROY, NY 12180	FOUNDATION	NEW YORK	501(C)(3)	LINE 11	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH SYSTEM, INC. - 14-1776186 1300 MASSACHUSETTS AVENUE TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SISTERS OF PROVIDENCE CARE CENTERS, INC. - 22-2541103, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
SISTERS OF PROVIDENCE HEALTH SYSTEM, INC. - 04-3398374, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	MASSACHUSETTS	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	

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						Yes	No
SJHS/JOC HOLDINGS, INC. - 47-2299757 424 DECATUR STREET ATLANTA, GA 30312	HEALTHCARE SYSTEM SUPPORT	GEORGIA	501(C)(3)	LINE 12A, I	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
ST. AGNES CONTINUING CARE CENTER - 23-2840137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
ST. AGNES CONTINUING CARE CENTER FOUNDATION - 23-2415137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11	ST. AGNES CONTINUING CARE CENTER	X	
ST. FRANCIS FOUNDATION - 51-0374158 P.O. BOX 2500 WILMINGTON, DE 19805	FOUNDATION	DELAWARE	501(C)(3)	LINE 11	ST. FRANCIS HOSPITAL	X	
ST. FRANCIS HOSPITAL AND MEDICAL CENTER - 06-0646813, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
ST. FRANCIS HOSPITAL, INC. - 51-0064326 P.O. BOX 2500 WILMINGTON, DE 19805	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. FRANCIS MEDICAL CENTER FOUNDATION, INC. - 52-1025476, 601 HAMILTON AVENUE, TRENTON, NJ 08629	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
ST. FRANCIS MEDICAL CENTER TRENTON NJ - 22-3431049, 601 HAMILTON AVENUE, TRENTON, NJ 08629	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	X	
ST. JAMES MERCY HEALTH SYSTEM, INC. - 22-3127184, 411 CANISTEO STREET, HORNEILL, NY 14843	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
ST. JOSEPH MERCY OAKLAND FOUNDATION - 35-2356789, 44405 WOODWARD AVE., PONTIAC, MI 48341	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11	TRINITY HEALTH-MICHIGAN	X	
ST. JOSEPH OF THE PINES, INC. - 56-0694200 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	LONG TERM CARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	X	
ST. JOSEPH'S COLLEGE OF NURSING AT ST. JOSEPH'S HOSPITAL HEALTH CENTER - 20-, 206 PROSPECT AVENUE, SYRACUSE, NY 13203	COLLEGE OF NURSING	NEW YORK	501(C)(3)	LINE 2	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	

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						Yes	No
ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC. - 23-7219294, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	BUILDING MANAGEMENT SERVICES	NEW YORK	501(C)(3)	LINE 12A, I	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S HEALTH, INC. - 47-4754987 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
ST. JOSEPH'S HOSPITAL HEALTH CENTER - 15-0532254, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION, INC. - 22-2149775, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	FOUNDATION	NEW YORK	501(C)(3)	LINE 11	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S MEDICAL P.C. - 27-3899821 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 11	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. JOSEPH'S PHYSICIAN HEALTH, P.C. - 16-1516863, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 11	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. MARY BUILDING AND DEVELOPMENT - 46-1827502, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)	N/A	ST. MARY MEDICAL CENTER	X	
ST. MARY EMERGENCY MEDICAL SERVICES - 46-5354512, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
ST. MARY HOME, INCORPORATED - 06-0646843 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.	X	
ST. MARY MEDICAL CENTER - 23-1913910 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. MARY MEDICAL CENTER FOUNDATION, INC. - 23-2567468, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ST. MARY MEDICAL CENTER	X	
ST. MARY'S FOUNDATION, INC. - 58-2544232 1230 BAXTER STREET ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 11	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	

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						Yes	No
ST. MARY'S GOOD SAMARITAN FOUNDATION, INC. - 81-1660088, 1230 BAXTER STREET, ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 11	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S HEALTH CARE SYSTEM, INC. - 58-0566223, 1230 BAXTER STREET, ATHENS, GA 30606	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. MARY'S HIGHLAND HILLS, INC. - 02-0576648 1230 BAXTER STREET ATHENS, GA 30606	SENIOR LIVING COMMUNITY	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S MEDICAL GROUP, INC. - 26-1858563 1230 BAXTER STREET ATHENS, GA 30606	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S SACRED HEART HOSPITAL, INC. - 47-3752176, 367 CLEAR CREEK PARKWAY, LAVONIA, GA 30553	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MICHAEL'S FOUNDATION, INC. - 22-3311976 111 CENTRAL AVENUE NEWARK, NJ 07102	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 11	SAINT MICHAEL'S MEDICAL CENTER	X	
ST. PETER'S HEALTH PARTNERS - 45-3570715 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES, P.C. - 46-1177336, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL - 14-1348692 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL FOUNDATION, INC. - 22-2262982, 310 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER - 14-1338386, 1270 BELMONT AVE., SCHENECTADY, NY 12308	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION, INC. - 22-2505127, 1270 BELMONT AVE., SCHENECTADY, NY 12308	FOUNDATION	NEW YORK	501(C)(3)	LINE 11	SUNNYVIEW HOSPITAL & REHABILITATION	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
THE COMMUNITY HOSPICE FOUNDATION, INC. - 22-2692940, 295 VALLEY VIEW BLVD, RENSSELAER, NY 12144	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE, INC.	X	
THE COMMUNITY HOSPICE, INC. - 14-1608921 295 VALLEY VIEW BLVD RENSSELAER, NY 12144	HOSPICE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617	FOUNDATION	INDIANA	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC. - 22-2570478, 2256 BURDETT AVE., TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
THE MARJORIE DOYLE ROCKWELL CENTER, INC. - 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
THE NORTHEAST HEALTH FOUNDATION, INC. - 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. - 0, 114 WOODLAND STREET, HARTFORD, CT 06105	VOLUNTEER SERVICE AUXILIARY	CONNECTICUT	501(C)(3)	LINE 12A, I	N/A		X
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES - 38-2485700, 309 GRAND RIVER, PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11	N/A		X
TRI-HOSPITAL MRI CENTER - 38-2884297 4190 24TH AVENUE FORT GRATIOT, MI 48054	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
TRINITY CONTINUING CARE SERVICES - INDIANA, INC. - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	INDIANA	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	
TRINITY HEALTH - MICHIGAN - 38-2113393 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. -- 06-1491191, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH CORPORATION - 35-1443425 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 12A, I	CATHOLIC HEALTH MINISTRIES	X	
TRINITY HEALTH LIFE PENNSYLVANIA, INC. - 47-5244984, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	TRINITY HEALTH PACE	X	
TRINITY HEALTH PACE -- 47-3073124 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH WELFARE BENEFIT TRUST - 20-8151733, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MICHIGAN	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	X	
TRINITY HOME HEALTH SERVICES -- 38-2621935 17410 COLLEGE PARKWAY, STE 150 LIVONIA, MI 48152	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
UIHLEIN MERCY CENTER - 15-0532190 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	X	
UNIVERSITY HEIGHTS PROPERTY COMPANY, INC. - 22-3100162, 111 CENTRAL AVENUE, NEWARK, NJ 07102	TITLE HOLDING COMPANY	NEW JERSEY	501(C)(2)	N/A	SAINT MICHAEL'S MEDICAL CENTER	X	
VILLA MARY IMMACULATE - 14-1438749 301 HACKETT BLVD ALBANY, NY 12208	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL	X	
WESTSHORE HEALTH NETWORK -- 38-3280200 1820 44TH STREET KENTWOOD, MI 49508	HEALTH NETWORK	MICHIGAN	501(C)(4)	N/A	MERCY HEALTH PARTNERS	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVENT REHABILITATION LLC - 38-3306673, 607 DEWEY AVENUE, SUITE 300, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CATHERINE HORAN BUILDING ASSOCIATES LP - 04-2723429, 1221 MAIN STREET, SUITE 105, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTENNIAL SURGUNIT, LLC - 22-3580847, 502 CENTENNIAL BLVD, SUITE 1, VOORHEES, NJ 08043	HEALTHCARE SERVICES	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES CORPORATION, INC. - 14-1668024, 1300 MASSACHUSETTS AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	
CARBONDALE PHYSICIANS' SERVICES, INC. - 23-2365077, 100 LINCOLN AVE, CARBONDALE, PA 18407	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A	X	
CATHERINE HORAN BUILDING, CORP. - 04-2938160 1233 MAIN STREET HOLYOKE, MA 01040	BUILDING MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	X	
CHESTNUT RISK SERVICES, LTD 11 VICTORIA STREET HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	X	
DIVERSIFIED COMMUNITY SERVICES, INC. - 04-3128890, 1233 MAIN STREET, HOLYOKE, MA 01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINA SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTRAL NEW JERSEY HEART SERVICES, LLC - 20-8525458, PO BOX 148, BAYONNE, NJ 07002	CARDIAC PROGRAM	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CLINTON IMAGING SERVICES, LLC - 41-2044739, 615 VALLEY VIEW DR., STE 202, MOLINE, IL 61265	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
DIAGNOSTIC IMAGING OF SOUTHBURY, LLC - 06-1487582, 385 MAIN STREET SOUTH, SOUTHBURY, CT 06488	IMAGING CENTER	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GATEWAY HEALTH PLAN, LP - 25-1691945, 444 LIBERTY AVE, SUITE 2100, PITTSBURGH, PA 15222	MEDICAID & MEDICARE/SPECIA NEEDS MANAGED CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GREATER HARTFORD LITHOTRIPSY, LLC - 06-1578891, 144 WOODLAND ST, HARTFORD, CT 06105	LITHOTRIPSY SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HAWARDEN REGIONAL HEALTH CLINICS, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
IDAHO ASC HOLDINGS, LLC - 36-4729605, 1055 N. CURTIS ROAD, BOISE, ID 83706	HOLDING COMPANY FOR AMBULATORY SURGERY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
INNOVATIVE HEALTH ALLIANCE OF NEW YORK, LLC - 46-5676066, 14 COLUMBIA CIRCLE DRIVE, ALBANY, NY 12203	ACCOUNTABLE CARE ORGANIZATION	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, LP - 36-4119522, 569 BROOKWOOD VILLAGE, SUITE 901,	SURGICAL SERVICES	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	MRI SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY-SAME DAY	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MDR/MRI TECHNICAL SERVICES, LLC - 16-1590982, 5640 EAST TAFT ROAD #3770, SYRACUSE, NY 13220	MRI SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDILUCENT MOB I - 20-4911370 793 W. STATE STREET COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDWORKS, LLC - 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MERCY ADVANCED MRI, LLC - 26-2116721, 2525 SOUTH MICHIGAN AVE., CHICAGO, IL 60616	SUBLEASE MRI EQUIPMENT	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY/MANOR PARTNERSHIP - 52-1931012, PO BOX 10086, TOLEDO, OH 43699	NURSING HOME	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY/USP HEALTH VENTURES, LLC - 47-1290300, 15305 DALLAS PARKWAY, STE 1600, LB 28, ADDISON, TX 75001	OUTPATIENT SURGERY	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NAUGATUCK VALLEY MRI LIMITED PARTNERSHIP - 06-1239526, 1389 WEST MAIN ST., WATERBURY, CT 06708	IMAGING CENTER	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP - 23-2388040, C/O NAZARETH HOSP, 2601 HOLME AVE, PHYSICIANS OUTPATIENT SURGERY CENTER, LLC - 35-2325646, 1000 NE 56TH STREET, OAKLAND PARK, FL 33334	MEDICAL OFFICE BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
RADISSON SJH PROPERTIES, LLC - 46-1892799, 5000 CAMPUSWOOD DRIVE, SUITE 100, EAST SYRACUSE, NY 13057	AMBULATORY SURGERY CENTER	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
	MEDICAL OFFICE BUILDING	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706	PHARMACY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJLS LLC - 20-1796650 7650 SE 27TH ST, STE 200 MERCER ISLAND, WA 98040	DIALYSIS SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJV MANAGEMENT LLC - 20-2273476, 200 CENTURY PKWY, STE 200E, MOUNT LAUREL, NJ 08054	RADIOLOGY	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SMMC MOB II, LP - 36-4559869 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. AGNES LONG-TERM INTENSIVE CARE, LLP - 20-0984882, C/O MHS, ONE WEST ELM ST, STE 100, CONSHOCKEN, PA 19428	LONG TERM INTENSIVE CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	HEALTH CARE SERVICES	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. JOSEPH'S IMAGING ASSOCIATES, PLLC - 16-1104293, 104 UNION AVE, SUITE 905, SYRACUSE, NY	RADIOLOGY SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ST. MARY REHABILITATION HOSPITAL, LLP - 27-3938747, 680 SOUTH FORTH STREET, LOUISVILLE, KY 40202	HEALTHCARE SERVICES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. PETER'S AMBULATORY SURGERY CENTER, LLC - 46-0463892, 1375 WASHINGTON AVENUE, STE. 201, ALBANY, NY	OUTPATIENT SURGERY	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 402 LAKE CASCADE PARKWAY, CASCADE, ID 83611	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE AMBULATORY SURGERY CENTER AT ST MARY, LLC - 23-2871206, 1203 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	OUTPATIENT SURGERY	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRINITY HEALTH PARTNERS LLC - 47-2798085, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	POPULATION HEALTH MANAGEMENT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106	RADIOLOGY/ IMAGING	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FHS SERVICES, INC. - 27-2995699 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN ASSOCIATES, INC. - 20-2991688 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN HEALTH SUPPORT, INC. - 16-1236354 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN MANAGEMENT SERVICES, INC. - 16-1351193, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANKLIN MEDICAL GROUP, PC - 06-1470493 56 FRANKLIN ST. WATERBURY, CT 06706	PHYSICIAN OFFICE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GOTTLIEB MANAGEMENT SERVICES, INC. - 36-3330529, 701 W. NORTH AVE., MELROSE PARK, IL 60160	MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X	
H.E.F., INC. - 38-3086401 1820 44TH STREET SE KENTWOOD, MI 49508	OFFICE STAFFING	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH MANAGEMENT, INC. - 38-2961814 1820 44TH STREET SE KENTWOOD, MI 49508	WEIGHT MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1820 44TH STREET SE KENTWOOD, MI 49508	OTHER MEDICAL SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTHCARE EQUIPMENT CORP. - 38-2578569, 1820 44TH STREET SE, KENTWOOD, MI 49508	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY PROFESSIONAL PHARMACY, INC. - 38-2447870, 1820 44TH STREET SE, KENTWOOD, MI 49508	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A	X	
HEALTH CARE MANAGEMENT ADMINISTRATORS, INC. - 16-1450960, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	HEALTHCARE MANAGEMENT	NY	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	X	
MERCY HOME CARE, INC. - 04-3317426 1233 MAIN STREET HOLYOKE, MA 01040	HEALTH CARE SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY INPATIENT MEDICAL ASSOCIATES, INC - 04-3029929, 1233 MAIN STREET, HOLYOKE, MA 01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101	PRIMARY CARE PHYSICIANS	IA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY SERVICES CORPORATION - 36-3227348 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	DORMANT	IL	N/A	C CORP	N/A	N/A	N/A	X	
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	N/A	N/A	N/A	X	
NURSING NETWORK, INC - 59-1145192 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	MEDICAL SERVICES	FL	N/A	C CORP	N/A	N/A	N/A	X	
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST - 04-6608649, 1221 MAIN STREET, SUITE 108, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS HEALTH ALLIANCE, INC. - 82-0524649, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP, PC - 06-1384686, 114 WOODLAND STREET, STE 4312, HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
SAINT FRANCIS CARE MEDICAL GROUP, PC - 06-1432373, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
SAMARITAN MEDICAL OFFICE BUILDING, INC. - 14-1607244, 2212 BURDETT AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJM PROPERTIES, INC. - 16-1294991 411 CANISTEO STREET HORNELL, NY 14843	PROPERTY HOLDINGS	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJPE PRACTICE MANAGEMENT SERVICES, INC. - 45-4164964, 301 PROSPECT AVE, SYRACUSE, NY 13203	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJPMC HOLDINGS, INC. - 47-4763735 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	PROPERTY HOLDINGS	IN	N/A	C CORP	N/A	N/A	N/A	X	
ST. ELIZABETH HEALTH SUPPORT SERVICES, INC. - 16-1540486, 2209 GENESEE STREET, UTICA, NY 13501	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
ST. MARY'S HIGHLAND HILLS VILLAGE, INC. - 58-2276801, 1230 BAXTER STREET, ATHENS, GA 30606	ASSISTED LIVING	GA	N/A	C CORP	N/A	N/A	N/A	X	
SYSTEM COORDINATED SERVICES, INC. - 04-2938161, 1233 MAIN STREET, HOLYOKE, MA 01040	LAB SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
THRE SERVICES, LLC - 45-2603654 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY ASSURANCE, LTD. - 98-0453602 PO BOX 1051 GRAND CAYMAN GRAND CAYMAN, CAYMAN ISLANDS	PROVISION OF INSURANCE COVERAGE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH ACO, INC. - 47-3794666 20555 VICTOR PARKWAY LIVONIA, MI 48152	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	GRANTOR TRUST	MI	N/A	TRUST	N/A	N/A	N/A	X	
TRINITY SENIOR SERVICES MANAGEMENT, INC. - 37-1572595, P.O. BOX 9184, FARMINGTON HILLS, MI 48333	SENIOR SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM - 38-2700166, 1820 44TH STREET SE, KENTWOOD, MI 49508	CONDOMINIUM ASSOCIATION	MI	N/A	C CORP	N/A	N/A	N/A	X	
WORKPLACE HEALTH OF GRAND HAVEN, INC. - 38-3112035, 1820 44TH STREET SE, KENTWOOD, MI 49508	OCCUPATIONAL HEALTH	MI	N/A	C CORP	N/A	N/A	N/A	X	
SAINT FRANCIS HEALTH CARE PARTNERS - 06-1391257, 95 WOODLAND ST., FOURTH FLOOR, HARTFORD, CT 06105	MGMT AND ADMIN SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC. - 46-1315402, 95 WOODLAND ST., FOURTH FLOOR, HARTFORD, CT 06105	MGMT AND ADMIN SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	E	18,000,000.	PER BOOKS
(2) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	E	5,748,110.	PER BOOKS
(3) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	S	9,823,164.	PER BOOKS
(4) HOME & COMMUNITY HEALTH SERVICES, INC.	Q	426,528.	PER BOOKS
(5) JOHNSON HEALTH CARE, INC.	Q	58,677.	PER BOOKS
(6) JOHNSON MEMORIAL MEDICAL CENTER, INC.	N	622,728.	PER BOOKS

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) JOHNSON MEMORIAL MEDICAL CENTER, INC.	R	317,783.	PER BOOKS
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner; (k) Percentage ownership.

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

GATEWAY HEALTH PLAN, LP

PRIMARY ACTIVITY: MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE ORGANIZATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, LP

EIN: 36-4119522

569 BROOKWOOD VILLAGE, SUITE 901

BIRMINGHAM, AL 35209

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP

EIN: 23-2388040

C/O NAZARETH HOSP, 2601 HOLME AVE

PHILADELPHIA, PA 19152

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ST. JOSEPH'S IMAGING ASSOCIATES, PLLC

EIN: 16-1104293

104 UNION AVE, SUITE 905

SYRACUSE, NY 13203

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ST. PETER'S AMBULATORY SURGERY CENTER, LLC

EIN: 46-0463892

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

1375 WASHINGTON AVENUE, STE. 201

ALBANY, NY 12206

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	JOHNSON MEMORIAL HOSPITAL, INC	47-5676956
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	114 WOODLAND STREET MS#510358	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HARTFORD, CT 06105	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

JANE MOONAN

• The books are in the care of ▶ **201 CHESTNUT HILL ROAD - STAFFORD SPRINGS, CT 06076**
Telephone No. ▶ **(860) 684-8136** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JAN 1, 2016**, and ending **SEP 30, 2016**.

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

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

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

Trinity Health – New England, Inc.
Hartford, Connecticut
(A member of Trinity Health)

Consolidated Financial Statements
Year Ended September 30, 2016,
Supplemental Consolidating Schedules as of and for the
Year Ended September 30, 2016, and
Independent Auditors' Report

Trinity Health – New England, Inc.
(A member of Trinity Health)

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Trinity Health – New England, Inc.

We have audited the accompanying financial statements of Trinity Health – New England, Inc. Hartford, Connecticut (the “Corporation”) (a member of Trinity Health Corporation), which comprise the consolidated balance sheet as of September 30, 2016, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management’s Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Corporation’s preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Corporation as of September 30, 2016, and the results of its operations and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

As described in Notes 1 and 10 to the consolidated financial statements, the Corporation is a member of Trinity Health Corporation. The accompanying consolidated financial statements have been prepared from the separate records maintained by the Corporation and may not necessarily be indicative of the conditions that would have existed, or the results of operations, if the Corporation had been operated as an unaffiliated company. Portions of certain assets, income, and expenses represent allocations made from home-office items applicable to Trinity Health Corporation as a whole.

Report on Consolidated Schedules

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidated schedules on pages 41-48 are presented for the purpose of additional analysis of the consolidated financial statements rather than to present the financial position, results of operation, and cash flows of the individual companies, and are not a required part of the consolidated financial statements. These schedules are the responsibility of the Corporation's management and were derived from, and relate directly to, the underlying accounting and other records used to prepare the consolidated financial statements. Such schedules have been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Deloitte & Touche LLP

January 25, 2017

Trinity Health – New England, Inc.
(A member of Trinity Health)

CONSOLIDATED BALANCE SHEET
AS OF SEPTEMBER 30, 2016
(In thousands)

ASSETS	2016
CURRENT ASSETS:	
Cash and cash equivalents	\$ 92,355
Investments	14,812
Investment in Trinity Health pooled investment program	60,125
Assets limited or restricted as to use—Current portion	6,853
Patient accounts receivable, net of allowance for doubtful accounts of \$34.9 million as of September 30, 2016	171,080
Estimated receivables from third-party payors	7,620
Other receivables	20,330
Receivables from affiliates	3,147
Inventories	19,795
Prepaid expenses and other current assets	11,387
Total current assets	<u>407,504</u>
ASSETS LIMITED OR RESTRICTED AS TO USE—Noncurrent portion:	
Self-insurance, benefit plans, and other	26,064
By board	39,825
By donors	110,059
Total assets limited or restricted as to use—non-current portion	<u>175,948</u>
PROPERTY AND EQUIPMENT—Net	641,643
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	12,298
INTANGIBLE ASSETS	14,487
OTHER ASSETS	85,695
TOTAL ASSETS	<u><u>\$ 1,337,575</u></u>

The accompanying notes are an integral part of the consolidated financial statements.

LIABILITIES AND NET ASSETS	2016
CURRENT LIABILITIES:	
Current portion of long-term debt	\$ 2,965
Current portion of notes payable to Trinity Health and affiliates	7,451
Accounts payable	82,094
Accrued expenses	5,437
Salary, wages, and related liabilities	100,595
Current portion of self-insurance reserves	17,606
Estimated payables to third-party payors	20,635
Total current liabilities	<u>236,783</u>
LONG-TERM DEBT—Net of current portion	1,664
NOTES PAYABLE TO TRINITY HEALTH AND AFFILIATES—Net of current portion	371,520
SELF-INSURANCE RESERVES - Net of current portion	78,942
ACCRUED PENSION AND RETIREE HEALTH COSTS	314,044
OTHER LONG-TERM LIABILITIES	19,140
Total liabilities	<u>1,022,093</u>
NET ASSETS:	
Unrestricted net assets	199,555
Noncontrolling ownership interest in subsidiaries	2,588
Total unrestricted net assets	<u>202,143</u>
Temporarily restricted net assets	39,162
Permanently restricted net assets	74,177
Total net assets	<u>315,482</u>
TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 1,337,575</u></u>

The accompanying notes are an integral part of the consolidated financial statements.

Trinity Health – New England, Inc.
(A member of Trinity Health)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED SEPTEMBER 30, 2016
(In thousands)

	<u>2016</u>
UNRESTRICTED REVENUE:	
Patient service revenue, net of contractual and other allowances	\$ 1,361,894
Provision for bad debts	27,578
Net patient service revenue less provision for bad debts	<u>1,334,316</u>
Capitation revenue	18,695
Net assets released from restrictions	8,278
Other revenue	78,413
Total unrestricted revenue	<u>1,439,702</u>
EXPENSES:	
Salaries and wages	641,683
Employee benefits	138,913
Contract labor	44,670
Total labor expenses	<u>825,266</u>
Supplies	222,918
Purchased services	129,833
Depreciation and amortization	65,759
Occupancy	63,206
Interest	11,894
Other	132,540
Total expenses	<u>1,451,416</u>
OPERATING LOSS	<u>(11,714)</u>
NONOPERATING ITEMS:	
Earnings in Trinity Health pooled investment program	2,939
Investment income	4,175
Loss from early extinguishment of debt	(4,034)
Inherent contribution related to acquisitions	60,065
Loss on earnings of unconsolidated affiliates	(1,875)
Interest	(1,299)
Other	(323)
Total nonoperating items	<u>59,648</u>
EXCESS OF REVENUE OVER EXPENSES	<u>\$ 47,934</u>

The accompanying notes are an integral part of the consolidated financial statements.

Trinity Health – New England, Inc.
(A member of Trinity Health)

CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED SEPTEMBER 30, 2016
(In thousands)

	<u>2016</u>
UNRESTRICTED NET ASSETS:	
Unrestricted net assets attributable to the Corporation:	
Excess of revenue over expenses	\$ 47,934
Net assets released from restrictions for capital acquisitions	2,888
Transfers to Trinity Health and affiliates	(3,541)
Transfers to Trinity Assurance, Ltd.	(12,083)
Transfers from Trinity Health	43,992
Acquisitions—Saint Mary's	(98)
Acquisitions—Riverbend	(5,158)
Net change in retirement plan-related items	(37,134)
Other	(3,090)
Increase in unrestricted net assets	<u>33,710</u>
Unrestricted net assets attributable to noncontrolling interests:	
Net investment gain	88
Acquisitions	2,500
Increase in unrestricted net assets attributable to noncontrolling interests	<u>2,588</u>
TEMPORARILY RESTRICTED NET ASSETS:	
Contributions	13,453
Net investment gain	666
Net assets released from restrictions	(11,165)
Acquisitions	2,524
Other	2,999
Increase in temporarily restricted net assets	<u>8,477</u>
PERMANENTLY RESTRICTED NET ASSETS:	
Net investment gain	2,247
Acquisitions	16,526
Increase in permanently restricted net assets	<u>18,773</u>
INCREASE IN NET ASSETS	63,548
NET ASSETS—Beginning of year	<u>251,934</u>
NET ASSETS—End of year	<u><u>\$ 315,482</u></u>

The accompanying notes are an integral part of the consolidated financial statements.

Trinity Health – New England, Inc.
(A member of Trinity Health)

CONSOLIDATED STATEMENT OF CASH FLOW
FOR THE YEAR ENDED SEPTEMBER 30, 2016
(In thousands)

	<u>2016</u>
OPERATING ACTIVITIES:	
Increase in net assets	\$ 63,548
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:	
Inherent contribution in acquisitions	(60,065)
Transfers to Trinity Health and affiliates	(15,951)
Depreciation and amortization	65,759
Provisions for bad debt	27,578
Change in net unrealized and realized gains on investments	(6,542)
Undistributed equity in earnings of affiliates	1,448
Restricted contributions and investment income received	(4)
Increase in noncontrolling interest due to Saint Mary's acquisition	(2,500)
Restricted net assets acquired	(19,050)
Deferred retirement items—consolidated organizations	8,668
Other adjustments	155
Changes in:	
Patient accounts receivable	(34,965)
Estimated payables from third-party payors	(2,231)
Other assets	(57,907)
Accounts payable and accrued expenses	(14,660)
Estimated receivables from third-party payors	(2,210)
Self-insurance reserves and other liabilities	(23,507)
Accrued pension and retiree health costs	18,647
Net cash used in operating activities	<u>\$ (53,789)</u>

The accompanying notes are an integral part of the consolidated financial statements.

	<u>2016</u>
INVESTING ACTIVITIES:	
Net change in investments	\$ 53,693
Change in investment in Trinity Health pooled investment program	(26,912)
Purchases of property and equipment	(52,900)
Increase in assets limited as to use	(2,611)
Net change in investment in unconsolidated affiliates	6,316
Cash acquired from Saint Mary's acquisition	17,928
Cash provided for Riverbend acquisition	(16,810)
Net cash provided by investing activities	<u>(21,296)</u>
FINANCING ACTIVITIES:	
Proceeds from issuance of debt	542
Repayments of intercompany long-term debt	(7,963)
Repayments of external debt	(272,254)
Proceeds from issuance of intercompany long-term debt	323,000
Transfers from Trinity Health and affiliates	15,951
Proceeds from restricted contributions and restricted investment income	4
Net cash provided by financing activities	<u>59,280</u>
NET DECREASE IN CASH AND CASH EQUIVALENTS	(15,805)
CASH AND CASH EQUIVALENTS—Beginning of year	108,160
CASH AND CASH EQUIVALENTS—End of year	<u>\$ 92,355</u>
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:	
Cash paid for interest	\$ 13,193
Accruals for purchases of property and equipment and other long-term assets	1,414

The accompanying notes are an integral part of the consolidated financial statements.

Trinity Health – New England, Inc.
(A member of Trinity Health)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED SEPTEMBER 30, 2016

1. ORGANIZATION AND COMMUNITY BENEFIT MINISTRY

Trinity Health – New England, Inc. (formerly known as Saint Francis *Care*, Inc.) (the “Corporation”), a Connecticut not-for-profit corporation, is an integrated health care delivery system and is the sole member of five hospitals—including Saint Francis Hospital and Medical Center and Mount Sinai Rehabilitation Hospital, Inc. in Hartford, Connecticut; Johnson Memorial Hospital, Inc. in Stafford Springs, Connecticut; Saint Mary’s Hospital, Inc. in Waterbury, Connecticut; and The Mercy Hospital, Inc. in Springfield, Massachusetts—that provide inpatient and outpatient services. The Corporation also owns and operates several subsidiaries that provide physician services, inpatient and outpatient rehabilitation services, behavioral health services, home health care, long-term care, and other health care services to the community. Effective October 1, 2015, the Corporation became a member of Trinity Health Corporation (“Trinity Health”), an Indiana nonprofit corporation, sponsored by Catholic Health Ministries, a Public Juridic Person of the Holy Roman Catholic Church. Trinity Health is the result of the consolidation of Catholic health systems over the last 16 years. There are significant related-party transactions with Trinity Health and the Corporation and its subsidiaries. The mission statement for the Corporation is as follows:

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Effective October 1, 2015, Trinity Health became the sole corporate member of Saint Francis *Care*, Inc., and Saint Francis *Care*, Inc. and its subsidiaries formed the new Trinity Health Regional Health Ministry in New England. Effective November 17, 2015, Saint Francis *Care*, Inc. changed its name to Trinity Health – New England, Inc.

In connection with this transaction, Trinity Health applied push-down accounting to the Corporation’s consolidated balance sheet, which resulted in a new basis of accounting in accordance with the acquisition method of accounting under Accounting Standards Codification Topic 805, *Business Combinations*.

In connection with this affiliation, the Corporation recorded an adjustment to net assets amounting to approximately \$70.9 million on October 1, 2015, and this adjustment is included in beginning net assets on the consolidated statement of operations and changes in net assets for the period ending September 30, 2016. The transaction was accounted for as an acquisition with no consideration, and accordingly, the excess of the fair value of assets acquired over liabilities assumed was recognized as an inherent contribution received by Trinity Health.

A summarized consolidated opening balance sheet information as of October 1, 2015, for the Corporation is shown below (in thousands):

Cash, cash equivalents, and investments	\$ 135,568	Current portion of long-term debt	\$ 7,298
Patient accounts receivable, net	75,415	Accounts payable and accrued expenses	98,922
Other receivables	10,159	Other current liabilities	17,381
Inventories	9,701	Long-term debt	244,154
Other current assets	16,418	Accrued pension and retiree health costs	197,562
Property and equipment	411,067	Other long-term liabilities	106,717
Assets limited or restricted as to use, noncurrent portion	145,992	Total liabilities acquired	<u>672,034</u>
Other assets	18,069	Unrestricted net assets	70,996
Total assets acquired	<u>\$ 822,389</u>	Temporarily restricted net assets	26,180
		Permanently restricted net assets	53,179
		Total net assets	<u>\$ 150,355</u>

Effective December 23, 2015, Trinity Health – New England, Inc. became the sole member of Sisters of Providence Health System, Inc., The Mercy Hospital, Inc., and their related subsidiaries (“Sisters of Providence”). The results of operations for Sisters of Providence for the 12-month period ended September 30, 2016, are included in the consolidated financial statements of the Corporation.

Effective January 1, 2016, Trinity Health – New England, Inc. acquired certain unrestricted assets and liabilities of Old JMMC; Inc., Old JMH, Inc.; Old HCHS, Inc.; and Old JHC, Inc. (collectively referred to as “Old Johnson”) through an asset purchase agreement approved by the Bankruptcy Court on May 14, 2015. On November 24, 2015, Trinity Health – New England, Inc. formed new corporations named JMMC Acquisition Corp., JMH Acquisition Corp., HCHS Acquisition Corp., and JHC Acquisition Corp. These corporations began to provide health care services as of January 1, 2016, and the names of the newly formed acquisition corporations were amended to Johnson Memorial Hospital, Inc.; Johnson Memorial Medical Center, Inc.; Johnson Healthcare, Inc.; and Home and Community Health Services, Inc. (collectively referred to as “Johnson”) effective as of January 4, 2016. See the Business Acquisitions section in Note 3.

Effective July 1, 2016, the Corporation, through its subsidiary, Sisters of Providence Health System, Inc., acquired substantially all of the operations and certain assets and liabilities of MWA, P.C. and Physician Practice Partners, L.L.C. and formed Riverbend Medical Group, Inc., a physician practice located in Springfield, Massachusetts. See the Business Acquisitions section in Note 3.

On August 1, 2016, the Corporation became the sole corporate member of Saint Mary’s Hospital, Inc. as part of a member substitution. Saint Mary’s Hospital, Inc. and its subsidiaries are a regional health care system located in Waterbury, Connecticut. See the Business Acquisitions section in Note 3.

Community Benefit Ministry – Consistent with its mission, the Corporation provides medical care to all patients regardless of their ability to pay. In addition, the Corporation provides services intended to benefit the poor and underserved—including those persons who cannot afford health insurance or other payments, such as copays and deductibles—because of inadequate resources and/or because they are uninsured or underinsured, and to improve the health status of the communities in which it operates. The following summary has been prepared in accordance with the Catholic Health Association of the United States’ (CHA), *A Guide for Planning and Reporting Community Benefit, 2015 Edition*.

The quantifiable costs of the Corporation community benefit ministry for the year ended September 30 are as follows (in thousands):

	<u>2016</u>
Ministry for the poor and underserved:	
Charity care at cost	\$ 6,161
Unpaid cost of Medicaid and other public programs	93,154
Programs for the poor and underserved:	
Community health services	2,324
Health professions education	7,567
Subsidized health services	850
Research	89
Financial contributions	4
Community benefit operations	13
Total programs for the poor and underserved	<u>10,847</u>
Ministry for the poor and underserved	<u>110,162</u>
 Ministry for the broader community:	
Community health services	838
Health professions education	22,831
Subsidized health services	942
Financial contributions	12
Community-building activities	38
Community benefit operations	548
Ministry for the broader community	<u>25,209</u>
 Community benefit ministry	 <u><u>\$ 135,371</u></u>

The Corporation provides a significant amount of uncompensated care to its uninsured and underinsured patients, which is reported as bad debt at cost and not included in the amounts reported above. During the year ended September 30, 2016, the Corporation reported bad debt at cost (determined using a cost-to-charge ratio applied to the provision for bad debts) of \$10 million.

Ministry for the poor and underserved represents the financial commitment to seek out and serve those who need help the most, especially the poor, the uninsured, and the indigent. This is done with the conviction that health care is a basic human right.

Ministry for the broader community represents the cost of services provided for the general benefit of the communities in which the Corporation operates. Many programs are targeted toward populations that may be poor, but also include those areas that may need special health services and support. These programs are not intended to be financially self-supporting.

Charity care at cost represents the cost of services provided to patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured. A patient is classified as a charity patient in accordance with the Corporation's established policies as further described in Note 4. The cost of charity care is calculated using a cost-to-charge ratio methodology.

Unpaid cost of Medicaid and other public programs represents the cost (determined using a cost-to-charge ratio) of providing services to beneficiaries of public programs, including state Medicaid, indigent care programs, and provider taxes, in excess of governmental and managed care contract payments.

Community health services are activities and services for which no patient bill exists. These services are not expected to be financially self-supporting, although some may be supported by outside grants or funding. Some examples include community health education, community health screenings, free immunization services, free or low-cost prescription medications, and rural and urban outreach programs. The Corporation actively collaborates with community groups and agencies to assist those in need in providing such services.

Health professions education includes the unreimbursed cost of training health professionals such as medical residents, nursing students, technicians, and students in allied health professions.

Subsidized health services are net costs for billed services that are subsidized by the Corporation. These include services offered despite a financial loss because they are needed in the community and either other providers are unwilling to provide the services or the services would otherwise not be available in sufficient amount. Examples of services include free-standing community clinics, hospice care, mobile units, and behavioral health services.

Research includes unreimbursed clinical and community health research and studies on health care delivery.

Financial contributions are made by the Corporation on behalf of the poor and underserved to community agencies. These amounts include special systemwide funds used for charitable activities as well as resources contributed directly to programs, organizations, and foundations for efforts on behalf of the poor and underserved. Amounts included here also represent certain in-kind donations.

Community building activities include the costs of programs that improve the physical environment, promote economic development, enhance other community support systems, develop leadership-skills training, and build community coalitions.

Community benefit operations include costs associated with dedicated staff, community health needs, and/or assets assessments and other costs associated with community benefit strategy and operations.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation – The consolidated financial statements include the accounts of the Corporation, and all wholly owned, majority-owned, and controlled organizations. Investments where the Corporation holds less than 20% of the ownership interest are accounted for using the cost method. All other investments that are not controlled by the Corporation are accounted for using the equity method of accounting. The equity share of income or losses from investments in unconsolidated affiliates is recorded in other revenue if the unconsolidated affiliate is operational and projected to make routine and regular cash distributions; otherwise, the equity share of income or losses from investments in unconsolidated affiliates is recorded in nonoperating items in the consolidated statements of operations and changes in net assets. All material intercompany transactions and account balances have been eliminated in consolidation.

The accompanying consolidated financial statements present the financial position, results of operations, and changes in net assets and cash flows for the Corporation and are not necessarily indicative of what the financial position, results of operations, and changes in net assets and cash flows would have been if the Corporation had been operated as an unaffiliated corporation during the periods presented.

Use of Estimates – The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management of the Corporation to make assumptions, estimates, and judgments that affect the amounts reported in the financial statements, including the notes thereto, and related disclosures of commitments and contingencies, if any. The Corporation considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of its consolidated financial statements, including the following: recognition of net patient service revenue, which includes contractual allowances and the provision of bad debts and charity care; recorded values of investments, derivatives, and goodwill; reserves for losses and expenses related to health care professional and general liabilities; and risks and assumptions for measurement of pension and retiree medical liabilities. Management relies on historical experience and other assumptions believed to be reasonable in making its judgment and estimates. Actual results could differ materially from those estimates.

Cash and Cash Equivalents – For purposes of the consolidated statement of cash flows, cash and cash equivalents include certain investments in locally held, highly liquid debt instruments with original maturities of three months or less.

Investments – Investments, inclusive of assets limited or restricted as to use, include marketable debt and equity securities. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value and are classified as trading securities. Investments also include investments in commingled funds, hedge funds and other investments structured as limited liability corporations or partnerships. Commingled funds and hedge funds that hold securities directly are stated at the fair value of the underlying securities, as determined by the administrator, based on readily determinable market values or based on net asset value, which is calculated using the most recent fund financial statements. Limited liability corporations and partnerships are accounted for under the equity method.

Investment Earnings – Investment earnings include interest, dividends, realized gains and losses, unrealized gains and losses, and equity earnings. Investment earnings from investments and board-designated funds are included in nonoperating investment income unless the income or loss is restricted by donor or law.

Investment in Trinity Health Pooled Investment Program and Related Earnings – The Corporation invests certain of its funds in Trinity Health pooled investment programs. See Note 11, Fair Value Measurements, for descriptions of the various types of financial instruments that are included in the pooled investment programs. Earnings, including interest and dividends, equity earnings, realized gains and losses, and unrealized gains and losses on investment in the pooled investment program, are allocated to the participants based upon each participant's weighted-average percentage of the pooled investment fund in which they are participating.

Derivative Financial Instruments – The Corporation periodically utilizes various financial instruments (e.g., options and swaps) to hedge interest rate, equity downside risk, and other exposures. The Corporation policies prohibit trading in derivative financial instruments on a speculative basis. The Corporation recognizes all derivative instruments in the consolidated balance sheets at fair value.

Assets Limited as to Use – Assets set aside by the board for future capital improvements, future funding of insurance claims, deferred compensation agreements, and other purposes over which the board retains control and may at its discretion subsequently use for other purposes, are included in assets limited as to use.

Donor-Restricted Gifts – Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the consolidated statements of operations and changes in net assets.

Inventories – Inventories are stated at the lower of cost or market. The cost of inventories is determined principally by first-in, first-out method.

Property and Equipment – Property and equipment, including internal-use software, are recorded at cost, if purchased or at fair value at the date of donation, if donated. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using either the straight-line or an accelerated method and includes capital lease and internal use software amortization. The useful lives of these assets range from 1 to 39 years. Interest costs incurred during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support.

Goodwill – represents the future economic benefits arising from assets acquired in a business combination that are not individually identified and separately recognized.

Investment in Unconsolidated Affiliates – Investment in unconsolidated affiliates represents the Corporation's investments in joint ventures or partnerships. The equity method is used to account for these investments.

Intangible Assets – Intangible assets include tradename and medical records – both definite and indefinite-lived intangible assets. The definite-lived intangibles are medical records with finite lives amortized using the straight-line method over the estimated useful life of 10 years. Indefinite lived intangible assets include trade names.

Other Assets – Other assets include reinsurance recovery receivables, deferred life insurance, prepaid charges for shared information services, deposits, and advances.

Asset Impairment:

Property and Equipment – The Corporation evaluates long-lived assets for possible impairment whenever events or changes in circumstances indicate that the carrying amount of the asset, or related group of assets, may not be recoverable from estimated future undiscounted cash flows. If the estimated future undiscounted cash flows are less than the carrying value of the assets, the impairment recognized is calculated as the carrying value of the long-lived assets in excess of the fair value of the assets. The fair value of the assets is estimated based on appraisals, established market values of comparable assets or internal estimates of future net cash flows expected to result from the use and ultimate disposition of the assets.

Goodwill – Goodwill is tested for impairment on an annual basis or when an event or change in circumstance indicates the value of a reporting unit may have changed. Testing is conducted at the reporting unit level. There is a two-step process for determining goodwill impairment. Step one compares the carrying value of each reporting unit with its fair value. If this test indicates the fair value is less than the carrying value, then step two is required. Step two compares the implied fair value of the reporting unit’s goodwill with the carrying value of reporting unit’s goodwill. The Corporation estimates the fair value of its reporting units using a discounted cash flow analysis.

Intangible Assets:

Definite-Lived – Impairment testing is performed if events or changes in circumstances indicate that the asset might be impaired. The impairment test consists of a comparison of the fair value of an intangible asset with its carrying amount. The Corporation estimates the fair value of its intangible assets using an undiscounted cash flow analysis.

Indefinite-Lived – Impairment testing is performed on an annual basis or more frequently if events or changes in circumstance indicate the asset may be impaired. The impairment test consists of a comparison of the fair value of an intangible asset with its carrying amount. The Corporation estimates the fair value of its intangible assets using a discounted cash flow analysis, including the use of net revenue associated with the trade names.

The following table provides information regarding other intangible assets, including goodwill that is included in the accompanying consolidated balance sheets of the Corporation as of September 30, 2016 (in thousands):

	<u>Gross Carrying Amount</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>
As of September 30, 2016:			
Definite-lived intangible assets:			
Medical records	\$ 1,000	\$ (25)	\$ 975
Total definite-lived intangible assets	<u>1,000</u>	<u>(25)</u>	<u>975</u>
Indefinite-lived intangible assets:			
Goodwill	6,462	-	6,462
Trade names	7,050	-	7,050
Total indefinite-lived intangible assets	<u>13,512</u>	<u>-</u>	<u>13,512</u>
Total intangible assets	<u>\$ 14,512</u>	<u>\$ (25)</u>	<u>\$ 14,487</u>

The following is a schedule of estimated future amortization of definite-lived intangible assets as of September 30, 2016 (in thousands):

Years ending September 30:	
2017	\$ 100
2018	100
2019	100
2020	100
2021	100
Thereafter	<u>475</u>
Total	<u>\$ 975</u>

Prepaid Charges for Shared Information Services – The Corporation invests in information systems that are shared by other regional health ministries of Trinity Health. Prepaid charges represent the prorated portion of the net book value of shared information systems and include hardware, software, and other capital expenses, net of accumulated depreciation on these assets. Shared information systems are recorded at cost and depreciated over the estimated useful life of the assets using the straight line method. Useful lives range from four to ten years. As the assets are depreciated, the Corporation records amortization expense as allocated by Trinity Health. Information services expenses are recorded in purchased services in the consolidated statements of operations. Infrastructure charges are recorded in other assets in the consolidated balance sheets in the amount of \$9.9 million at September 30, 2016.

Intercompany Loan Program – The Corporation has the ability to borrow funds through the Trinity Health intercompany loan program. Loans under this program accrue interest at a variable rate determined quarterly. Interest and principal are paid monthly to Trinity Health under provisions of the loan agreement.

Temporarily and Permanently Restricted Net Assets – Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

Patient Accounts Receivable, Estimated Receivables from and Payables to Third-Party Payors, and Net Patient Service Revenue – The Corporation has agreements with third-party payors that provide for payments at amounts different from established rates. Patient accounts receivable and net patient service revenue are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. Estimated retroactive adjustments under reimbursement agreements with third-party payors and other changes in estimates are included in net patient service revenue and estimated receivables from and payables to third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Estimated receivables from third-party payors include amounts receivable from Medicare and state Medicaid meaningful use programs.

Self-Insured Employee Health Benefits – The Corporation administers self-insured employee health benefit plans for employees. The majority of the Corporation’s employees participate in the programs. The provisions of the plans permit employees and their dependents to elect to receive medical care at either the Corporation or other health care providers. Gross patient service revenue has been reduced by an allowance for self-insured employee health benefits which represents revenue attributable to medical services provided by the Corporation to its employees and dependents in such years.

Allowance for Doubtful Accounts – The Corporation recognizes a significant amount of patient service revenue at the time the services are rendered even though the Corporation does not assess the patient’s ability to pay at that time. As a result, the provision for bad debts is presented as a deduction from patient service revenue (net of contractual provisions and discounts). For uninsured and underinsured patients that do not qualify for charity care, the Corporation establishes an allowance to reduce the carrying value of such receivables to their estimated net realizable value. This allowance is established based on the aging of accounts receivable, and the historical collection experience, and for each type of payor. A significant portion of the Corporation’s provision for doubtful accounts relates to self-pay patients, as well as co-payments and deductibles owed to Corporation by patients with insurance.

Other Long-Term Liabilities – Other long-term liabilities include deferred compensation and asset retirement obligations.

Capitation Revenue – The Corporation has entered into capitation arrangements whereby it has accepted the risk for the provision of certain health care services to health plan members. Under these agreements, the Corporation is financially responsible for services provided to the health plan members by other institutional health care providers. Capitation revenue is recognized during the period for which the Corporation is obligated to provide services to health plan enrollees under capitation contracts. Capitation receivables are included in other receivables in the consolidated balance sheet.

Income Taxes – The Corporation and substantially all of its subsidiaries have been recognized as tax-exempt pursuant to Section 501(a) of the Internal Revenue Code. The Corporation also has taxable subsidiaries, which are included in the consolidated financial statements. Certain of the taxable subsidiaries have entered into tax sharing agreements and file consolidated federal income tax returns with other corporate taxable subsidiaries. The Corporation includes penalties and interest, if any, with its provision for income taxes in other nonoperating items in the consolidated statements of operations and changes in net assets.

Excess of Revenue Over Expenses – The consolidated statement of operations and changes in net assets includes excess of revenue over expenses. Changes in unrestricted net assets, which are excluded from excess of revenue over expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets received or gifted (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and net change in postretirement plan-related items.

Adopted Accounting Pronouncements:

On October 1, 2015, the Corporation adopted ASU 2014-08, “*Reporting Discontinued Operations and Disclosures of Disposals of Components of an Entity.*” This guidance amends the definition of a discontinued operation and requires additional disclosures about discontinued operations, as well as disposal transactions that do not meet the discontinued operations criteria on a prospective basis. The adoption of this guidance had no impact on the Corporation’s consolidated financial statements.

Forthcoming Accounting Pronouncements:

In August 2016, the Financial Accounting Standards Board (FASB) issued ASU No. 2016-15, “*Classification of Certain Cash Receipts and Cash Payments.*” This guidance adds or clarifies guidance on the classification of certain cash receipts and payments in the consolidated statements of cash flows. This guidance is effective for the Corporation beginning October 1, 2019. The Corporation is still evaluating the impact this guidance may have on its consolidated financial statements.

In August 2016, the FASB issued ASU No. 2016-14, “*Presentation of Financial Statements of Not-For-Profit Entities.*” This guidance simplifies and improves how not-for-profit entities classify net assets, as well as the information presented in financial statements and notes about liquidity, financial performance and cash flows. This guidance is effective for the Corporation beginning October 1, 2018. The Corporation is still evaluating the impact this guidance may have on its consolidated financial statements.

In May 2016, the FASB issued ASU 2016-12, “*Revenue From Contracts with Customers: Narrow-Scope Improvements and Practical Expedients*,” which amends certain aspects for the FASB’s revenue standard ASU 2014-09, “*Revenue From Contracts with Customers*”. In March 2016, the FASB issued ASU 2016-08, “*Revenue From Contracts With Customers: Principal Versus Agent Considerations (Reporting Revenue Gross Versus Net)*.” This guidance amends the principal versus agent implementation guidance and illustrations in the FASB’s revenue standard ASU 2014-09. In July 2015, the FASB issued ASU 2015-14, “*Revenue From Contracts With Customers (Topic 606): Deferral of the Effective Date*,” which defers the effective date of the FASB’s revenue standard, ASU 2014-09, by one year for all entities and permits early adoption on a limited basis. In May 2014, the FASB issued ASU 2014-09. This guidance outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers. After the deferral of the effective date, this guidance is effective for the Corporation beginning October 1, 2018. The Corporation is still evaluating the impact this guidance may have on its consolidated financial statements.

In March 2016, the FASB issued ASU 2016-07, “*Investments – Equity Method and Joint Ventures: Simplifying the Transition to the Equity Method of Accounting*.” This guidance eliminates the requirement to retrospectively apply the equity method to an investment that subsequently qualifies for such accounting as a result of an increase in the level of ownership interest or degree of influence. This guidance is effective for the Corporation beginning October 1, 2016. The Corporation does not expect this guidance to have a material impact on its consolidated financial statements.

In March 2016, the FASB issued ASU 2016-06, “*Derivatives & Hedging: Contingent Put & Call Options in Debt Instruments*.” This guidance clarifies that in assessing whether an embedded contingent put or call option is clearly and closely related to the debt host, an entity is required to perform only the four-step sequence in Accounting Standards Codification 815-15-25-42. This guidance is effective for the Corporation beginning October 1, 2018. The Corporation is still evaluating the impact this guidance may have on its consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02, “*Leases*.” This guidance introduces a lessee model that brings substantially all leases on the consolidated balance sheet. This guidance is effective for the Corporation beginning October 1, 2019. Retrospective application is required. The Corporation is still evaluating the impact this guidance may have on its consolidated financial statements.

In January 2016, the FASB issued ASU 2016-01, “*Recognition and Measurement of Financial Assets and Financial Liabilities*.” This guidance revises accounting related to (1) the classification and measurement of investments in equity securities and (2) the presentation of certain fair value changes for financial liabilities measured at fair value. It also amends certain disclosure requirements associated with the fair value of financial instruments. This guidance is effective for the Corporation beginning October 1, 2019. The Corporation has not yet evaluated the impact this guidance may have on its consolidated financial statements.

In September 2015, the FASB issued ASU 2015-16, “*Simplifying the Accounting for Measurement-Period Adjustments*.” This guidance requires an acquirer in a business combination to recognize adjustments to provisional amounts that are identified during the measurement period in the reporting period in which the adjustment amounts are determined. The effect on earnings of changes in depreciation in amortization, or other income effects (if any) as a result of change to the provisional amounts, calculated as if the accounting had been completed as of the acquisition date, must be recorded in the reporting period in which the adjustment amounts are determined rather than retrospectively. Also, the acquirer must present separately on the face of the income statement, or disclose in the notes, the portion of the amount recorded in current-period earnings by line item that would have been recorded in previous reporting periods if the adjustment to the provisional amounts had been recognized as of the acquisition date. This guidance is effective for the Corporation beginning July 1, 2017. The Corporation does not expect this guidance to have a material impact on its consolidated financial statements.

In July 2015, the FASB issued ASU 2015-11, “*Simplifying the Measurement of Inventory.*” This guidance requires entities to measure most inventories at the lower of cost or net realizable value. This guidance is effective for the Corporation beginning October 1, 2017. The Corporation does not expect this guidance to have a material impact on its consolidated financial statements.

In February 2015, the FASB issued ASU 2015-02, “*Amendments to the Consolidation Analysis.*” This guidance significantly changes the consolidation analysis required under U.S. GAAP. This guidance is effective for the Corporation beginning October 1, 2017. The Corporation does not expect this guidance to have a material impact on its consolidated financial statements.

In August 2014, the FASB issued ASU 2014-15, “*Disclosure of Uncertainties About an Entity’s Ability to Continue as a Going Concern,*” which provides guidance on determining when and how reporting entities must disclose going-concern uncertainties in their financial statements. This guidance is effective for the Corporation beginning October 1, 2017. The Corporation does not expect this guidance to have an impact on its consolidated financial statements.

3. INVESTMENTS IN UNCONSOLIDATED AFFILIATES AND BUSINESS ACQUISITIONS

Investments in Unconsolidated Affiliates – The Corporation and certain of its subsidiaries have investments in entities that are recorded under the cost and equity methods of accounting. At September 30, 2016, the Corporation maintained investments in unconsolidated affiliates with ownership interests ranging from 20% to 50%. The Corporation’s share of equity earnings from these entities accounted for under the equity method was \$0.4 million for the year ended September 30, 2016, of which \$2.3 million is included in other revenue and a loss of \$1.9 million included in nonoperating items in the consolidated statements of operations and changes in net assets.

Unconsolidated affiliates include investments in joint ventures with an ambulatory surgery centers, home care, outpatient cancer treatment center, and physician hospital organizations. These unconsolidated affiliates maintain their own indebtedness, none of which is guaranteed by the Corporation. The unaudited summarized financial position and results of operations of entities accounted for under the equity method, as of and for the years ended September 30, 2016, are as follows (in thousands):

	2016				Total
	Outpatient and Diagnostic Services	Ambulatory Surgery Centers	Physician Hospital Organizations	Other Investees	
Total assets	\$ 33,385	\$ 2,937	\$ 2,766	\$ 4,348	\$ 43,436
Total liabilities	\$ 2,187	\$ 513	\$ 3,450	\$ 2,109	\$ 8,259
Revenue, net	\$ 9,471	\$ 7,762	\$ 6,975	\$ 15,552	\$ 39,760
Excess (deficiency) of revenue over (under) expenses	\$ 1,430	\$ 1,424	\$ (1,714)	\$ 618	\$ 1,758

Business Acquisitions:

Johnson Memorial Medical Center, Inc. – On January 1, 2016, the Corporation acquired certain assets and liabilities of Old Johnson as described in Note 1. For the nine month period ended September 30, 2016, Johnson reported revenue of \$49.3 million and deficiency of revenue over expenses of \$4.0 million in the consolidated statements of operations. As a result of the acquisition, the Corporation recognized an inherent contribution of \$4.0 million in the consolidated statement of operations and changes in net assets. The Corporation is still in the process of assessing the economic characteristics of certain assets acquired and liabilities assumed. The Corporation expects to substantially complete this assessment during the period ending December 31, 2016, and may adjust the amounts recorded as of January 1, 2016, to reflect revised evaluations.

Summarized consolidated balance sheet information for Johnson at January 1, 2016, is shown below (in thousands):

Patient accounts receivable, net	\$ 9,330	Current portion of long-term debt	\$ 801
Other receivables	777	Accounts payable and accrued expenses	11,765
Inventories	1,577	Other current liabilities	2,682
Other current assets	1,585	Long term debt	22,749
Property and equipment	26,010	Other long-term liabilities	141
Other assets	3,472	Total liabilities acquired	<u>38,138</u>
Total assets acquired	<u>\$42,751</u>	Unrestricted net assets	4,073
		Temporarily restricted net assets	<u>540</u>
		Total net assets	<u>\$ 4,613</u>

Riverbend Medical Group, Inc. (“Riverbend”) – On July 1, 2016, the Corporation, through its subsidiary, Sisters of Providence Health System, Inc., acquired substantially all of the operations and certain assets of MWA, P.C. and Physician Practice Partners, L.L.C. and formed Riverbend Medical Group, Inc., a physician practice located in Springfield, Massachusetts. As a result of this transaction, the Corporation recognized goodwill of \$6.1 million in the consolidated balance sheet. The Corporation is still in the process of assessing the economic characteristics of certain assets acquired and liabilities assumed. The Corporation expects to substantially complete this assessment within 12 months following the acquisition date and may adjust the amounts recorded as of July 1, 2016, to reflect revised evaluations. Summarized consolidated balance sheet information for Riverbend at July 1, 2016, is shown below (in thousands):

Cash, cash equivalents, and investments	\$ 430	Current portion of long term debt	\$ 144
Patient accounts receivable, net	4,439	Accounts payable and accrued expenses	2,074
Other current assets	1,771	Salaries, wages, and related liabilities	3,911
Property and equipment	10,757	Estimated payable to third parties	999
Goodwill	6,144	Long-term debt, net of current portion	172
Other assets	1,000	Total liabilities acquired	<u>7,300</u>
Total assets acquired	<u>\$24,541</u>	Unrestricted net assets	17,241
		Total net assets	<u>\$ 17,241</u>

For the three-month period ended September 30, 2016, Riverbend Medical Group, Inc. reported revenue of \$16.7 million and deficiency of revenue over expenses of \$2.3 million in the consolidated statements of operations.

Saint Mary’s Hospital, Inc. and Saint Mary’s Health System, Inc. (“Saint Mary’s”) – On August 1, 2016, the Corporation became the sole corporate member of Saint Mary’s Hospital, Inc. as part of a member substitution. Saint Mary’s Hospital, Inc. and its subsidiaries are a regional health care system located in Waterbury, Connecticut. As a result of this transaction, the Corporation recognized an inherent contribution of \$56 million for the two months ended September 30, 2016, in the consolidated statement of operations and changes in net assets. The Corporation is still in the process of assessing the economic characteristics of certain assets acquired and liabilities assumed. The Corporation expects to substantially complete this assessment within 12 months following the acquisition date and may adjust the amounts recorded as of August 1, 2016, to reflect revised evaluations. Summarized consolidated balance sheet information for Saint Mary’s Hospital, Inc. and its subsidiaries at August 1, 2016, is shown below (in thousands):

Cash, cash equivalents, and investments	\$ 18,252	Accounts payable and accrued expenses	\$ 41,737
Patient accounts receivable, net	33,029	Accrued pension and retiree health costs	89,167
Other current assets	10,662	Other long-term liabilities	26,203
Assets limited or restricted as to use, current portion	3,465	Total liabilities acquired	<u>157,107</u>
Property and equipment	100,686	Unrestricted net assets	55,992
Assets limited or restricted as to use, noncurrent portion	62,150	Unrestricted noncontrolling interest	<u>2,500</u>
Other assets	<u>5,859</u>	Total unrestricted net assets	58,492
Total assets acquired	<u>\$ 234,103</u>	Temporarily restricted net assets	1,978
		Permanently restricted net assets	<u>16,526</u>
		Total net assets	<u>\$ 76,996</u>

For the two-month period ended September 30, 2016, Saint Mary’s Hospital, Inc. and its subsidiaries reported revenue of \$51.6 million and deficiency of revenue over expenses of \$0.2 million in the consolidated statements of operations.

4. NET PATIENT SERVICE REVENUE

A summary of the payment arrangements with major third-party payors follows:

Medicare – Acute inpatient and outpatient services rendered to Medicare program beneficiaries are paid primarily at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediaries.

Medicaid – Reimbursement for services rendered to Medicaid program beneficiaries includes prospectively determined rates per discharge, per diem payments, discounts from established charges, fee schedules, and cost reimbursement methodologies with certain limitations. Cost reimbursable items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediaries.

Other – Reimbursement for services to certain patients is received from commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for reimbursement includes prospectively determined rates per discharge, per diem payments, and discounts from established charges.

The Corporation recorded changes in estimates and removed estimated receivables from and/or payables to third-party payors that are no longer necessary as a result of final settlements and years that are no longer subject to audits, reviews, and investigations. These adjustments resulted in increases in net patient service revenue of \$9.7 million.

Final settlements have not been received from Medicare for 2014 through 2016, and from Blue Cross for 2016. The Corporation is appealing various elements of final settlements dating to 2002.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Charity Care – The Corporation provides services to all patients regardless of ability to pay. In accordance with the Corporation’s policy, a patient is classified as a charity patient based on income eligibility criteria as established by the *Federal Poverty Guidelines*. Charges for services to patients who meet the Corporation’s guidelines for charity care are not reflected in the accompanying consolidated financial statements.

Patient service revenues, net of contractual and other allowances (but before the provision for bad debts), recognized during the year ended September 30 are as follows (in thousands):

	<u>2016</u>
Medicare	\$ 522,026
Blue Cross	206,427
Medicaid	241,920
Uninsured	27,797
Commercial and other	363,724
Total	<u>\$ 1,361,894</u>

A summary of net patient service revenue before provision for bad debts for the year ended September 30, 2016, is as follows (in thousands):

	<u>2016</u>
Gross charges:	
Acute inpatient	\$ 1,659,273
Outpatient, nonacute inpatient, and other	<u>2,051,075</u>
Gross patient service revenue	3,710,348
Less:	
Contractual and other allowances	2,331,043
Charity care charges	<u>17,411</u>
Net patient service revenue before provision for bad debts	<u>\$ 1,361,894</u>

5. PROPERTY AND EQUIPMENT

A summary of property and equipment is as follows (in thousands):

	<u>2016</u>
Land	\$ 15,716
Buildings and improvements	574,854
Equipment	278,070
Capital leased assets	10,475
Total	<u>879,115</u>
Accumulated depreciation and amortization	(268,028)
Construction in progress	<u>30,556</u>
Property and equipment, net	<u><u>\$ 641,643</u></u>

At September 30, 2016, commitments to purchase property and equipment of approximately \$5.5 million were outstanding. At September 30, 2016, the Corporation had facilities, infrastructure, and electronic medical record projects in progress with costs of \$30.6 million incurred and recorded in the accompanying consolidated balance sheets. At September 30, 2016, the remaining commitment to complete these projects approximated \$46.3 million.

6. LONG-TERM DEBT

A summary of long-term debt as of September 30 is as follows (in thousands):

	<u>2016</u>
Notes payable to Trinity Health and affiliates	
Notes payable to Trinity Health and affiliates, interest payable at a weighted-average interest rate of 3.23% during 2016, payable in varying monthly installments, due through 2048	
Total notes payable to Trinity Health and affiliates	\$ 378,971
Less current portion	(7,451)
Notes payable to Trinity Health and affiliates, net of current portion	<u><u>\$ 371,520</u></u>
Long-term debt:	
Note payable to bank; interest payable at 3.75%, fixed, payable in varying monthly installments through 2021	\$ 370
Capital lease obligations (excluding imputed interest of \$.1 million at September 30, 2016)	3,864
Health First loans	395
Total long-term debt	<u>\$ 4,629</u>
Less current portion, net of current discounts	<u>(2,965)</u>
Long-term debt, net of current portion	<u><u>\$ 1,664</u></u>

Contractually obligated principal repayments on long-term debt are as follows (in thousands):

	Notes Payable to Trinity Health and Affiliates	Long-term Debt
Years ending September 30:		
2017	\$ 7,451	\$ 2,965
2018	7,915	910
2019	8,254	511
2020	8,637	180
2021	9,057	63
Thereafter	337,657	
Total	<u>\$ 378,971</u>	<u>\$ 4,629</u>

A summary of interest costs on borrowed funds during the years ended September 30 is as follows (in thousands):

	2016
Interest costs incurred	<u>\$ 13,193</u>

Obligated Group and Other Requirements – Trinity Health has debt outstanding under a master trust indenture dated October 3, 2013, as amended and supplemented thereto, the amended and restated master indenture (ARMI). The ARMI permits Trinity Health to issue obligations to finance certain activities. Obligations issued under the ARMI are joint and several obligations of the obligated group established thereunder (the “Obligated Group,” which currently consists of Trinity Health). Proceeds from the tax-exempt bonds and refunding bonds are to be used to finance the construction, acquisition and equipping of capital improvements. Proceeds from taxable bonds are to be used to finance corporation purposes. Certain regional health ministries of Trinity Health constitute designated affiliates and Trinity Health covenants to cause each designated affiliate to pay, loan or otherwise transfer to the Obligated Group such amounts necessary to pay the amounts due on all obligations issued under the ARMI. The Corporation and certain of its subsidiaries are designated affiliates under the ARMI. The Corporation has granted a security interest in their pledged property to secure obligations under the ARMI.

Long-Term Debt Notes Payable to Trinity Health – During the year ended September 30, 2016, the Corporation borrowed \$323 million under the Trinity Health intercompany loan program. The details of the borrowings are as follows:

On October 1, 2015, the Corporation defeased \$246 million of State of Connecticut health and educational facilities authority revenue bonds (Series E through M) by borrowing \$248 million under the Trinity Health Intercompany Loan Program (ICLP). Additionally, a Series F fixed-pay LIBOR swap was novated to Trinity Health as part of the asset purchase agreement on October 1, 2015.

On December 1, 2015, the Corporation borrowed \$20 million under the ICLP. The proceeds of this borrowing were used for renovations of a cancer center in Springfield, Massachusetts.

On January 1, 2016, the Corporation borrowed \$18 million under the ICLP. The proceeds of this borrowing were used for the purchase certain assets of Old Johnson in Stafford Springs, Connecticut (see Note 3).

On May 1, 2016, the Corporation borrowed \$20 million under the ICLP. The proceeds of this borrowing were used for cash flow needs.

On July 1, 2016, the Corporation borrowed \$17 million under the ICLP. The proceeds of this borrowing were used for the purchase of certain assets of MWA, P.C. and Physician Practice Partners, L.L.C. (see Note 3).

Line of credit – Saint Francis Hospital and Medical Center has a line of credit with a bank with a total line available of \$5 million, which expires in May 2017. The rate is LIBOR plus 1.5%. There were no amounts outstanding as of September 30, 2016. Saint Francis Hospital and Medical Center entered into a letter of credit arrangement with Johnson for \$1.3 million that expires on June 30, 2017. As of September 30, 2016, Johnson has not drawn down any amounts. Due to this arrangement the available line of credit to Saint Francis Hospital and Medical Center is \$3.7 million.

7. PROFESSIONAL AND GENERAL LIABILITY PROGRAMS

Prior to October 1, 2015, the Corporation was self-insured for a portion of its professional and comprehensive general liability claims. The Corporation included the accruals for the outstanding claims within self-insurance reserves in the consolidated financial statements.

Effective October 1, 2015, Trinity Assurance, Ltd (TAL), a wholly owned insurance company of Trinity Health, policies include the facilities and individuals that were previously insured with Saint Francis Indemnity Company, LLC (SFICL), a captive insurance company domiciled in the State of Vermont, whose sole member was Saint Francis Hospital and Medical Center. Policies issued and reinsurance purchased by SFICL prior to October 1, 2015, will remain in effect. SFICL did not, nor does it intend to, write or renew any insurance business after September 30, 2015. SFICL was merged into TAL on May 1, 2016, at which time all losses previous to October 1, 2015, for SFICL were assumed by TAL.

Effective August 1, 2016, TAL policies include the facilities and individuals that were previously insured with Saint Mary's Indemnity Company, LLC (SMICL), a captive insurance company domiciled in the State of Vermont, whose sole member is Saint Mary's Hospital. Policies issued and reinsurance purchased by SMICL prior to August 1, 2016, will remain in effect. SMICL did not, nor does it intend to, write or renew any insurance business after July 31, 2016, but will effectively run off its existing business. Management intends to fully merge SMICL into TAL by March 1, 2017, at which time all losses previous to August 1, 2016, for SMICL will be assumed by TAL.

The Corporation is a participant in a self-insured, pooled-risk professional and general liability program established for the regional health ministries of Trinity Health. As a result, the Corporation is self-insured for certain levels of general and professional liability, workers' compensation, and certain other claims. In 2016, Trinity Health assumed the Corporation's workers compensation liabilities as further described in Note 10.

Trinity Health's current self-insurance program was \$20 million per occurrence for the primary layers of professional liability, as well as \$10 million per occurrence for hospital government liability, \$5 million per occurrence for miscellaneous errors and omission liability, and \$1 million per occurrence for management liability (directors' and officers' and employment practices), network security and privacy liability and certain other coverages. In addition, through TAL and its various commercial reinsurers, the Corporation maintains integrated excess liability coverage with separate annual limits of \$100 million for professional/general liability, and management liability, network security and privacy liability. The Corporation self-insures \$750,000 per occurrence for workers' compensation in most states, with commercial insurance providing coverage up to the statutory limits, and self-insures up to \$500,000 in property values per occurrence with commercial insurance providing coverage up to \$1 billion.

The Corporation has contributed an amount to Trinity Health, representing its share of the expected losses under the aforementioned programs, and charged its contributions to expense. The liability for self-insurance reserves represents estimates of the ultimate net cost of all losses and loss adjustment expenses which are incurred but unpaid at the consolidated balance sheet date. The reserves are based on the loss and loss adjustment expense factors inherent in Trinity Health's premium structure. Independent consulting actuaries determined these factors from estimates of Trinity Health's expenses and available industrywide data. Trinity Health discounts the reserves to their present value using a discount rate of 3.0%. The reserves include estimates of future trends in claim severity and frequency. Although considerable variability is inherent in such estimates, management believes that the liability for unpaid claims and related adjustment expenses is adequate based on the loss experience of Trinity Health. The estimates are continually reviewed and adjusted as necessary. The amount of the changes to the estimated self-insurance reserves was determined based upon the annual independent actuarial analyses.

Claims in excess of certain insurance coverage and the recorded self-insurance liability have been asserted against the Corporation by various claimants. The claims are in various stages of processing, and some may ultimately be brought to trial. There are known incidents occurring through September 30, 2016, that may result in the assertion of additional claims, and other claims may be asserted arising from services provided in the past. While it is possible that settlement of asserted claims and claims that may be asserted in the future could result in liabilities in excess of amounts for which the Corporation has provided, management, based upon the advice of counsel, believes that the excess liability, if any, should not materially affect the consolidated financial position, operations or cash flows of the Corporation.

8. PENSION AND OTHER BENEFIT PLANS

Deferred Compensation – The Corporation has nonqualified deferred compensation plans that permit eligible employees to defer a portion of their compensation. The plans are funded and are distributable in cash after retirement or termination of employment. The plan allows participants to defer up to the dollar limits as set forth in the IRS Code for each applicable plan year of salary with interest accruing based on the investment selections of the participant. The deferred amounts are distributable in cash after retirement or termination of employment. At September 30, 2016, the assets and liabilities under these plans totaled \$6.5 million.

Defined Contribution Benefits – The Corporation sponsors defined contribution plans covering substantially all of its employees. The plans are funded by employee voluntary contributions, subject to legal limitations. Effective January 1, 2016, employer contributions to the plans include nonelective contributions of 2% to 3% of eligible compensation, and varying levels of matching contributions based on employee service. The employees direct their voluntary contributions and employer contributions among a variety of investment options. Contribution expense under the plans totaled \$21.8 million during the year ended September 30, 2016.

Defined Benefit Pension Plan – A portion of the Corporation's employees, Sisters of Providence, participate in a qualified noncontributory single employer defined benefit pension plan sponsored by Trinity Health. The plan's assets are invested in (equity securities, fixed income securities, money market investments, hedge funds, commingled funds directly holding securities, long/short equity, and private equity funds). The plan is accounted for as a multiple-employer plan for participating subsidiaries of Trinity Health and has church plan status as defined in the Employee Retirement Income Security Act of 1974 (ERISA). The Corporation has been allocated its share of pension costs, contributions and liabilities based on actuarial valuation of the Corporation's plan participants.

Noncontributory Defined Benefit Pension Plans – The Corporation maintains two frozen, nonqualified noncontributory defined benefit pension plans. One of the plans has church plan status as determined by the Internal Revenue Service (IRS) and is not governed by ERISA. One of the plans is subject to the provisions of ERISA.

Saint Francis Hospital Defined Benefit Plan – This plan has church plan status and has historically funded amounts equal to annual pension expense. Benefits are based on years of service and the employee’s compensation and include a cash balance account for each employee. Effective March 1, 2006, the Saint Francis Hospital and Medical Center amended the plan to close the plans to new participants on September 30, 2006, and to freeze accruals as of October 1, 2006, for participants whose age plus years of service (a minimum of 10 years) total less than 55. As of October 1, 2006, the Saint Francis Hospital and Medical Center established a defined contribution plan for all eligible nongrandfathered employees. The defined benefit plan became fully frozen effective October 1, 2009. The plan sponsor is Trinity Health.

Collaborative Laboratory Services Retirement Plan – This plan is subject to the provisions of the ERISA. The Corporation makes contributions in amounts sufficient to meet ERISA’s minimum funding requirements. Effective May 1, 2009, the plan was frozen for all grandfathered employees. The plan sponsor is Collaborative Laboratory Services, LLC.

Plan Acquisitions – As discussed in Note 3, the Corporation acquired Saint Mary’s on August 1, 2016, to include all related benefit plans. Saint Mary’s maintains a noncontributory, defined benefit pension plan for most employees, which are historically funded with available cash flow. This plan has church plan status as determined by the IRS and is therefore exempt from a majority of ERISA regulations. The plan was frozen to new entrants in 1997. In 2004, the plan’s benefits were curtailed to eliminate participants’ earnings of additional benefits for future services.

Postretirement Health Care Benefit Plan (“Postretirement Plan”) – The Corporation sponsors unfunded, noncontributory plans to provide health care benefits to certain of its retirees. The plan provides health insurance to retirees and spouses who have met certain eligibility and length of service requirements. The plan is closed to new participants. Medical benefits for these retirees are subject to deductibles and copayment provisions. Effective September 30, 2014, a plan amendment permanently capped the subsidy for the grandfathered participants to the 2014 funding level.

The following table sets forth the changes in projected benefit obligations, changes in plan assets and funded status of the plans for both the Pension and Postretirement Plans for the year ended September 30 (in thousands):

	<u>2016</u>	<u>2016</u>
	<u>Pension Plans</u>	<u>Postretirement Plans</u>
Change in benefit obligation		
Benefit obligation, beginning of year	\$ 467,096	\$ 6,841
Acquisition valuation adjustment	(19,155)	277
Interest cost	22,849	295
Actuarial (Loss)	47,471	526
Benefits paid	(20,488)	(855)
Medicare Part D reimbursement	-	-
Plan acquisition	155,010	-
Benefit obligation, end of year	<u>652,783</u>	<u>7,084</u>
Change in plan assets		
Fair value of plan assets, beginning of year	257,496	-
Actual return on plan assets	29,414	-
Employer contributions	12,601	-
Plan acquisition	66,800	-
Benefits paid	(20,488)	-
Fair value of plan assets, end of year	<u>345,823</u>	<u>-</u>
Net amount recognized in accrued pension and retiree health costs	<u>\$ (306,960)</u>	<u>\$ (7,084)</u>

Components of net periodic benefit cost for the year ended September 30 consisted of the following (in thousands):

	<u>2016</u>	<u>2016</u>
	<u>Pension Plans</u>	<u>Postretirement Plans</u>
Interest cost	\$ 22,849	\$ 295
Expected return on assets	<u>(18,549)</u>	<u>-</u>
Net periodic benefit cost	<u>\$ 4,300</u>	<u>\$ 295</u>

The amounts in unrestricted net assets, including amounts arising during the year and amounts reclassified into net periodic benefit cost, are as follows (in thousands):

	<u>Pension Plans</u>	<u>Postretirement Plans</u>	<u>All Plans</u>
	<u>Net</u>	<u>Net</u>	<u>Total</u>
	<u>(Gain) Loss</u>	<u>(Gain) Loss</u>	<u>Total</u>
Balance at October 1, 2015	\$ 210,866	\$ (2,145)	\$ 208,721
Acquisition valuation adjustment	(210,866)	2,145	(208,721)
Arising during the year	<u>36,607</u>	<u>526</u>	<u>37,133</u>
Balance at September 30, 2016	<u>\$ 36,607</u>	<u>\$ 526</u>	<u>\$ 37,133</u>

Assumptions used to determine benefit obligations and net periodic benefit cost for the years ended September 30 were as follows (in thousands):

	<u>2016</u>	<u>2016</u>
	<u>Pension Plans</u>	<u>Postretirement Plan</u>
Benefit Obligations:		
Discount rate	4.1%-4.25%	3.6%
Net Periodic Benefit Cost:		
Discount rate	3.9%-5.20%	4.4%
Expected long-term return on plan assets	7.00%	N/A
Rate of compensation increase	N/A	N/A

The following table summarizes the pension and Postretirement Plans' assets measured at fair value as of September 30 (in thousands):

	2016			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Pension plans:				
Cash and cash equivalents	\$ 13,644	\$ -	\$ -	\$ 13,644
Equity securities	790	-	-	790
Debt securities	-	-	-	-
Government and government agency obligations	-	33,952	-	33,952
Corporate bonds	-	28,129	-	28,129
Asset backed securities	-	12,997	-	12,997
Exchange traded/mutual funds:	-	-	-	-
Equity funds	56,715	-	-	56,715
Fixed income funds	96,645	-	-	96,645
Other	538	-	-	538
Subtotal	<u>\$ 168,332</u>	<u>\$ 75,078</u>	<u>\$ -</u>	<u>\$ 243,410</u>
Investments measured at net asset value:				
Commingled funds:				
Equity funds				102,413
Total pension plans' assets at fair value				<u>\$ 345,823</u>

Expected Contributions – The Corporation expects to contribute \$25 million to its pension plans and \$.8 million to its Postretirement Plans during the year ended 2017 under the Corporation's stated funding policies.

Expected Benefit Payments – The Corporation expects to pay the following pension benefits and expected postretirement benefits for the year ended (in thousands):

	<u>Pension Plans</u>	<u>Postretirement Plans</u>
2017	\$ 31,862	\$ 810
2018	32,706	767
2019	34,860	722
2020	36,288	677
2021	37,368	634
Years 2022 - 2026	197,012	2,538

9. COMMITMENTS AND CONTINGENCIES

Operating Leases – The Corporation leases various land, equipment, and facilities under operating leases. The total rental expense was \$20.1 million, which includes provisions for maintenance in some cases, for the year ended September 30, 2016.

The following is a schedule of future minimum lease payments under operating leases as of September 30, 2016, that have initial or remaining lease terms in excess of one year (in thousands):

Years ending September 30:	
2017	\$ 13,644
2018	11,707
2019	10,249
2020	8,858
2021	8,051
Thereafter	<u>39,064</u>
Total	<u><u>\$ 91,573</u></u>

Asset Retirement Obligations – The Corporation has conditional asset retirement obligations for certain fixed assets mainly related to removal of asbestos contained within facilities. This liability is included in other long-term liabilities.

A reconciliation of asset retirement obligations at September 30 is as follows (in thousands):

	<u>2016</u>
Asset retirement obligation, beginning of period	\$ 6,677
Accretion	408
Liabilities assumed through acquisitions	1,564
Liabilities settled	<u>(46)</u>
Asset retirement obligation, end of period	<u><u>\$ 8,603</u></u>

Litigation – The Corporation is involved in litigation and regulatory investigations arising in the course of doing business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Corporation’s consolidated financial position or results of operations.

On July 21, 2015, Saint Francis Hospital and Medical Center in Hartford, Connecticut, was notified that it was a defendant in a class action lawsuit filed in the US Court for the District of Connecticut challenging the church plan status of its employee pension plan. A final approval order was issued by the court on November 3, 2016, and became final on December 3, 2016. The settlement requires the Corporation to make a one-time contribution to the plan of \$17 million by February 1, 2017, and, for every year after, for nine years, make a \$10 million contribution on an annual basis. These amounts are included in the accrued pension and retiree health costs as of September 30, 2016.

Health Care Regulatory Environment – The health care industry is subject to numerous and complex laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, privacy, government health care program participation requirements and government reimbursement for patient services, fraud and abuse, and requirements for tax exemption for tax-exempt organizations. Compliance with such laws and regulations is complex and can be subject to future government interpretation as well as regulatory enforcement actions, including fines, penalties, and exclusion from government health care programs, such as Medicare and Medicaid. The Corporation and its subsidiaries periodically receive notices from governmental agencies requesting information regarding billing, payment, or other reimbursement matters or notices of the initiation of government investigations. The health care industry in general is experiencing an increase in these activities as federal and state governments increase their enforcement activities and institute new programs designed to identify potential irregularities in reimbursement or quality of patient care. Based on the information received to date, management does not believe the ultimate resolution of these matters will have a material adverse effect on the Corporation’s future consolidated financial position or results of operations.

10. RELATED-PARTY TRANSACTIONS

Trinity Health allocates the cost of centrally administered services to the Corporation. The Corporation also shares certain services with affiliates and other regional health ministries of Trinity Health. These services include information systems, benefits administration, treasury management, accounts payable, professional liability, worker’s compensation, pension, administration, supply chain, internal audit and corporate compliance, external audit, decision support, and corporate service allocation.

The composition of the related party transactions with Trinity Health and other regional health ministries for the years ended September 30 was as follows (in thousands):

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	<u>2016</u>
Amounts recorded in the consolidated balance sheets:	
Investment in Trinity Health pooled investment program	\$ 60,125
Assets limited or restricted as to use (less current portion):	
By board	26,661
By donors	2,734
Total investment in Trinity Health pooled investment program	<u>\$ 89,520</u>
Accounts and other receivables	
Prepaid charges for shared information systems	\$ 9,909
Other long-term assets	12,229
Accounts payable	4,095
Current portion of notes payable to Trinity Health and affiliates	7,451
Other long-term liabilities:	
Notes payable to Trinity Health and affiliates - net of current portion	371,520
Amounts recorded in the consolidated statements of operations and changes in net assets:	
Other revenue	876
Operating expenses:	
Employee benefits	3,291
Contract labor	427
Purchased services:	
Information services	16,436
Management services	6,897
Revenue management services	880
Supply chain and accounts payable services	765
Repairs and maintenance included in occupancy	814
Amortization	1,111
Interest	11,244
Insurance, included in other expenses	16,422
Nonoperating earnings in Trinity Health corporate pooled investment program	2,939
Cash payments under interest	(1,341)
Trinity Health corporate pooled investment program fees	(16)
Equity transfers of funds	(1,070)
Equity transfers—Push-down accounting	70,996

During the year ended September 30, 2016, the Corporation identified adjustments to the fair value of fixed assets, certain receivable and third-party payor reserves as of the date of acquisition. These adjustments, totaling approximately \$70.9 million, were recorded as a change to opening unrestricted net assets and are reflected in the table above as equity transfers to Trinity Health.

11. FAIR VALUE MEASUREMENTS

The Corporation's consolidated financial statements reflect certain assets and liabilities recorded at fair value. Assets and liabilities measured at fair value on a recurring basis on the Corporation's consolidated balance sheets include cash, cash equivalents, equity securities, debt securities, mutual funds, commingled funds, hedge funds, and interest rate swaps. Liabilities measured at fair value on a recurring basis for disclosure only include debt.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value should be based on assumptions that market participants would use, including a consideration of nonperformance risk.

To determine fair value, the Corporation uses various valuation methodologies based on market inputs. For many instruments, pricing inputs are readily observable in the market; the valuation methodology is widely accepted by market participants and involves little to no judgment. For other instruments, pricing inputs are less observable in the marketplace. These inputs can be subjective in nature and involve uncertainties and matters of considerable judgment. The use of different assumptions, judgments and/or estimation methodologies may have a material effect on the estimated fair value amounts.

The Corporation assesses the inputs used to measure fair value using a three level hierarchy based on the extent to which inputs used in measuring fair value are observable in the market. The fair value hierarchy is as follows:

Level 1 – Quoted (unadjusted) prices for identical instruments in active markets

Level 2 – Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar instruments in active markets
- Quoted prices for identical or similar instruments in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the instrument (interest rates, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by other observable market data

Level 3 – Unobservable inputs that cannot be corroborated by observable market data

Valuation Methodologies – Exchange-traded securities whose fair value is derived using quoted prices in active markets are classified as Level 1. In instances where quoted market prices are not readily available, fair value is estimated using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. The inputs to these models depends on the type of security being priced but are typically benchmark yields, credit spreads, prepayment speeds, reported trades and broker-dealer quotes, all with reasonable levels of transparency. Generally, significant changes in any of those inputs in insolation would result in a significantly different fair value measurement. The Corporation classifies these securities as Level 2 within the fair value hierarchy.

The Corporation maintains policies and procedures to value instruments using the best and most relevant data available. The Corporation has not adjusted the prices we have obtained. Third-party administrators do not provide access to their proprietary valuation models, inputs, and assumptions. Accordingly, the Corporation reviews the independent reports of internal controls for these service providers. In addition, on a quarterly basis, the Corporation performs reviews of investment consultant industry peer group benchmarking and supporting relevant market data. Finally, all of the fund managers have an annual independent audit performed by an accredited accounting firm. The Corporation reviews these audited financials for ongoing validation of pricing used. Based on the information available, the Corporation believes that the fair values provided by the third-party administrators and investment fund managers are representative of prices that would be received to sell the assets at September 30, 2016.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Corporation's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset.

Following is a description of the valuation methodologies the Corporation used for instruments recorded at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy:

Cash and Cash Equivalents – The carrying amounts reported in the consolidated balance sheets approximate their fair value. Certain cash and cash equivalents are included in investments and assets limited or restricted as to use in the consolidated balance sheets. This category includes commercial paper. The fair value of commercial paper is based on amortized cost. Commercial paper is designated as Level 2 investments with significant observable inputs including security cost, maturity and credit rating.

Equity Securities – Equity securities are valued at the closing price reported on the applicable exchange on which the security is traded, or are estimated using quoted market prices for similar securities.

Debt Securities – Debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

Exchange Traded/Mutual Funds – Exchange traded funds are valued at the closing price reported on the applicable exchange on which the fund is traded, or estimated using quoted market prices for similar securities. Mutual funds are valued using the net asset value based on the value of the underlying assets owned by the fund, minus liabilities, divided by the number of shares outstanding, and multiplied by the number of shares owned.

Investment in Pooled Investment Program:

Trinity Health invests in various investment vehicles of which the Corporation has included in investment in pooled investment program and assets limited or restricted as to use in the consolidated balance sheets including those described above. The following is a description of the other instruments included in the program along with the related valuation methodologies used:

Commingled Funds – Commingled funds are developed for investment by institutional investors only; and therefore, do not require registration with the Securities and Exchange Commission. Commingled funds are recorded at fair value based on either the underlying investments that have a readily determinable market value or based on net asset value, which is calculated using the most recent fund financial statements.

Hedge Funds – Hedge funds utilize either a direct or a “fund-of-funds” approach resulting in diversified multi-strategy, multi-manager investments. Underlying investments in these funds may include equity securities, debt securities, commodities, currencies, and derivatives. These funds are valued at net asset value, which is calculated using the most recent fund financial statements.

Equity Method Investments – Certain other investments are accounted for using the equity method. These investments are structured as limited liability corporations and partnerships and are designed to produce stable investment returns regardless of market activity. These investments utilize a combination of “fund-of-funds” and direct-fund investment resulting in a diversified multistrategy, multimanager investments approach. Some of these funds are developed by investment managers specifically for Trinity Health’s use and are similar to mutual funds, but are not traded on a public exchange. Underlying investments in these funds may include other funds, equity securities, debt securities, commodities, currencies, and derivatives. Audited information is only available annually based on the limited liability corporations, partnerships or funds’ year-end. Management’s estimates of the fair values of these investments are based on information provided by the third-party administrators and fund managers or the general partners. Management obtains and considers the audited financial statements of these investments when evaluating the overall reasonableness of the recorded value. In addition to a review of external information provided, management’s internal procedures include such things as review of returns against benchmarks and discussions with fund managers on performance, changes in personnel or process, along with evaluations of current market conditions for these investments. Because of the inherent uncertainty of valuations, values may differ materially from the values that would have been used had a ready market existed.

Interest Rate Swaps – The fair value of the derivatives, which are mainly interest rate swaps, are estimated utilizing the terms of the swaps and publicly available market yield curves along with the Trinity Health’s nonperformance risk as observed through the credit default swap market and bond market and based on prices for recent trades. These swap agreements are classified as Level 2 within the fair value hierarchy.

The following table present information about the fair values of financial instruments measured at fair value on a recurring basis and recorded at September 30 (in thousands):

	2016			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Assets:				
Cash and cash equivalents	\$ 117,102	\$ 1,068	\$ -	\$ 118,170
Equity securities	15,710	-	-	15,710
Debt securities:				
Government and government agency obligations	-	10,951	-	10,951
Corporate bonds	-	10,049	-	10,049
Asset backed securities	-	2,082	-	2,082
Mutual funds:				
Equity mutual funds	61,188	-	-	61,188
Fixed income mutual funds	14,362	-	-	14,362
Real estate investment funds	2,482	-	-	2,482
Other	1,677	-	-	1,677
Interest rate swaps	-	-	-	-
Total assets at fair value	<u>\$ 212,521</u>	<u>\$ 24,150</u>	<u>\$ -</u>	<u>\$ 236,671</u>
Investments measured at net asset value:				
Commingled funds				-
Hedge funds				1,627
Equity method investments				<u>2,000</u>
Total assets				<u><u>\$ 240,298</u></u>

The following table reconciles the information about the fair value of the Corporation's financial instruments measured at fair value on a recurring basis presented in the table above to amounts presented in the consolidated balance sheets (in thousands):

	<u>2016</u>
Assets:	
Cash and cash equivalents	\$ 92,355
Investments	74,937
Assets limited or restricted as to use—Current portion	6,853
Assets limited or restricted as to use - Noncurrent portion:	
Held by trustees under bond indenture agreements	-
Self-insurance, benefit plans, and other	26,064
By board	39,825
By donor	110,059
Total	<u>\$ 350,093</u>
Less:	
Total unconditional promises to give, net	(13,743)
Investments in Trinity Health's pooled investment program	(89,520)
Centrally managed deferred compensation	(6,532)
Total assets	<u><u>\$ 240,298</u></u>

Investments in Entities that Calculate Net Asset Value per Share: The Corporation holds shares or interests in investment companies at year-end, included in commingled funds and hedge funds, where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company. There were no unfunded commitments as of September 30, 2016. The fair value and redemption rules of these investments are as follows (in thousands):

	<u>Investments Held at September 30, 2016</u>		
	<u>Fair Value</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Commingled funds	\$ -		
Hedge funds	<u>1,627</u>	Monthly, quarterly, semi-annually, bi-annually	15-95 days
Total	<u><u>\$ 1,627</u></u>		

The following table summarizes information about the fair value of the Corporation's financial assets in the investment in the Trinity Health's pooled investment program at September 30, 2016, according to the asset category and the valuation techniques used to determine their fair values:

	2016			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Cash and cash equivalents	11%	0%	0%	11%
Equity securities	19%	0%	0%	19%
Debt securities:				
Government and government agency obligations	0%	5%	0%	5%
Corporate debt securities	0%	9%	0%	9%
Asset backed securities	0%	2%	0%	2%
Bank loans	0%	1%	0%	1%
Other	0%	0%	0%	0%
Mutual funds:				
Equity mutual funds	4%	0%	0%	4%
Fixed income mutual funds	1%	0%	0%	1%
Real estate investment funds	0%	0%	0%	0%
Other	0%	0%	0%	0%
Interest rate swaps	0%	0%	0%	0%
 Total investments at fair value in Trinity Health corporate pooled investment program	 35%	 17%	 0%	 <u>52%</u>
Investments measured at net asset value:				
Commingled funds				20%
Hedge funds				12%
Equity method investments				16%
 Total investments in Trinity Health pooled investment program				 <u>100%</u>

The composition of investment returns, including earnings on investments in the Trinity Health pooled investment program, included in the consolidated statements of operations and changes in net assets for the years ended September 30 are as follows (in thousands):

	2016
Dividend, interest income and other	\$ 2,494
Realized gains net	2,132
Realized equity gains, other investments	1,754
Change in net unrealized gains on investments	5,032
Total investment return	<u>\$ 11,412</u>
Included in:	
Operating income	\$ 1,384
Nonoperating items	7,114
Changes in restricted net assets	2,914
Total investment return	<u>\$ 11,412</u>

In addition to investments, assets restricted as to use include receivables for unconditional promises to give cash and other assets net of allowances for uncollectible promises to give. Unconditional promises to give consist of the following at September 30 (in thousands):

	<u>2016</u>
Amounts expected to be collected in:	
Less than one year	\$ 4,413
One to five years	8,397
More than five years	<u>3,390</u>
	16,200
Discount to present value of future cash flows	(1,529)
Allowance for uncollectible amounts	<u>(928)</u>
Total unconditional promises to give, net	<u><u>\$ 13,743</u></u>

Patient Accounts Receivable, Estimated Receivables from Third-Party Payors, and Current Liabilities – The carrying amounts reported in the consolidated balance sheets approximate their fair value.

Long-term Debt – The fair value of the Corporation’s intercompany debt under the Trinity Health intercompany loan program is based on its proportionate share of Trinity Health’s fair value for its tax-exempt fixed and variable rate bonds issued under its master indenture. The carrying amounts of Trinity Health’s variable rate debt approximate its fair values. The fair value of Trinity Health’s fixed rate debt is estimated using discounted cash flow analyses, based on current incremental borrowing rates for similar types of borrowing arrangements. Under the fair value hierarchy, these financial instruments are valued primarily using Level 2 inputs. The fair value of the tax-exempt fixed rate long-term revenue and refunding bonds was \$379 million September 30, 2016. The fair values of the remaining fixed rate capital leases and notes payable to banks are not materially different from their carrying values.

12. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Temporarily restricted net assets and permanently restricted net assets at September 30 are available for the following purposes (in thousands):

	<u>2016</u>
Temporarily Restricted Net Assets	
Education and research	\$ 3,494
Building and equipment	19,394
Patient care	2,376
Cancer Center/research	1,485
Services for elderly care	439
Other	11,974
Total	<u><u>\$ 39,162</u></u>
Permanently Restricted Net Assets:	
Hospital operations	<u><u>\$ 74,177</u></u>

The Corporation's endowments consist of funds established for a variety of purposes. Endowments include both donor-restricted endowment funds and funds designated by the board to function as endowments. Net assets associated with endowment funds, including funds designated by the board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The Corporation considers various factors in making a determination to appropriate or accumulate donor-restricted endowment funds.

The Corporation employs a total return investment approach whereby a mix of equities and fixed income investments are used to maximize the long-term return of endowment funds for a prudent level of risk. The Corporation targets a diversified asset allocation to achieve its long-term return objectives within prudent risk constraints. The Corporation can appropriate each year all available earnings in accordance with donor restrictions. The endowment corpus is to be maintained in perpetuity. Certain donor-restricted endowments require a portion of annual earnings to be maintained in perpetuity along with the corpus. Only amounts exceeding the amounts required to be maintained in perpetuity are expended.

The following table summarizes endowment net asset composition by type of fund at September 30 (in thousands):

	2016			
	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Donor-restricted endowment funds	\$ 10,945	\$ 3,789	\$ 74,177	\$ 88,911
Board-designated endowment funds	-	-	-	-
Total endowment funds	\$ 10,945	\$ 3,789	\$ 74,177	\$ 88,911

Changes in endowment net assets for the year ended September 30 include (in thousands):

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Endowment net assets, October 1, 2015	\$ -	\$ 3,200	\$ 55,404	\$ 58,604
Investment return:				
Investment gains	184	23	-	207
Change in net realized and unrealized gains	1,175	157	2,277	3,609
Total investment return	1,359	180	2,277	3,816
Acquisition of Saint Mary's	-	409	16,526	16,935
Equity transfer	9,586	-	-	9,586
Appropriation of endowment assets for expenditures	-	-	(30)	(30)
Other	-	-	-	-
Endowment net assets, September 30, 2016	\$ 10,945	\$ 3,789	\$ 74,177	\$ 88,911

The table below describes the restrictions for endowment amounts classified as temporarily restricted net assets and permanently restricted net assets as of September 30 (in thousands):

	<u>2016</u>
Temporarily restricted net assets:	
The portion of perpetual endowment funds subject to a purpose restriction:	
Total endowment funds classified as temporarily restricted net assets	<u>\$ 3,789</u>
Permanently restricted net assets	
Investment to be held in perpetuity, the income from which is expendable to support health care services	<u>\$ 74,177</u>

Funds with Deficiencies – Periodically the fair value of assets associated with the individual donor-restricted endowment funds may fall below the level that the donor or law requires the Corporation to retain as a fund of perpetual duration. Deficiencies of this nature are reported in unrestricted net assets. These deficiencies resulted from unfavorable market fluctuations and/or continued appropriation for certain programs that was deemed prudent by the Corporation.

13. INCOME TAXES

At September 30, 2016, the Corporation's taxable subsidiaries have unused net operating loss carry forwards for tax purposes of approximately \$159 million, respectively, available to offset future taxable income. These loss carry forwards begin to expire in 2018. The Corporation has recognized a valuation allowance for the entire amount of the deferred tax asset related to net operating loss carry forwards. Deferred tax liabilities are immaterial.

14. SUBSEQUENT EVENTS

Management has evaluated subsequent events through January 25, 2017, the date the financial statements were issued.

Trinity Health - New England, Inc.
(A Member of Trinity Health)

Consolidated Balance Sheet
As of September 30, 2016
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Saint Francis Indemnity Co.	Collaborative Laboratory Services	Medworks	Total Laundry Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center	Mount Sinai Rehabilitation Hospital, Inc.	Saint Francis Hospital and Medical Center Foundation, Inc.	Saint Francis Medical Group and Subsidiary	Asylum Hill Family Medicine Center, Inc.	Intercompany Eliminations	Saint Francis Consolidated
ASSETS																
CURRENT ASSETS:																
Cash and cash equivalents	\$ 17,282	\$ 7,525	\$ -	\$ 979	\$ 207	\$ 158	\$ 243	\$ 543	\$ -	\$ 26,937	\$ 10,502	\$ -	\$ 6,530	\$ 967	\$ -	\$ 44,936
Investments	4,288	-	-	-	-	-	-	-	-	4,288	10,309	38	-	-	-	14,635
Investments in Trinity Health pooled investment program	33,338	-	-	-	-	-	-	-	-	33,338	-	-	-	-	-	33,338
Assets limited or restricted as to use—Current portion	-	-	-	-	-	-	-	-	-	-	-	2,303	-	-	-	2,303
Patient accounts receivable, net of allowance for doubtful accounts of \$ 34.9 million as of September 30, 2016	64,589	-	-	1,174	14	-	721	221	-	66,719	1,965	-	5,672	365	-	74,721
Estimated receivables from third-party payors	5,513	-	-	-	-	-	-	-	-	5,513	-	-	-	-	-	5,513
Other receivables	3,498	1	-	2	222	183	-	33	-	3,939	13	-	1,356	487	-	5,795
Receivables from affiliates	47,486	12,457	-	1,798	-	-	-	-	(9,734)	52,007	2,988	-	-	-	(23,303)	31,692
Inventories	8,913	-	-	-	-	-	-	-	-	8,913	-	-	-	-	-	8,913
Prepaid expenses and other current assets	3,861	-	-	147	2	10	7	8	-	4,035	81	14	174	-	-	4,304
Total current assets	188,768	19,983	-	4,100	445	351	971	805	(9,734)	205,689	25,858	2,355	13,732	1,819	(23,303)	226,150
ASSETS LIMITED OR RESTRICTED AS TO USE—Noncurrent portion:																
Self-insurance, benefit plans, and other	2,118	-	-	-	-	-	-	-	-	2,118	-	-	3,068	-	-	5,186
By board	23,504	-	-	-	-	-	-	-	-	23,504	-	-	-	-	-	23,504
By donors	74,738	-	-	-	-	-	-	-	-	74,738	-	9,315	-	-	-	84,053
Total assets limited or restricted as to use—Noncurrent portion	100,360	-	-	-	-	-	-	-	-	100,360	-	9,315	3,068	-	-	112,743
PROPERTY AND EQUIPMENT—Net	389,982	5,636	-	730	55	45	274	22	-	396,744	997	11	1,537	93	-	399,382
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	13,266	-	-	-	-	-	-	-	-	13,266	350	-	-	-	(11,681)	1,935
INTANGIBLE ASSETS	7,050	-	-	-	-	-	-	-	-	7,050	-	-	-	-	-	7,050
OTHER ASSETS	48,717	-	-	-	-	-	-	-	-	48,717	-	-	5	-	-	48,722
TOTAL ASSETS	\$ 748,143	\$ 25,619	\$ -	\$ 4,830	\$ 500	\$ 396	\$ 1,245	\$ 827	\$ (9,734)	\$ 771,826	\$ 27,205	\$ 11,681	\$ 18,342	\$ 1,912	\$ (34,984)	\$ 795,982

Trinity Health - New England, Inc.
(A Member of Trinity Health)

Consolidated Balance Sheet (Continued)
As of September 30, 2016
(In Thousands)

	Johnson Memorial Hospital	Johnson Home & Community Health Services	Johnson Memorial Medical Center	Johnson Health Care	Intercompany Eliminations	Johnson Consolidated	Saint Mary's Hospital	Saint Mary's Indemnity Co LLC	Diagnostic Imaging of Southbury	Naugatuck Valley MRI LLC	Saint Mary's Phys Partners	Franklin Medical Group PC	Saint Mary's Foundation	Intercompany Eliminations	Saint Mary's Consolidated	Trinity Health New England	Connecticut Eliminations	Connecticut Total	Sisters of Providence Consolidated	Trinity Health NE - Eliminations	Trinity Health New England, Inc.
ASSETS																					
CURRENT ASSETS:																					
Cash and cash equivalents	\$ 86	\$ (73)	\$ -	\$ 160	\$ -	\$ 173	\$ 19,731	\$ -	\$ 460	\$ 87	\$ 53	\$ 507	\$ 1,170	\$ -	\$ 22,008	\$ 5,199	\$ -	\$ 72,316	\$ 20,039	\$ -	\$ 92,355
Investments	-	-	-	-	-	-	177	-	-	-	-	-	-	-	177	-	-	-	14,812	-	14,812
Investments in Trinity Health pooled investment program	1,068	130	53	-	-	1,251	-	-	-	-	-	-	-	-	-	-	-	-	34,589	25,536	60,125
Assets limited or restricted as to use—Current portion	-	-	-	-	-	-	-	3,418	-	-	-	-	-	33	3,451	-	-	-	5,754	1,099	6,853
Patient accounts receivable, net of allowance for doubtful accounts of \$ 34.9 million as of September 30, 2016	17,417	1,865	-	70	-	19,352	26,179	-	388	218	-	3,310	-	-	30,095	-	-	-	124,168	46,912	171,080
Estimated receivables from third-party payors	3,525	80	55	-	-	3,660	3,212	9,773	-	-	-	488	-	(9,773)	3,700	-	-	-	5,513	2,107	7,620
Other receivables	-	-	3,157	-	(2,732)	425	-	-	-	-	-	-	-	-	-	-	(28,970)	-	13,155	7,175	20,330
Receivables from affiliates	1,513	-	-	-	-	1,513	3,889	-	-	-	-	-	1	-	3,890	-	-	-	3,147	-	3,147
Inventories	677	58	15	-	-	750	2,930	261	34	223	-	58	9	-	3,515	-	-	-	14,316	5,479	19,795
Prepaid expenses and other current assets	24,286	2,060	3,280	230	(2,732)	27,124	56,118	13,452	882	528	53	4,363	1,213	(9,773)	66,836	5,199	(28,970)	296,339	111,165	-	407,504
ASSETS LIMITED OR RESTRICTED AS TO USE—Noncurrent portion:																					
Self-insurance, benefit plans, and other	-	-	-	-	-	-	-	19,531	-	-	-	-	-	-	19,531	-	-	-	24,717	1,347	26,064
By Board	-	-	-	-	-	-	10,849	-	-	-	-	-	-	-	12,295	-	-	-	35,799	4,026	39,825
By Donors	542	94	-	-	-	636	19,329	-	-	-	-	-	2,974	(2,978)	19,325	-	-	-	104,014	6,045	110,059
Total assets limited or restricted as to use—Non-current portion	542	94	-	-	-	636	30,178	19,531	-	-	-	-	4,420	(2,978)	51,151	-	-	-	164,530	11,418	175,948
PROPERTY AND EQUIPMENT—Net	20,756	12	4,440	-	-	25,208	96,482	-	1,747	383	-	2,400	-	-	101,012	-	-	-	525,602	116,041	641,643
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	3,202	-	-	-	-	3,202	28,259	-	-	-	-	-	-	(22,048)	6,211	14,967	(14,847)	-	11,468	830	12,298
INTANGIBLE ASSETS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7,050	-	-	7,437	-	14,487
OTHER ASSETS	806	-	-	-	-	806	3,221	-	-	-	-	-	-	-	3,221	18,000	(18,000)	-	52,749	32,946	85,695
TOTAL ASSETS	\$ 49,592	\$ 2,166	\$ 7,720	\$ 230	\$ (2,732)	\$ 56,976	\$ 214,258	\$ 32,983	\$ 2,629	\$ 911	\$ 53	\$ 6,763	\$ 5,633	\$ (34,799)	\$ 228,431	\$ 38,166	\$ (61,817)	\$ 1,057,738	\$ 279,837	\$ -	\$ 1,337,575

Trinity Health - New England, Inc.
(A Member of Trinity Health)

Consolidated Balance Sheet (Continued)
As of September 30, 2016
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Saint Francis Indemnity Co.	Collaborative Laboratory Services	Medworks	Total Laundry Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center	Mount Sinai Rehabilitation Hospital, Inc.	Saint Francis Hospital and Medical Center Foundation, Inc.	Saint Francis Medical Group and Subsidiary	Asylum Hill Family Medicine Center, Inc.	Intercompany Eliminations	Saint Francis Consolidated
LIABILITIES AND NET ASSETS																
CURRENT LIABILITIES:																
Current portion of long-term debt	\$ 6,925	\$ -	\$ -	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,928	\$ 1	\$ -	\$ 10	\$ -	\$ (197)	\$ 6,742
Current portion of notes payable to Trinity Health and affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Accounts payable	33,443	8	-	1,282	251	459	(26)	21	(62)	35,376	43	166	990	1,791	-	38,366
Accounts payable affiliates	-	-	-	-	186	152	1,463	7,933	(9,734)	-	-	826	16,473	1,931	(19,230)	-
Accrued expenses	720	23	-	-	-	-	1	-	-	744	-	9	-	-	-	753
Salary, wages, and related liabilities	38,144	-	-	1,749	47	-	456	653	-	41,049	2,132	-	15,641	230	-	59,052
Current portion of self-insurance reserves	9,045	-	-	-	-	-	-	-	-	9,045	-	-	-	-	-	9,045
Estimated payables to third-party payors	8,953	-	-	-	-	-	-	-	-	8,953	868	-	1,316	-	-	11,137
Total current liabilities	97,230	31	-	3,034	484	611	1,894	8,607	(9,796)	102,095	3,044	1,001	34,430	3,952	(19,427)	125,095
LONG-TERM DEBT - Net of current portion	237,732	-	-	-	-	-	-	-	-	237,732	-	-	5	-	(4,073)	233,664
NOTES PAYABLE TO TRINITY HEALTH AND AFFILIATES - Net of current portion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SELF-INSURANCE RESERVES - Net of current portion	40,654	-	-	-	-	-	-	-	-	40,654	-	-	-	-	-	40,654
ACCRUED PENSION AND RETIREE HEALTH COSTS	227,408	-	-	4,207	-	-	-	-	-	231,615	-	-	-	-	-	231,615
OTHER LONG-TERM LIABILITIES	11,214	-	-	-	-	-	-	-	-	11,214	-	151	3,068	-	197	14,630
Total liabilities	614,238	31	-	7,241	484	611	1,894	8,607	(9,796)	623,310	3,044	1,152	37,503	3,952	(23,303)	645,658
NET ASSETS:																
Unrestricted net assets	49,222	25,588	-	(2,411)	16	(215)	(649)	(7,780)	62	63,833	22,498	(1,151)	(19,161)	(2,040)	-	63,979
Noncontrolling ownership interest in subsidiaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total unrestricted net assets	49,222	25,588	-	(2,411)	16	(215)	(649)	(7,780)	62	63,833	22,498	(1,151)	(19,161)	(2,040)	-	63,979
Temporarily restricted net assets	29,372	-	-	-	-	-	-	-	-	29,372	1,663	11,467	-	-	(11,467)	31,035
Permanently restricted net assets	55,311	-	-	-	-	-	-	-	-	55,311	-	213	-	-	(213)	55,311
Total net assets	133,905	25,588	-	(2,411)	16	(215)	(649)	(7,780)	62	148,516	24,161	10,529	(19,161)	(2,040)	(11,680)	150,325
TOTAL LIABILITIES AND NET ASSETS	\$ 748,143	\$ 25,619	\$ -	\$ 4,830	\$ 500	\$ 396	\$ 1,245	\$ 827	\$ (9,734)	\$ 771,826	\$ 27,205	\$ 11,681	\$ 18,342	\$ 1,912	\$ (34,983)	\$ 795,983

Trinity Health - New England, Inc.
(A member of Trinity Health)

Consolidated Balance Sheet (Continued)

As of September 30, 2016

(In Thousands)

	Johnson Memorial Hospital	Home & Community Health Services	Johnson Memorial Medical Center	Johnson Health Care	Intercompany Elimination	Johnson Consolidated	Saint Mary's Hospital	Saint Mary's Indemnity Co LLC	Diagnostic Imaging of Southbury	Naugatuck Valley MRI LLC	Saint Mary's Phys Partners	Franklin Medical Group PC	Saint Mary's Foundation	Intercompany Eliminations	Saint Mary's Consolidated	Trinity Health New England	Connecticut Eliminations	Connecticut Total	Sisters of Providence Consolidated	Trinity Health NE- Eliminations	Trinity Health New England, Inc.
LIABILITIES AND NET ASSETS																					
CURRENT LIABILITIES:																					
Current portion of long-term debt	\$ 389	\$ -	\$ -	\$ -	\$ -	\$ 389	\$ 89	\$ -	\$ 83	\$ 165	\$ -	\$ -	\$ -	\$ -	\$ 337	\$ (4,756)	\$ -	\$ 2,712	\$ 253	\$ -	\$ 2,965
Current portion of notes payable to Trinity Health and affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,108	-	5,108	2,343	-	7,451
Accounts payable	4,482	382	37	61	-	4,962	19,979	40	209	177	12	835	64	-	21,316	897	-	65,541	16,553	-	82,094
Accounts payable affiliates	23,269	2,701	-	31	(2,732)	23,269	1,994	-	-	-	164	3,354	20	(5,532)	-	5,701	(28,970)	-	-	-	-
Accrued expenses	-	113	19	-	-	132	1,888	-	-	-	-	-	-	-	1,888	-	-	2,773	2,664	-	5,437
Salary, wages, and related liabilities	2,490	273	-	25	-	2,788	9,183	-	329	19	-	3,242	-	-	12,773	1,000	-	75,613	24,982	-	100,595
Current portion of self-insurance reserves	532	96	-	2	-	630	2,324	-	-	-	-	-	-	-	2,324	-	-	11,999	5,607	-	17,606
Estimated payables to third-party payors	844	31	-	-	-	875	2,990	-	-	-	-	901	-	-	3,891	-	-	15,903	4,732	-	20,635
Total current liabilities	32,006	3,596	56	119	(2,732)	33,045	38,447	40	621	361	176	8,332	84	(5,532)	42,529	7,950	(28,970)	179,649	57,134	-	236,783
LONG-TERM DEBT - Net of current portion	4,367	-	-	-	-	4,367	-	-	287	299	-	-	-	-	586	(237,165)	-	1,452	212	-	1,664
NOTES PAYABLE TO TRINITY HEALTH AND AFFILIATES - Net of current portion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	254,704	-	254,704	116,816	-	371,520
SELF-INSURANCE RESERVES - Net of current portion	806	-	-	-	-	806	10,376	14,572	-	-	-	-	-	(4,241)	20,707	-	-	62,167	16,775	-	78,942
ACCRUED PENSION AND RETIREE HEALTH COSTS	-	-	-	-	-	-	82,429	-	-	-	-	-	-	-	82,429	-	-	314,044	-	-	314,044
OTHER LONG-TERM LIABILITIES	18,039	-	-	-	-	18,039	2,326	-	-	-	-	-	-	-	2,326	-	(18,000)	16,995	2,145	-	19,140
Total liabilities	55,218	3,596	56	119	(2,732)	56,257	133,578	14,612	908	660	176	8,332	84	(9,773)	148,577	25,489	(46,970)	829,011	193,082	-	1,022,093
NET ASSETS:																					
Unrestricted net assets	(6,169)	(1,495)	7,635	111	-	82	62,162	18,371	1,721	251	(123)	(1,569)	2,572	(24,637)	58,748	12,677	(14,848)	120,638	78,917	-	199,555
Noncontrolling ownership interest in subsidiaries	-	-	-	-	-	-	-	-	-	-	-	-	-	2,588	2,588	-	-	2,588	-	-	2,588
Total unrestricted net assets	(6,169)	(1,495)	7,635	111	-	82	62,162	18,371	1,721	251	(123)	(1,569)	2,572	(22,049)	61,336	12,677	(14,848)	123,226	78,917	-	202,143
Temporarily restricted net assets	543	65	29	-	-	637	1,970	-	-	-	-	-	1,927	(1,927)	1,970	-	-	33,642	5,520	-	39,162
Permanently restricted net assets	-	-	-	-	-	-	16,548	-	-	-	-	-	1,050	(1,050)	16,548	-	-	71,859	2,318	-	74,177
Total net assets	(5,626)	(1,430)	7,664	111	-	719	80,680	18,371	1,721	251	(123)	(1,569)	5,549	(25,026)	79,854	12,677	(14,848)	228,727	86,755	-	315,482
TOTAL LIABILITIES AND NET ASSETS	\$ 49,592	\$ 2,166	\$ 7,720	\$ 230	\$ (2,732)	\$ 56,976	\$ 214,258	\$ 32,983	\$ 2,629	\$ 911	\$ 53	\$ 6,763	\$ 5,633	\$ (34,799)	\$ 228,431	\$ 38,166	\$ (61,818)	\$ 1,057,738	\$ 279,837	\$ -	\$ 1,337,575

Trinity Health - New England, Inc.
(A member of Trinity Health)

Consolidated Statement of Operations and Changes in Net Assets
For The Year Ended September 30, 2016
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Saint Francis Indemnity Co.	Collaborative Laboratory Services	Medworks	Total Laundry Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center	Mount Sinai Rehabilitation Hospital, Inc.	Saint Francis Hospital and Medical Center Foundation, Inc.	Saint Francis Medical Group and Subsidiary	Asylum Hill Family Medicine Center, Inc.	Intercompany Eliminations	Saint Francis Consolidated
UNRESTRICTED REVENUE:																
Patient service revenue, net of contractual and other allowances	\$ 745,036	\$ -	\$ -	\$ 14,190	\$ -	\$ -	\$ 4,435	\$ 3,404	\$ -	\$ 767,065	\$ 49,307	\$ -	\$ 64,494	\$ 3,528	\$ -	\$ 884,394
Provision for bad debts	(14,575)	-	-	(350)	(224)	(122)	(409)	(180)	-	(15,860)	(268)	-	(2,106)	(101)	-	(18,335)
Net patient service revenue less provision for bad debts	730,461	-	-	13,840	(224)	(122)	4,026	3,224	-	751,205	49,039	-	62,388	3,427	-	866,059
Capitation revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net assets released from restrictions	3,396	-	-	-	-	-	-	-	-	3,396	505	4,050	-	-	-	7,951
Other revenue	37,245	3,184	-	22,088	1,047	5,077	1,088	3,095	(31,473)	41,351	2,839	362	50,745	1,054	(55,092)	41,259
Total unrestricted revenue	771,102	3,184	-	35,928	823	4,955	5,114	6,319	(31,473)	795,952	52,383	4,412	113,133	4,481	(55,092)	915,269
EXPENSES:																
Salaries and wages	257,995	-	-	13,975	427	-	4,052	6,023	-	282,472	14,716	-	103,713	2,458	-	403,359
Employee benefits	64,724	-	-	3,791	33	347	549	1,060	(3,639)	66,865	3,480	-	13,542	388	(84)	84,191
Contract labor	37,529	163	-	473	34	2,589	264	155	(9,347)	31,860	2,202	956	4,170	31	(8,500)	30,719
Total labor expenses	360,248	163	-	18,239	494	2,936	4,865	7,238	(12,986)	381,197	20,398	956	121,425	2,877	(8,584)	518,269
Supplies	121,088	1	-	7,212	43	568	31	11	-	128,954	14,368	146	1,970	321	-	145,759
Purchased services	40,381	4	-	6,482	136	504	438	58	(4,149)	43,854	724	832	3,824	226	(2,060)	47,400
Depreciation and amortization	43,827	549	-	63	19	7	82	8	-	44,555	386	1	174	21	-	45,137
Occupancy	34,035	130	-	3,215	92	916	512	279	(961)	38,218	514	15	3,620	505	(2,468)	40,404
Interest	8,464	-	-	-	-	-	-	-	-	8,464	-	-	1	-	-	8,465
Other	152,655	105	-	688	99	30	153	262	(13,407)	140,585	718	421	5,697	1,710	(41,980)	107,151
Total expenses	760,698	952	-	35,899	883	4,961	6,081	7,856	(31,503)	785,827	37,108	2,371	136,711	5,660	(55,092)	912,585
OPERATING INCOME (LOSS)	10,404	2,232	-	29	(60)	(6)	(967)	(1,537)	30	10,125	15,275	2,041	(23,578)	(1,179)	-	2,684
NONOPERATING ITEMS:																
Earnings in Trinity Health pooled investment program	2,168	-	-	-	-	-	-	-	-	2,168	-	-	-	-	-	2,168
Investment income	4,716	-	-	-	-	-	-	19	-	4,716	19	3	2	-	-	4,740
Loss from early extinguishment of debt	(4,034)	-	-	-	-	-	-	-	-	(4,034)	-	-	-	-	-	(4,034)
Inherent contribution related to acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss on earnings of unconsolidated affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest cost on interest rate swaps	(925)	-	-	-	-	-	-	-	-	(925)	-	-	-	-	-	(925)
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total nonoperating items	1,925	-	-	-	-	-	-	-	-	1,925	19	3	2	-	-	1,949
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES-net	\$ 12,329	\$ 2,232	\$ -	\$ 29	\$ (60)	\$ (6)	\$ (967)	\$ (1,537)	\$ 30	\$ 12,050	\$ 15,294	\$ 2,044	\$ (23,576)	\$ (1,179)	\$ -	\$ 4,633

Trinity Health - New England, Inc.
(A member of Trinity Health)

Consolidated Statement of Operations and Changes in Net Assets (Continued)
For The Year Ended September 30, 2016
(In Thousands)

	Johnson Memorial Hospital	Home & Community Health Services	Johnson Memorial Medical Center	Johnson Health Care	Intercompany Elimination	Johnson Consolidated	Saint Mary's Hospital	Saint Mary's Indemnity Co LLC	Diagnostic Imaging of Southbury	Naugatuck Valley MRI LLC	Saint Mary's Phys Partners	Franklin Medical Group PC	Saint Mary's Foundation	Intercompany Eliminations	Saint Mary's Consolidated	Trinity Health New England	Connecticut Eliminations	Connecticut Total	Sisters of Providence Consolidated	Trinity Health NE- Eliminations	Trinity Health New England, Inc.
UNRESTRICTED REVENUE:																					
Patient service revenue, net of contractual and other allowances	\$ 44,739	\$ 2,667	\$ -	\$ 358	\$ (11)	\$ 47,753	\$ 44,946	\$ -	\$ 994	\$ 328	\$ -	\$ 5,472	\$ -	\$ -	\$ 51,740	\$ -	\$ -	\$ 983,887	\$ 378,007	\$ -	\$ 1,361,894
Provision for bad debts	(1,262)	(341)	-	(2)	-	(1,605)	(935)	-	-	-	-	(504)	(3)	-	(1,442)	-	-	(21,382)	(6,196)	-	(27,578)
Net patient service revenue less provision for bad debts	43,477	2,326	-	356	(11)	46,148	44,011	-	994	328	-	4,968	(3)	-	50,298	-	-	962,505	371,811	-	1,334,316
Capitation revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18,695
Net assets released from restrictions	9	1	-	-	-	10	30	-	-	-	-	-	-	-	30	-	-	7,991	287	-	8,278
Other revenue	2,433	11	831	-	(169)	3,106	892	35	1	-	-	523	161	(382)	1,230	19,885	(16,490)	48,990	37,003	(7,580)	78,413
Total unrestricted revenue	45,919	2,338	831	356	(180)	49,264	44,933	35	995	328	-	5,491	158	(382)	51,558	19,885	(16,490)	1,019,486	427,796	(7,580)	1,439,702
EXPENSES:																					
Salaries and wages	20,029	1,873	-	189	-	22,091	15,392	-	209	70	39	6,653	39	-	22,402	-	-	447,852	193,831	-	641,683
Employee benefits	4,257	389	-	30	-	4,676	4,065	-	41	9	-	640	10	-	4,765	1,298	-	94,930	43,983	-	138,913
Contract labor	922	4	1	23	(57)	893	2,967	-	(28)	105	55	551	38	-	3,688	4,188	-	39,488	6,060	(878)	44,670
Total labor expenses	25,208	2,266	1	242	(57)	27,660	22,424	-	222	184	94	7,844	87	-	30,855	5,486	-	582,270	243,874	(878)	825,266
Supplies	8,215	198	-	27	-	8,440	7,346	-	70	37	-	360	8	-	7,821	89	-	162,109	60,809	-	222,918
Purchased services	3,433	310	3	39	-	3,785	1,907	-	82	30	26	111	11	-	2,167	14,681	-	68,033	68,219	(6,419)	129,833
Depreciation and amortization	2,385	19	77	-	-	2,481	2,659	-	50	8	-	117	-	-	2,834	283	-	50,735	15,307	(283)	65,759
Occupancy	3,018	131	228	49	(112)	3,314	1,862	-	112	34	-	515	2	(23)	2,502	107	-	46,327	16,879	-	63,206
Interest	582	-	-	-	-	582	5	-	3	1	-	-	-	-	9	-	-	9,056	2,838	-	11,894
Other	6,292	369	28	55	(11)	6,733	5,058	208	351	10	1	493	16	(599)	5,538	1,397	(16,490)	104,329	28,211	-	132,540
Total expenses	49,133	3,293	337	412	(180)	52,995	41,261	208	890	304	121	9,440	124	(622)	51,726	22,043	(16,490)	1,022,859	436,137	(7,580)	1,451,416
OPERATING INCOME (LOSS)	(3,214)	(955)	494	(56)	-	(3,731)	3,672	(173)	105	24	(121)	(3,949)	34	240	(168)	(2,158)	-	(3,373)	(8,341)	-	(11,714)
NONOPERATING ITEMS:																					
Earnings in Trinity Health pooled investment program	104	-	-	-	-	104	-	-	-	-	-	-	-	-	-	-	-	2,272	667	-	2,939
Investment income	(159)	-	-	-	-	(159)	45	(4)	-	1	-	-	25	-	67	(1,003)	-	3,645	530	-	4,175
Loss from early extinguishment of debt	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(4,034)
Inherent contribution related to acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	60,065	-	60,065	-	-	60,065
Loss on earnings of unconsolidated affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(1,875)	(1,875)
Interest cost on interest rate swaps	(13)	-	-	-	-	(13)	-	-	-	-	-	-	-	-	-	-	-	(938)	(361)	-	(1,299)
Other	(192)	-	-	-	-	(192)	-	-	-	-	-	-	-	-	-	-	-	(192)	(131)	-	(323)
Total nonoperating items	(260)	-	-	-	-	(260)	45	(4)	-	1	-	-	25	-	67	59,062	-	60,818	(1,170)	-	59,648
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES-net	\$ (3,474)	\$ (955)	\$ 494	\$ (56)	\$ -	\$ (3,991)	\$ 3,717	\$ (177)	\$ 105	\$ 25	\$ (121)	\$ (3,949)	\$ 59	\$ 240	\$ (101)	\$ 56,904	\$ -	\$ 57,445	\$ (9,511)	\$ -	\$ 47,934

Trinity Health - New England, Inc.
(A member of Trinity Health)

Consolidated Statement of Operations and Changes in Net Assets (Continued)
For The Year Ended September 30, 2016
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Saint Francis Indemnity Co.	Collaborative Laboratory Services	Medworks	Total Laundry Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center	Mount Sinai Rehabilitation Hospital, Inc.	Saint Francis Hospital and Medical Center Foundation, Inc.	Saint Francis Medical Group and Subsidiary	Asylum Hill Family Medicine Center, Inc.	Intercompany Eliminations	Saint Francis Consolidated
UNRESTRICTED NET ASSETS:																
Unrestricted net assets attributable to the Corporation:																
Excess (deficiency) of revenue over expenses	\$ 12,329	\$ 2,232	\$ -	\$ 29	\$ (60)	\$ (6)	\$ (967)	\$ (1,537)	\$ 30	\$ 12,050	\$ 15,294	\$ 2,044	\$ (23,576)	\$ (1,179)	\$ -	\$ 4,633
Net assets released from restrictions for capital acquisitions	284	-	-	-	-	-	-	-	-	284	-	-	-	-	-	284
Transfers to Trinity Health and affiliates	(6,130)	-	-	-	76	1,505	-	-	32	(4,517)	(10,000)	(156)	15,000	-	-	327
Transfer to Trinity Assurance, Ltd.	-	-	(11,359)	-	-	-	-	-	-	(11,359)	-	-	-	-	-	(11,359)
Transfer from Trinity Health	43,992	-	-	-	-	-	-	-	-	43,992	-	-	-	-	-	43,992
Acquisitions—Saint Mary's	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acquisitions—Riverbend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net change in retirement plan-related items	(38,499)	-	-	(1,663)	-	-	-	-	-	(40,162)	-	-	-	-	-	(40,162)
Partnership dividends	12,484	-	(12,484)	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	(317)	-	-	-	-	-	-	-	-	(317)	-	(2,700)	-	-	-	(3,017)
Increase (decrease) in unrestricted net assets	24,143	2,232	(23,843)	(1,634)	16	1,499	(967)	(1,537)	62	(29)	5,294	(812)	(8,576)	(1,179)	-	(5,302)
Excess of revenue over expenses attributable to noncontrolling interests:																
Net investment gain	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Increase in unrestricted net assets attributable to noncontrolling interests	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TEMPORARILY RESTRICTED NET ASSETS:																
Contributions	2,919	-	-	-	-	-	-	-	-	2,919	336	6,258	-	-	-	9,513
Net investment gain	513	-	-	-	-	-	-	-	-	513	-	78	-	-	-	591
Net assets released from restrictions	(2,600)	-	-	-	-	-	-	-	-	(2,600)	(505)	(4,050)	-	-	(1,093)	(8,248)
Acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	4,123	-	-	-	-	-	-	-	-	4,123	70	-	-	-	(1,194)	2,999
Increase (decrease) in temporarily restricted net assets	4,955	-	-	-	-	-	-	-	-	4,955	(99)	2,286	-	-	(2,287)	4,855
PERMANENTLY RESTRICTED NET ASSETS:																
Net investment gain	2,131	-	-	-	-	-	-	-	-	2,131	-	-	-	-	-	2,131
Acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	2,131	-	-	-	-	-	-	-	-	2,131	-	-	-	-	-	2,131
INCREASE (DECREASE) IN NET ASSETS	31,229	2,232	(23,843)	(1,634)	16	1,499	(967)	(1,537)	62	7,057	5,195	1,474	(8,576)	(1,179)	(2,287)	1,684
NET ASSETS—BEGINNING OF YEAR	102,676	23,356	23,843	(777)	-	(1,714)	318	(6,243)	-	141,459	18,966	9,055	(10,585)	(861)	(9,393)	148,641
NET ASSETS—END OF YEAR	\$ 133,905	\$ 25,588	\$ -	(2,411)	\$ 16	\$ (215)	\$ (649)	\$ (7,780)	\$ 62	\$ 148,516	\$ 24,161	\$ 10,529	\$ (19,161)	\$ (2,040)	\$ (11,680)	\$ 150,325

Trinity Health - New England, Inc.
(A member of Trinity Health)

Consolidated Statement of Operations and Changes in Net Assets (Continued)
For The Year Ended September 30, 2016
(In Thousands)

	Johnson Memorial Hospital	Home & Community Health Services	Johnson Memorial Medical Center	Johnson Health Care	Intercompany Elimination	Johnson Consolidated	Saint Mary's Hospital	Saint Mary's Indemnity Co LLC	Diagnostic Imaging of Southbury	Naugatuck Valley MRI LLC	Saint Mary's Phys Partners	Franklin Medical Group PC	Saint Mary's Foundation	Intercompany Eliminations	Saint Mary's Consolidated	Trinity Health New England	Connecticut Eliminations	Connecticut Total	Sisters of Providence Consolidated	Trinity Health NE - Eliminations	Trinity Health New England, Inc.
UNRESTRICTED NET ASSETS:																					
Unrestricted net assets attributable to the Corporation:																					
Excess (deficiency) of revenue over expenses	\$ (3,474)	\$ (955)	\$ 494	\$ (56)	\$ -	\$ (3,991)	\$ 3,717	\$ (177)	\$ 105	\$ 25	\$ (121)	\$ (3,949)	\$ 59	\$ 240	\$ (101)	\$ 56,904	\$ -	\$ 57,445	\$ (9,511)	\$ -	\$ 47,934
Net assets released from restrictions for capital acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	284	2,604	-	2,888
Transfers to Trinity Health and affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	327	(3,868)	-	(3,541)
Transfer to Trinity Assurance, Ltd.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(724)	-	(12,083)	-	-	(12,083)
Transfer from Trinity Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43,992	-	-	43,992
Acquisitions—Saint Mary's	(2,695)	(540)	7,141	167	-	4,073	55,417	18,548	1,616	226	(102)	2,380	2,521	(24,712)	55,894	(60,065)	-	(98)	-	-	(98)
Acquisitions—Riverbend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(5,158)	-	(5,158)
Net change in retirement plan-related items	-	-	-	-	-	-	3,028	-	-	-	-	-	-	-	3,028	-	-	(37,134)	-	-	(37,134)
Partnership dividends	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	100	-	-	(8)	(165)	(73)	-	-	(3,090)	-	-	(3,090)
Increase (decrease) in unrestricted net assets	(6,169)	(1,495)	7,635	111	-	82	62,162	18,371	1,721	251	(123)	(1,569)	2,572	(24,637)	58,748	(3,885)	-	49,643	(15,933)	-	33,710
Excess of revenue over expenses attributable to noncontrolling interests:																					
Net investment gain	-	-	-	-	-	-	-	-	-	-	-	-	-	88	88	-	-	88	-	-	88
Acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	2,500	2,500	-	-	2,500	-	-	2,500
Increase in unrestricted net assets attributable to noncontrolling interests	-	-	-	-	-	-	-	-	-	-	-	-	-	2,588	2,588	-	-	2,588	-	-	2,588
TEMPORARILY RESTRICTED NET ASSETS:																					
Contributions	83	-	-	-	-	83	-	-	-	-	-	-	-	-	-	-	-	9,596	3,857	-	13,453
Net investment gain	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	591	75	-	666
Net assets released from restrictions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(8,248)	(2,917)	-	(11,165)
Acquisitions	460	65	29	-	-	554	1,970	-	-	-	-	-	1,927	(1,927)	1,970	-	-	2,524	-	-	2,524
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,999	-	-	2,999
Increase (decrease) in temporarily restricted net assets	543	65	29	-	-	637	1,970	-	-	-	-	-	1,927	(1,927)	1,970	-	-	7,462	1,015	-	8,477
PERMANENTLY RESTRICTED NET ASSETS:																					
Net investment gain	-	-	-	-	-	-	22	-	-	-	-	-	-	-	22	-	-	2,153	94	-	2,247
Acquisitions	-	-	-	-	-	-	16,526	-	-	-	-	-	1,050	(1,050)	16,526	-	-	16,526	-	-	16,526
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-	16,548	-	-	-	-	-	1,050	(1,050)	16,548	-	-	18,679	94	-	18,773
INCREASE (DECREASE) IN NET ASSETS	(5,626)	(1,430)	7,664	111	-	719	80,680	18,371	1,721	251	(123)	(1,569)	5,549	(25,026)	79,854	(3,885)	-	78,372	(14,824)	-	63,548
NET ASSETS—BEGINNING OF YEAR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,562	(14,848)	150,355	101,579	-	251,934
NET ASSETS—END OF YEAR	\$ (5,626)	\$ (1,430)	\$ 7,664	\$ 111	\$ -	\$ 719	\$ 80,680	\$ 18,371	\$ 1,721	\$ 251	\$ (123)	\$ (1,569)	\$ 5,549	\$ (25,026)	\$ 79,854	\$ 12,677	\$ (14,848)	\$ 228,727	\$ 86,755	\$ -	\$ 315,482

Form **990-T**

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

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning **JAN 1, 2016**, and ending **SEP 30, 2016**

2016

Department of the Treasury
Internal Revenue Service

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

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

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

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		JOHNSON MEMORIAL HOSPITAL, INC	47-5676956
		Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET MS#510358 City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06105	E Unrelated business activity codes (See instructions.) 621500

C Book value of all assets at end of year: **49,593,099.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **MEDICAL LABORATORY**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation. ▶ **SEE STATEMENT 1**

J The books are in care of ▶ **JANE MOONAN** Telephone number ▶ **(860) 684-8136**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	123,519.			
b Less returns and allowances	90,274.	1c 33,245.		
2 Cost of goods sold (Schedule A, line 7)		2 51,089.		
3 Gross profit. Subtract line 2 from line 1c		3 -17,844.		-17,844.
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 -17,844.		-17,844.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-17,844.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-17,844.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-17,844.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Tax on Non-Compliant Facility Income. See instructions. 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41b Other credits (see instructions). 41c General business credit. Attach Form 3800. 41d Credit for prior year minimum tax (attach Form 8801 or 8827). 41e Total credits. Add lines 41a through 41d. 42 Subtract line 41e from line 40. 43 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule). 44 Total tax. Add lines 42 and 43. 45a Payments: A 2015 overpayment credited to 2016. 45b 2016 estimated tax payments. 45c Tax deposited with Form 8868. 45d Foreign organizations: Tax paid or withheld at source (see instructions). 45e Backup withholding (see instructions). 45f Credit for small employer health insurance premiums (Attach Form 8941). 45g Other credits and payments: Form 2439, Form 4136, Other. Total. 46 Total payments. Add lines 45a through 45g. 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax, Refunded.

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

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: [Date], Title: PRESIDENT. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No. Paid Preparer Use Only: Print/Type preparer's name: DOUGLAS FARRINGTON, Preparer's signature: [Signature], Date: 8/15/17, Check self-employed: [], PTIN: P00370668, Firm's name: MARCUM LLP, Firm's EIN: 11-1986323, Firm's address: CITY PLACE II 187 ASYLUM STREET HARTFORD, CT 06103, Phone no.: 860-760-0600.

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

1 Inventory at beginning of year	1	0.	6 Inventory at end of year	6	0.
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	51,089.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b	51,089.			
5 Total. Add lines 1 through 4b	5	51,089.			

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

(see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
0.			0.	0.
Total dividends-received deductions included in column 8			0.	

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

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

Nonexempt Controlled Organizations

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

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

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

Form 990-T (2016)

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	1
------------	--	-----------	---

CORPORATION'S NAME	IDENTIFYING NO
--------------------	----------------

TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	06-1491191
---	------------

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	2
------------	----------------------------------	-----------	---

DESCRIPTION	AMOUNT
-------------	--------

OTHER COSTS	51,089.
-------------	---------

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	51,089.
--	---------

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

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. JOHNSON MEMORIAL HOSPITAL, INC	Employer identification number (EIN) or 47-5676956
	Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET MS#510358	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06105	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

JANE MOONAN

• The books are in the care of ▶ **201 CHESTNUT HILL ROAD - STAFFORD SPRINGS, CT 06076**
 Telephone No. ▶ **(860) 684-8136** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
 ▶ tax year beginning **JAN 1, 2016**, and ending **SEP 30, 2016**

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

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

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



Form CT-990T
Connecticut Unrelated Business
Income Tax Return

2016

990T 1216V 01 1019

Complete this return in blue or black ink only.

Enter Income Year Beginning **01-01-2016**
MM-DD-YYYY

and Ending **09-30-2016**
MM-DD-YYYY

For DRS Use Only **MM-DD-YYYY**

Organization name
JOHNSON MEMORIAL HOSPITAL, INC

Connecticut Tax Registration Number

Number and street
114 WOODLAND STREET MS#510358

PO Box

Federal Employer ID Number (FEIN)

47-5676956

City, town, or post office
HARTFORD

State
CT

ZIP code
06105

Check All Applicable Boxes:

Organization is annualizing its income.

Change of: Mailing address Closing month (Attach explanation.)

Return status: Amended return Initial return Final return

If final return: Dissolved Withdrawn Merged/reorganized:
Enter survivor's CT Tax Reg. Number.

Type of organization: Corporation Domestic trust Foreign trust

Other: Explain

1. Date unrelated trade or business began in Connecticut:
MM-DD-YYYY

2. Nature of unrelated trade or business income activity: **MEDICAL LABORATORY**

3. **Corporation only:** Enter state of incorporation: Date of organization:
MM-DD-YYYY

Date qualified in Connecticut if not incorporated in Connecticut:
MM-DD-YYYY

DECLARATION: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Name of officer or fiduciary (print)
STUART E ROSENBERG

Signature of officer or fiduciary

Date (MMDDYYYY)

Officer's email address (print)

Sign Here

Keep a copy of this return for your records.
Title
PRESIDENT

Telephone number
(860) 684-8136

May DRS contact the preparer shown below about this return? Yes No

Paid preparer's name (print)
DOUGLAS FARRINGTON

Paid preparer's signature

Date (MMDDYYYY)

Preparer's SSN or PTIN
P00370668

Firm's name and address
**MARCUM LLP
CITY PLACE II 185 ASYLUM STRE
HARTFORD, CT 06103**

Firm's FEIN
11-1986323

Telephone number
860-760-0600



- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income

1. Federal unrelated business taxable income from 2016 federal Form 990-T, Part II, Line 34	1. ▶	-17,844.00
2. Federal net operating loss deduction from 2016 federal Form 990-T, Part II, Line 31	2. ▶	.00
3. Federal deduction for Connecticut tax on unrelated business taxable income	3. ▶	.00
4. Total: Add Lines 1, 2, and 3	4. ▶	-17,844.00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5. ▶	.00
6. Unrelated business taxable income: Subtract Line 5 from Line 4	6. ▶	-17,844.00

Computation of Tax

1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3	1. ▶	-17,844.00
2. Apportionment fraction from Schedule A, Line 5 on Page 3. Carry to six places	2. ▶	
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2	3. ▶	-17,844.00
4. Operating loss carryover from Schedule B, Line 17 on Page 4. Do not exceed 50% of Line 3	4. ▶	.00
5. Income subject to tax: Subtract Line 4 from Line 3	5. ▶	-17,844.00
6. Tax: Multiply Line 5 by 7.5% (.075)	6. ▶	.00

Computation of Amount Payable

1. Tax: Include surtax if applicable. See instructions	1. ▶	.00
2. Reserved for future use	2. ▶	
3. Total Tax: Enter the amount from Line 1	3. ▶	.00
4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1	4. ▶	.00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0"	5. ▶	0.00
6a. Paid with application for extension from Form CT-990T EXT	6a. ▶	.00
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	6b. ▶	.00
6c. Overpayment from prior year	6c. ▶	.00
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c	6. ▶	.00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	7. ▶	0.00
8a. Penalty	8a. ▶	.00
8b. Interest	8b. ▶	.00
8c. Form CT-1120I Interest	8c. ▶	.00
8. Total penalty and interest: Enter the total of Lines 8a, 8b, and Line 8c	8. ▶	.00
9a. Amount to be credited to 2017 estimated tax	9a. ▶	.00
9b. Amount to be refunded	9b. ▶	.00
9. Total credited and refunded	9. ▶	.00

For faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e.

9c. Checking ▶	Savings ▶	9d. Routing #	
9e. Account #			
9f. Will this refund go to a bank account outside the U.S.? ▶	Yes	9g. Bank name ▶	
10. Balance due with this return: Add Line 7 and Line 8	10. ▶		0.00



Schedule A - Unrelated Business Income Apportionment: (See instructions.)

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B. Carry to six places
	1a. Inventories	.00		.00
	1b. Tangible property	.00		.00
Property (Average value)	1c. Real property	.00		.00
	1d. Capitalized rent	.00		.00
	1. Total	.00		.00
	2a. Sales of tangibles	.00		.00
	2b. Services	.00		.00
Receipts	2c. Rentals	.00		.00
	2d. Other	.00		.00
	2. Total	.00		.00
Wages, salaries, and other compensation	3. Total	.00		.00

4. **Total:** Add Lines 1, 2, and 3 in Column C.

5. **Apportionment fraction:** Divide Line 4 by number of factors used. Enter here; on Schedule C, Line 4; and on Page 2, *Computation of Tax*, Line 2.



Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2016

1.	2000 Connecticut net operating loss available for use in 2016	1.	.00
2.	2001 Connecticut net operating loss available for use in 2016	2.	.00
3.	2002 Connecticut net operating loss available for use in 2016	3.	.00
4.	2003 Connecticut net operating loss available for use in 2016	4.	.00
5.	2004 Connecticut net operating loss available for use in 2016	5.	.00
<hr/>			
6.	2005 Connecticut net operating loss available for use in 2016	6.	.00
7.	2006 Connecticut net operating loss available for use in 2016	7.	.00
8.	2007 Connecticut net operating loss available for use in 2016	8.	.00
9.	2008 Connecticut net operating loss available for use in 2016	9.	.00
10.	2009 Connecticut net operating loss available for use in 2016	10.	.00
11.	2010 Connecticut net operating loss available for use in 2016	11.	.00
12.	2011 Connecticut net operating loss available for use in 2016	12.	.00
13.	2012 Connecticut net operating loss available for use in 2016	13.	.00
14.	2013 Connecticut net operating loss available for use in 2016	14.	.00
15.	2014 Connecticut net operating loss available for use in 2016	15.	.00
16.	2015 Connecticut net operating loss available for use in 2016	16.	.00
17.	Total: Add Lines 1 through 16. Enter here and on Computation of Tax, Line 4. Do not exceed 50% of <i>Computation of Tax</i> , Line 3	17.	.00

Schedule C - Computation of Net Operating Loss Carryforward

1.	Enter amount from <i>Computation of Income</i> , Line 6, if less than zero	1.	-17,844.00
2.	Add back specific deduction from 2016 federal Form 990-T, Part II, Line 33	2.	1,000.00
3.	Subtotal: Add Line 1 and Line 2	3.	-16,844.00
4.	Apportionment fraction from Schedule A, Line 5	4.	
5.	2016 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.	-16,844.00

Department of Revenue Services
State of Connecticut
PO Box 5014
Hartford CT 06102-5014
990TEXT 1216V 01 1019



Form CT-990T EXT
Application for Extension of Time to File
Unrelated Business Income Tax Return

2016
(Rev. 12/16)

See instructions. Complete this form in blue or black ink only.

Enter Income Year Beginning **2016** and Ending **2016** For DRS Use Only
MM-DD-YYYY MM-DD-YYYY MM-DD-YYYY
Organization name **JOHNSON MEMORIAL HOSPITAL, INC** Connecticut Tax Registration Number
Number and street **201 CHESTNUT HILL ROAD** PO Box Federal Employer ID Number (FEIN)
47-5676956
City, town, or post office State ZIP code

Request for six-month extension of time to file Form CT-990T only

Enter above the beginning and ending dates of the organization's income year, Connecticut Tax Registration Number, and FEIN.

Check type of organization: Corporation Domestic trust Foreign trust Other
An application for an extension to file **Form CT-990T**, with payment of tax tentatively believed to be due, must be submitted whether or not an application for federal extension has been approved.

I request a **six-month extension** of time to file my **Form CT-990T**, *Connecticut Unrelated Business Income Tax Return*, for calendar year 2016, or until (MMDDYYYY) for fiscal year ending (MMDDYYYY).

A federal extension will be requested on federal Form 8868, Application for Extension of Time to File an Exempt Organization Return, for calendar year 2016, or fiscal year beginning (MMDDYYYY) and ending (MMDDYYYY). If a federal extension has not been filed, explain why you are requesting the Connecticut extension:

Notification will be sent only if extension request is denied

Computation of Tentative Return

1. Tentative amount of tax due for this income year, including surtax if applicable. See instructions	1.	.00
2. Reserved for future use	2.	
3. Total amount of tax due for this income year: Enter amount from Line 1	3.	.00
4a. Tax credits	4a.	.00
4b. Payments of estimated tax	4b.	.00
4c. Overpayment from prior year	4c.	.00
4. Total tax credits and payments: Add Lines 4a, 4b, and 4c	4.	.00
5. Balance due with this return: Subtract Line 4 from Line 3	5.	0 .00

Declaration: I declare under the penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here	Officer or fiduciary's name (print) STUART E ROSENBERG	Officer or fiduciary's signature	Date (MMDDYYYY)
	Title PRESIDENT	Telephone number	
Keep a copy of this return for your records.	Paid preparer's name (print) MARCUM LLP	Paid preparer's signature	Date (MMDDYYYY)
	Firm's name and address CITY PLACE II 185 ASYLUM STREET	Firm's FEIN 11-1986323	Preparer's SSN or PTIN P00370668
			Telephone number 860-760-0600



Visit the DRS **Taxpayer Service Center (TSC)** at www.ct.gov/TSC to pay this return electronically.

Form **990-T**

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

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning **JAN 1, 2016**, and ending **SEP 30, 2016**

2016

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

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

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

Department of the Treasury
Internal Revenue Service

<input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		JOHNSON MEMORIAL HOSPITAL, INC	47-5676956
		Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET MS#510358	E Unrelated business activity codes (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06105	621500

C Book value of all assets at end of year: **49,593,099**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity: **MEDICAL LABORATORY**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation: **SEE STATEMENT 1**

J The books are in care of: **JANE MOONAN** Telephone number: **(860) 684-8136**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 123,519.			
b	Less returns and allowances 90,274.			
	c Balance	33,245.		
2	Cost of goods sold (Schedule A, line 7)	51,089.		
3	Gross profit. Subtract line 2 from line 1c	-17,844.		-17,844.
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	-17,844.		-17,844.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-17,844.
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-17,844.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-17,844.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Tax on Non-Compliant Facility Income. See instructions. 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41b Other credits (see instructions). 41c General business credit. Attach Form 3800. 41d Credit for prior year minimum tax (attach Form 8801 or 8827). 41e Total credits. Add lines 41a through 41d. 42 Subtract line 41e from line 40. 43 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule). 44 Total tax. Add lines 42 and 43. 45a Payments: A 2015 overpayment credited to 2016. 45b 2016 estimated tax payments. 45c Tax deposited with Form 8868. 45d Foreign organizations: Tax paid or withheld at source (see instructions). 45e Backup withholding (see instructions). 45f Credit for small employer health insurance premiums (Attach Form 8941). 45g Other credits and payments: Form 2439, Form 4136, Other. Total. 46 Total payments. Add lines 45a through 45g. 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax, Refunded.

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

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: [Date], Title: PRESIDENT. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name: DOUGLAS FARRINGTON, Preparer's signature: [Signature], Date: 8/15/17, Check self-employed: [], PTIN: P00370668, Firm's name: MARCUM LLP, Firm's EIN: 11-1986323, Firm's address: CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103, Phone no. 860-760-0600

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

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	51,089.
3	Cost of labor	3				Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b	51,089.				
5	Total. Add lines 1 through 4b	5	51,089.				

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

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

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

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

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

Form 990-T (2016)

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	1
	CORPORATION'S NAME		IDENTIFYING NO
	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.		06-1491191

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	2
	DESCRIPTION		AMOUNT
	OTHER COSTS		51,089.
	TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B		51,089.

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

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. JOHNSON MEMORIAL HOSPITAL, INC	Employer identification number (EIN) or 47-5676956
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET MS#510358	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06105	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

JANE MOONAN

- The books are in the care of ▶ **201 CHESTNUT HILL ROAD - STAFFORD SPRINGS, CT 06076**
Telephone No. ▶ **(860) 684-8136** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JAN 1, 2016**, and ending **SEP 30, 2016**.

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

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

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