EXTENDED TO AUGUST 15, 2017

Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public Inspection

ΑF	or the	2015 calendar year, or tax year beginning $$ OCT $$ I $$, $$ $$ $$ $$ $$ $$ 20 $$ I $$ $$ and $$ $$	ending S	EEP 30, 2016					
B c	heck if pplicable:	I IKINIII HEADIH OF NEW ENGLAND		D Employer identifi	cation number				
	Address change	CORPORATION, INC. FKA SAINT FRANCIS CA	ARE						
X	Name change	Doing business as		06-1	491191				
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 114 WOODLAND STREET, MS-510358	Room/suite	E Telephone number 860-714-4000					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	20,444,519.				
	Amende			H(a) Is this a group re					
	Applica- tion			for subordinates	? Yes X No				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in					
	ax-exer	npt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1) c$	or 527	1 ' '	list. (see instructions)				
		: ► WWW.STFRANCISCARE.ORG	021	H(c) Group exemptio					
		rganization: X Corporation Trust Association Other	I Year		A State of legal domicile: CT				
		Summary	L Tour	or formation.	Totato or logal dominolo, • =				
		riefly describe the organization's mission or most significant activities: HEAL?	THCARE	1 1					
Activities & Governance	' '	Theny describe the organization's mission of most significant activities.		•					
nar	2 0	heck this box if the organization discontinued its operations or dispos	and of more	than 25% of its not as	cente				
Ver		lumber of voting members of the governing body (Part VI, line 1a)			15				
ၓ		lumber of independent voting members of the governing body (Part VI, line 1b)			12				
ە دە		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			0				
iţie		otal number of volunteers (estimate if necessary)			0				
÷		otal number of volunteers (estimate in necessary) otal unrelated business revenue from Part VIII, column (C), line 12			0.				
ĕ		let unrelated business taxable income from Form 990-T, line 34			0.				
	D 1	et differated business taxable income from 1 om 1 550-1, line 54		Prior Year	Current Year				
Revenue	8 C	ontributions and grants (Part VIII, line 1h)		0.	0.				
				0.	0.				
		rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	20,444,519.				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	20,444,519.				
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	1,325,229.				
JSe		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses		otal fundraising expenses (Part IX, column (D), line 25)	0.	-					
Ж		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		238,381.	20,717,324.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		238,381.					
		evenue less expenses. Subtract line 18 from line 12			> <1,598,034.				
or			Ве	ginning of Current Year	End of Year				
Assets or Balances	20 T	otal assets (Part X, line 16)		16,562,041.	38,166,144.				
	21 T	otal liabilities (Part X, line 26)		0.	25,488,986.				
ESE Puer Puer Puer Puer Puer Puer Puer Puer		et assets or fund balances. Subtract line 21 from line 20		16,562,041.	12,677,158.				
		Signature Block	•						
Unde	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is				
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.					
		Jennfer Schnude		8/14/20)17				
Sign	n	Signature of officer		Date					
Her	e	JENNIFER SCHNEIDER, VP FINANCE							
		Type or print name and title							
	I	Print/Type preparer's name Preparer's signature	1	Date Check	PTIN				
Paid	ı [c	OUGLAS FARRINGTON		self-employ					
Prep		irm's name MARCUM LLP		Firm's EIN ▶	11-1986323				
Use	Only [Firm's address CITY PLACE II 185 ASYLUM STREET	Г						
		HARTFORD, CT 06103		Phone no.86	0-760-0600				
Мау	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

			ALTH OF NEW ENGLA		
	n 990 (2015)		N, INC. FKA SAINT	FRANCIS CARE	06-1491191 Page 2
Pa	rt III Statement o	f Program Service	Accomplishments		
	Check if Schedu	ıle O contains a response	e or note to any line in this Part III		X
1	Briefly describe the or				
			EW ENGLAND CORPOR		
			PIRIT OF THE GOSP		SIONATE AND
	TRANSFORMIN	G HEALING PRI	ESENCE WITHIN OUR	COMMUNITIES.	
2	Did the organization u	ndertake any significant p	orogram services during the year	which were not listed on	
	the prior Form 990 or	990-EZ?			Yes X No
	If "Yes," describe thes	e new services on Sched			
3	Did the organization c	ease conducting, or make	e significant changes in how it co	nducts, any program services	?No
	If "Yes," describe thes	e changes on Schedule (O.		
4	Describe the organization	tion's program service ac	complishments for each of its thr	ee largest program services, a	is measured by expenses.
			re required to report the amount o		
	revenue, if any, for each	ch program service report	ted.		
4a	(Code:) (Expe	enses \$ 16,615	, 014 • including grants of \$) (Reve	nue \$ 20,444,519.
	TRINITY HEA	LTH OF NEW EN	NGLAND CORPORATIO	N'S PURPOSE IS	TO ENGAGE IN THE
			Y ON, SPONSOR OR		
	THROUGH ONE	OR MORE AFF	ILIATES, IN ANY A	CTIVITIES RELAT	ED TO THE
	DELIVERY OF	HEALTH CARE	AND HEALTH CARE	RELATED SERVICE	S OF EVERY KIND,
	NATURE AND	DESCRIPTION V	WHICH ARE APPROPR	IATE IN CARRYIN	G OUT THE HEALTH
	CARE MISSIO	N OF THE MEM	BER AND CATHOLIC	HEALTH MINISTR	ES.
	•				
	•				
4b	(Code:) (Expe	enses \$	including grants of \$) (Reve	nue \$
	, (, (
	•				
	•				
4c	(Code:) (Expe	enses \$	including grants of \$) (Reve	enue \$
	, (, (
	-				

532002 12-16-15

4e

Form **990** (2015)

including grants of \$ 16,615,014.

4d Other program services (Describe in Schedule O.)

Total program service expenses ▶

) (Revenue \$

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(5) or 4047(s)(1) (other than a private foundation? 1				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributors? 3 Did the organization regage in direct or indirect political campaging activities on behalf of or in opposition to candidates for public direct if "Mes," complete Schedule C, Part I 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? If "Yes," complete Schedule C, Part II 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as addining in Revenue Procedure 98.191 If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right of the companization report and amount for part of a mount in such funds or accounts for which donors have the right of the companization report and amount for low structures? If "Yes," complete Schedule D, Part II 7 Did the organization report and amount for low structures? If "Yes," complete Schedule D, Part III 8 Did the organization report and amount for low accounts an amount for the low such as a special part of the propriet Schedule D, Part III 8 Did the organization report an amount for low such as a special part of the part X, line 16? If "Yes," complete Schedule D, Part X III 9 Did the organization report an amount fo	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office if it'es, 'complete Schedule C, Part I		If "Yes," complete Schedule A	1	Х	
Section 501(N) Sect	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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? If "Yes," complete Schedule C, Part II I Is the organization a section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III I I I I I I I I I I I I I I I I I	3		3		х
during the tax year **Il **Yes**, complete Schedule C, Part II . 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? If **Yes**, complete Schedule C, Part III . 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts II I *Yes**, complete Schedule D, Part II . 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures If *Yes**, complete Schedule D, Part III . 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes**, complete Schedule D, Part III . 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? 9 Yes**, complete Schedule D, Part IV . 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If *Yes**, complete Schedule D, Part V . 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes**, complete Schedule D, Part V II . 12 Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If *Yes**, complete Schedule D, Part V II . 13 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? If *Yes**, complete Schedule D, Part X II . 14 Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or mor	4		-		
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 98:197 if "Yes," complete Schedule C, Part III 5 IV	7		4		х
similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for "Pies," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures III "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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? 10 Did the organization, cliectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V	5		•		
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? If "Pes," complete Schedule D, Part II Did the organization reserve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Schedule D, Part III II 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 courseling, debt management, credit repair, or debt negotiations services? If "Yes," complete Schedule D, Part IV II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II II If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II I	•		5		Х
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part II II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II II 9 Did the organization organization organization proprt an amount in Part X, line 121 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? If "Yes," complete Schedule D, Part IV 10 Did the organization organization organization are recomments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V III III III III III III III III III			6		Х
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8			7		Х
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10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a SX 10 Did the organization report an amount for linestments - other securities in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X	5				
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 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? If "Yes," complete Schedule D, Part VII 3 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? If "Yes," complete Schedule D, Part VIII 4 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? If "Yes," complete Schedule D, Part IXI 5 Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 6 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 7 Did the organization is liability for uncertain tax positions under FINI 48 (ASC 740)? If "Yes," complete Schedule D, Part X 8 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 9 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII is optional 1 Did the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 1 Did the organization as school described in section 170 (b)(1)(A)(ii)? If "Yes," complete Schedule E, Parts I III and IV 1 Did the organization maintain an office, employees, or agents outside of the United States? 1 Did the organization as the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate foreign investments valued at \$100,000 or more? If "Yes			10		Х
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII 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? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other lasibilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization si liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization as school described in section 170(b)(1)A(ii)p) If "Yes," complete Schedule E 13	11				
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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? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part IVI 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? If "Yes," complete Schedule D, Part IX 11d X 12a Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII 12d Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule Inconsolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule F, Parts I and IV 12d Did the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12d 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 foreig	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII 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? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X 116 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 116 X 12a X 12b Id the organization an school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization maintain an office, employees, or agents outside of the United States? 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report		Part VI	11a		X
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Page **4**

TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. FKA SAINT FRANCIS CARE

Form 990 (2015)

06-1491191

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
h	Schedule K. If "No", go to line 25a	24a 24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	274		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	50		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	77	

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

tale Enter the number reported in Box 3 of From 1096. Enter -0" in not applicable be finet the number of Forms W3G included in in et al. Enter -0" if not applicable (gambling) withing to prize wirtners? Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize wirtners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return of the provides of the calendar year ending with or within the year covered by this return. Note: If the sum of lines 1a and 2a is greater than 250, you may be required foderal employment tax returns? 2		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W2G included in line 1a. Enter 4-1 not applicable. □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize wirmers? □ Lo X □ Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return □ Lo X				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gaming within gaming to prize witners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this roturn 5b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructors) 8a Did the organization have unrelated business gross income of \$1,000 or more during the year? 8a Did the organization have unrelated business gross income of \$1,000 or more during the year? 8b If Yes, **Inst if filed a form 990°. For this year? If Yos, **In time 3b, provide an explanation in Schedule O 8b If Yes, **In time the name of the foreign country. ▶ 8c If Yes, **In the name of the foreign country. ▶ 8c If Yes, **In the name of the foreign country. ▶ 8c If Yes, **In the name of the foreign country. ▶ 8c If Yes, **In the same of bid, did not organization file in this ask or is a party to a prohibited tax shetter transaction at any time during the tax year? 8c If Yes, **In the same and the organization file form 8886·17 8c If Yes, **In the same and year captured that was or is a party to a prohibited tax shetter transaction at any time during the tax year? 8c If Yes, **In the same and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a contributions under section 170(c). 8d If Yes, **Indie organization have were not tax deductible contributions under section 170(c). 8d If Yes, **Indie the organization near the sunday of the property of the property for which it was required? 9d If Yes, **Indie the organization near the sunday of the property for which it was required? 9d If the organization self, exchange, or otherwise dispose of tangible personal property for w	1a				
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Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements, 2a 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	С				
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3a 3	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4a X		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	_		6b		
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					X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(0045

Form 990 (2015)

CORPORATION, INC. FKA SAINT FRANCIS CARE

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					X						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any othe	er									
	officer, director, trustee, or key employee?			2	X							
3	Did the organization delegate control over management duties customarily performed by or under th	e direct superv	vision .									
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?		4	Х							
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5	X	Х						
6	•											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint one or										
	more members of the governing body?			7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, \mathbf{s}											
	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-									
а	The governing body?			8a	X							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)										
			ı		Yes	No						
	Did the organization have local chapters, branches, or affiliates?			10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch											
	and branches to ensure their operations are consistent with the organization's exempt purposes? $_{\dots}$			10b		37						
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing t	the form?	11a		X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				v							
	in Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	X							
14	Did the organization have a written document retention and destruction policy?			14	Λ							
15	Did the process for determining compensation of the following persons include a review and approve		ent									
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	Х							
a	The organization's CEO, Executive Director, or top management official			15a	X							
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b	21							
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a										
IUa				16a	х							
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar		······	IUa	21							
ь	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization that the organization to evaluate the organization to evaluate the organization to evaluate the organization that the organization the organization that the organization the organization that the organization the organization that the organization the organization that the organization the organization that the organization th		11011									
	and the second state of the second se			16b	х							
Sec	exempt status with respect to such arrangements?			100		<u> </u>						
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) a	vailah	ıle							
10	for public inspection. Indicate how you made these available. Check all that apply.	(20011011 2011)	o _{n(O)} o orny) a	valiab								
	Own website	in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	finan	cial							
13	statements available to the public during the tax year.		r policy, allu	miail	oidi							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and record	le· 🕨									
_0	DONNA GILBERT - 860-714-9632	5.15 and 150010										
		105										

Form 990 (2015) 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.

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

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

(A) Name and Title	(B) (C) Average (denote the position po			(D) Reportable	(E) Reportable	(F) Estimated				
Name and Tide	hours per week	box	, unle	ss pe	rson i	than is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTOPHER M. DADLEZ PRESIDENT & CEO	2.00	x		х				0.	1,715,289.	807.101.
(2) KARL J. KRAPEK	1.00									, , , , , , , , , , , , , , , , , , , ,
DIRECTOR		х						0.	0.	0.
(3) JOYCE D. MANDELL	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(4) DANIEL P. O'CONNELL	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(5) KEVIN J. O'CONNOR	1.00									
DIRECTOR/VICE-CHAIRMAN		Х		Х				0.	0.	0.
(6) CURTIS D. ROBINSON	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(7) PHILIP J. SCHULZ	2.00									
DIRECTOR		Х						0.	0.	0.
(8) TIMOTHY L. PRETE	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) JAMES O'CONNELL	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ELLISON BERNS M.D.	1.00								•	•
DIRECTOR		Х						0.	0.	0.
(11) JUDITH A. CAREY, RSM	1.00	,,							0	0
DIRECTOR		Х						0.	0.	0.
(12) MARY CARITAS, SP	1.00	Х						0.	0.	0.
Contract Casey (13) GARRET CASEY	1.00	^						0.	0.	0.
DIRECTOR	0.00	v						0.	0.	0.
(14) CHRISTOPHER HERALD COMEY, M.D.	1.00	^						0.	0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(15) STEPHEN GRIFFIN	2.00							-		<u> </u>
DIRECTOR	0.00	х						0.	0.	0.
(16) JOHN E. SJOBERG	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(17) DAVID BITTNER	2.00									
OFFICER/TREASURER	63.00	L		Х	L	L		0.	546,588.	46,817.
532007 12-16-15										Form 990 (2015)

532007 12-16-15

CORPORATION, INC. FKA SAINT FRANCIS CARE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				(C)			(D)	(E)			(F)	
Name and title	Average	١		Pos				Reportable	Reportable	ا د	Es	timate	ed
Traine and this	hours per	(do not check more than one box, unless person is both an						compensation	compensation			nount	
	week			nd a d				from	from related			other	•
	(list any	żo						the	organization			pensa	tion
	hours for	direc				- D		organization	(W-2/1099-MI			om th	
	related	ee or	stee			nsat		(W-2/1099-MISC)	,	, i	org:	anizat	ion
	organizations	trust	al tru		yee	aduc					and	d relat	ed
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer.				orga	ınizati	ons
	line)	lndi	Insti	Officer	Keye	High emp	Former						
(18) JANEANNE LUBIN-SZAFRANSKI	2.00												
OFFICER/SECRETARY	55.00			Х				0.	415,2	58.	3	4,3	71.
(19) PAUL F. MITCHELL, D.M.D.	0.00												
FORMER DIRECTOR	55.00						Х	0.	272,6	94.	4:	3,9	53.
(20) STEVEN T. RUBY, M.D.	0.00												
FORMER DIRECTOR/DEPT CHAIRMAN	57.00	1					Х	0.	790,4	01.	2	5,7	11.
(21) JOHN N. GIAMALIS	0.00								-			-	
FORMER DIRECTOR	0.00	1					Х	0.	433,9	30.	1	3,8	40.
(22) E. MERRITT MCDONOUGH, JR.	0.00								,				
FORMER DIRECTOR	0.00	1					х	0.	292,3	56.	1	1,7	46.
(23) SHERI A. LEMIEUX	0.00						 	•				_ , .	
FORMER ASSISTANT SECRETARY	55.00	1					х	0.	137,1	73.	1 1	8,0	23.
- CAMER ABBIDIANT BECKETART	33.00								137,1	, , ,		0,0	
		1											
		-											
											 		
		1											
							Ļ	0.	1 602 6	00	10	015	<u>60</u>
1b Sub-total								0.	4,603,6	0.	10	013	
c Total from continuation sheets to Part V									4 602 6	• •	10	01 F	0.
d Total (add lines 1b and 1c)							<u> </u>	0.	4,603,6		TO	015	<u>0∠.</u>
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportab	ole			^
compensation from the organization												1	0
										,		Yes	No
3 Did the organization list any former officer,			e, ke	ey en	nplo	yee	, or l	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3	Х	
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	unı	elat	ed organization or indiv	idual for services	3			
rendered to the organization? If "Yes," com	nplete Schedul	e J f	or s	uch _I	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir	the organization's tax	year.				
(A)								(B)			(C	;)	
Name and business	address	N	INC	Ξ				Description of s	ervices	С	comper	nsatio	n
							_						
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	sted	l above) who received n	nore than				
\$100,000 of compensation from the organ	ization 🕨				(0							

		TRINI	TY HEAL	TH OF N	EW	ENGLAND			
orm	990 (2015) CORPC	RATION,	INC. F	KA	SAINT FRA	NCIS CARE	06-1491	191 Page 9
	rt VII		nue						
		Check if Schedule O cont	ains a respons	e or note to an	y line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Revenue and Other Similar Amounts	b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and ve 1a-1f: \$	Business Co	ode				
	g 3 4 5	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, inte	erest, and					
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Persona	al —				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other					
		Gain or (loss)			\exists				
Other Revenue		Net gain or (loss)	g events (not of 1c). See						
the	b	Less: direct expenses		b	\dashv				
o		Net income or (loss) from fund			ightharpoonup				
		Gross income from gaming ac			\dashv				
		Part IV, line 19		a					
	b	Less: direct expenses		ь	\neg				
		Net income or (loss) from gam			ightharpoonup				
		Gross sales of inventory, less							
		and allowances		a					
	b	Less: cost of goods sold		b	\exists				
		Net income or (loss) from sale			ightharpoonup				
İ		Miscellaneous Revenu		Business Co	ode				
Ì	11 a	INTERCOMPANY REVENUE		900099	Ť	20,844,519.	20,844,519.		

<400,000.

20,444,519.

20,444,519.

900099

b LOSS ON JOINT VENTURES

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

<400,000.

20,444,519.

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 20,939. 20,939. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,229,832. 922,374. 307,458. Other employee benefits 9 74,458. 74,458. Payroll taxes 10 Fees for services (non-employees): 59,396. 59,396. a Management 546,696. 546,696. Legal 50,045. 50,045. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 13,391,833. 4,463,944. 17,855,777. column (A) amount, list line 11g expenses on Sch O.) 253,573. 253,573. Advertising and promotion 12 44,751. 44,751. Office expenses 13 14 Information technology Royalties 15 61,115. 61,115. 16 Occupancy 26,183. 26,183. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 282,651. 282,651. Depreciation, depletion, and amortization 22 194,670. 194,670. 23 Other expenses. Itemize expenses not covered 24 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.) 1,007,897. 1,007,897. UNRECOVERED ADVANCES-JM RECRUITMENT EXPENSES 135,231. 135,231. **DUES & SUBSCRIPTIONS** 73,156. 73,156. 42,301 42,301. LICENSES & FEES 83,882. 83,882. e All other expenses 22,042,553. 16,615,014. 5,427,539. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2015)

Part X | Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing	0.	1	5,199,164.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	0.	7	18,000,000.
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	15,800,422.	12	14,966,980.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	761,619.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,562,041.	16	38,166,144.
	17	Accounts payable and accrued expenses	0.	17	1,896,764.
	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	
S	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	23,592,222.
	26	Total liabilities. Add lines 17 through 25	0.	26	25,488,986.
		Organizations that follow SFAS 117 (ASC 958), check here			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	16,562,041.	27	12,677,158.
Fund Balances	28	Temporarily restricted net assets		28	
Пр	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ģ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	4.5.5.5.1.	32	40 (55 152
Z	33	Total net assets or fund balances	16,562,041.	33	12,677,158.
	34	Total liabilities and net assets/fund balances	16,562,041.	34	38,166,144.

Pa	rt XI Reconciliation of Net Assets					_	
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. [</u>	X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,4				
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,0				
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,5				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,5				
5	Net unrealized gains (losses) on investments 5 <1						
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	<7	23,	33	0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	12,6	77,	15	8.	
Pa	rt XIII Financial Statements and Reporting					X	
Check if Schedule O contains a response or note to any line in this Part XII							
				Υe	s I	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2	b X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
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?		3	а		<u>X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					

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

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TRINITY HEALTH OF NEW ENGLAND

CORPORATION, INC. FKA SAINT FRANCIS CARE

Employer identification number 06-1491191

Don't I			NC. FKA SAIN				06-1491191
Part I	Reason for Public						
The organi	ization is not a private found	lation because it is: (For lines 1 through 11,	check only	one box.)		
1 🖳	A church, convention of ch	urches, or association	n of churches describe	d in sectio	n 170(b)(1	1)(A)(i).	
2 🖳	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forr	n 990 or 99	90-EZ).)		
з 📖	A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i	ii).	
4	A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Ente	the hospital's name,
	city, and state:						
5	An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit descri	bed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	An organization that norma						I public described in
	section 170(b)(1)(A)(vi). (C			Ü		· ·	•
8	A community trust describe		1)(A)(vi). (Complete Par	t II.)			
9	An organization that norma				contributi	ons membership fees	and gross receipts from
	activities related to its exen						
	income and unrelated busin						
	See section 509(a)(2). (Con		(1000 000tion on reak) ii	OTT DUOTITO	ooco aoqe	med by the organization	rantor barro bo, roro.
10	An organization organized	. ,	vely to test for public s	afety See	section 50	19(a)(4)	
77							e nurnoses of one or
	1 \(\textit{X} \) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box in						
							SHEEK THE BOX III
аΧ	lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving						
a	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting						
	organization. You must complete Part IV, Sections A and B.						
b							
	control or management of the supporting organization vested in the same persons that control or manage the supported						
	organization(s). You must complete Part IV, Sections A and C.						
c	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,						
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						
d L							
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
	¬ '	•					
e	Check this box if the orga					a Type I, Type II, Type II	
	functionally integrated, or	• •	nally integrated support	ing organi	zation.		11
	r the number of supported of						
	ride the following information			(iv) Is the o	raanization	(v) Amount of monetary	(vi) Amount of
()	Name of supported organization	(ii) EIN	(described on lines 1-9	listed i	in your	support (see	(vi) Amount of other support (see
	organization		above (see instructions))	governing o		instructions)	instructions)
~				Yes	No		
	FRANCIS	06.0646043	2			_	
		06-0646813	3	Х		0.	0.
	M HILL FAMILY	0.5.4.5.4.5.0	•				
		06-1450170	3	Х		0.	0.
	SINAI		_			_	_
	ILITATION HOSP	06-1422973	3	Х		0.	0.
	TY HEALTH OF						
	NGLAND PROVIDE	06-1450168	3	X		0.	0.
	ON MEMORIAL						
MEDIC	AL CENTER, INC	81-0696923	3	X		0.	0.
Total						0.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CORPORATION, INC. FKA SAINT FRANCIS CARE 06-1491191 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stor	here	·····				<u></u> ▶∟
	ction C. Computation of Publ						
	Public support percentage for 2015 (I					14	%
	Public support percentage from 2014					15	%
16a	Sa 33 1/3 % support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				="	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CORPORATION, INC. FKA SAINT FRANCIS CARE 06-1491191 Page 3

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(a) 2011	(6) 2012	(6) 2010	(u) 2014	(6) 2013	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	anguired ofter June 20, 1075						
	acquired after Julie 30, 1975						
	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	COL 1	L	504()(0)	<u> </u>
14	First five years. If the Form 990 is for	-			-		zation,
80	check this box and stop here	io Support Do	roontogo				P
	ction C. Computation of Publ			. (0)		Laci	0.4
	Public support percentage for 2015 (15	<u>%</u>
	Public support percentage from 2014					16	%
	ction D. Computation of Inve					T .= T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	o 33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI**.
- **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? If "Yes," provide detail in **Part VI**.
- **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? *If* "Yes," *provide detail in Part VI.*
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		77
1		Х
2		Х
3a		Х
3b		
3c		
40		Х
4a		-23
4b		
4c		
5a		Х
5b		
5c		
6		Х
7		Х
-		
8		Х
9a		Х
Ju		
9b		Х
		v
9c		Х
10a		Х
10b	 90-EZ)	

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
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.	2		X
Sec	ction 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			
C	the supported organization(s).	1		
sec	ction D. All Type III Supporting Organizations		V	
_			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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ctions):		
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions	<u>).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , , , , , , , , , , , , , , , , , , ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а				
L	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

Schedule A (Form 990 or 990-EZ) 2015 CORPORATION, INC. FKA SAINT FRANCIS CARE 06-1491191 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	Ţ .
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See instr i	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CORPORATION, INC. FKA SAINT FRANCIS CARE 06-1491191 Page 7

Гаі	t V Ty	pe III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Dis	tributions		,	Current Year
1	Amounts	paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts	paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizati	ons, in excess of income from activity			
3	Administr				
4	Amounts				
5	Qualified				
6	Other dist	ributions (describe in Part VI). See instructions.			
7		ual distributions. Add lines 1 through 6.			
8		ons to attentive supported organizations to which the	he organization is responsive	9	
		etails in Part VI). See instructions.			
9		ble amount for 2015 from Section C, line 6			
10	Line 8 am	ount divided by Line 9 amount	(2)	/::\	(:::)
			(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E - Dis	tribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
1	Distributa	ble amount for 2015 from Section C, line 6			
		ributions, if any, for years prior to 2015			
_		le cause required-see instructions)			
3	,	stributions carryover, if any, to 2015:			
a		,,			
b					
С					
d	From 201	3			
е	From 201	4			
f	Total of li	nes 3a through e			
g	Applied to	underdistributions of prior years			
h	Applied to	2015 distributable amount			
i	Carryover	from 2010 not applied (see instructions)			
j	Remainde	r. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribution	ons for 2015 from Section D,			
	line 7:	\$			
		underdistributions of prior years			
		2015 distributable amount			
		er. Subtract lines 4a and 4b from 4.			
5		g underdistributions for years prior to 2015, if			
		ract lines 3g and 4a from line 2 (if amount			
6		an zero, see instructions). g underdistributions for 2015. Subtract lines 3h			
0		om line 1 (if amount greater than zero, see			
	instruction	,			
7		istributions carryover to 2016. Add lines 3j			
•	and 4c.	is a section of the section and the section an			
8		n of line 7:			
a					
b					
С	Excess fro	om 2013			
d	Excess fro	om 2014			
е	Excess fro	om 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CORPORATION, INC. FKA SAINT FRANCIS CARE 06-1491191 Page 8

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.)
PART IV, SECTION A, LINE 1:
TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. IS THE SOLE MEMBER OF
ALL TIER 2 ORGANIZATIONS (SUPPORTING ORGANIZATIONS LISTED ON THE
RETURN) THROUGH THE BYLAWS AND IT'S DEFINITION OF TIER 2 ORGANIZATIONS.
THE BYLAWS DO NOT SPECIFICALLY IDENTIFY THE TIER 2 ORGANIZATIONS BY
NAME.

Schedule A (Form 990 or 990-EZ) CORPORATION, INC. FKA SAINT FRANCIS CARE 06-1491191 Page 8

Schedule A (Form 990 or 990-EZ) Part VI Supplemental Info	rmation (Schedule	A. Part I. Line 11a - Info	rmation re	garding su	NCIS CAREU6 –	Dontinuation)
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
organization	(-7	(described on lines 1-9	listed i	n your	support	other support
Ç		above)	governing o			• • •
TOUNGON MEMORIAL			Yes	No		
JOHNSON MEMORIAL	48 5686056	•				•
HOSPITAL, INC.	47-5676956	3	Х		0.	0.
JOHNSON HEALTH CARE						
INC.	81-0709903	3	X		0.	0.
HOME & COMMUNITY						
HEALTH SERVICES, IN	81-0723591	3	Х		0.	0.
SAINT MARY'S						
HOSPITAL, INC.	06-0646844	3	Х		0.	0.
SISTERS OF		-				
PROVIDENCE HEALTH S	01-3308371	3	x		0.	0.
THE MERCY HOSPITAL,		<u> </u>			0.	<u> </u>
	04 2200200	2	.,,			0
INC.	04-3398280	3	Х		0.	0.
	-					
Continuation Totals						
บบานเทนสนบท 10เสเจ						

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 Open to Public Inspection

Name of the organization

TRINITY HEALTH OF NEW ENGLAND

CORPORATION, INC. FKA SAINT FRANCIS CARE

Employer identification number 06-1491191

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?	1 Total numb 2 Aggregate of Aggregate of Aggregate of Aggregate of Aggregate of Aggregate of Did the orgal are the orgal for charitab impermissite Part II Coulong Preserve P	ate value of contributions to (during year) ate value of contributions to (during year) ate value of grants from (during year) ate value at end of year organization inform all donors and donor advisors in organization's property, subject to the organization organization inform all grantees, donors, and donor itable purposes and not for the benefit of the donor	(a) Donor advised funds n writing that the assets held in donor advises exclusive legal control?	sed funds
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (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 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? Part III 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 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 Preservation of on fautural habitat Preservation of on fautural habitat Preservation of on fautural habitat Preservation of ones 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. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of osnervation 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 enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8	Aggregate of Aggr	ate value of contributions to (during year) ate value of grants from (during year) ate value at end of year organization inform all donors and donor advisors in organization's property, subject to the organization organization inform all grantees, donors, and donor itable purposes and not for the benefit of the donor	n writing that the assets held in donor advi	sed funds
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 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)? 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. 	8 Does each and section	d volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing con	servation easements during the year
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B 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.	8 Does each and section	of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conserva	ation easements during the year
and section 170(h)(4)(B)(ii)?	and section			
 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. 				
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.	9 In Part XIII,			
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.			•	
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.		-	zation's financial statements that describes	s the organization's accounting for
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Dart III Oro	ation easements.	of Art Historical Treasures or C	Other Similar Assets
				ther offinial Assets.
in the organization elected, as permitted under 31 A3 110 (A3C 330), not to report in its revenue statement and balance sneet works or art,				mont and balance shoot 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.		•		ance of public service, provide, in rait Am,
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	the text of t			at and halance 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 amount	h If the organ			
relating to these items:			education, or research in farther ance of pe	able service, provide the following amounts
·	treasures, o			• •
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$\Bigsir* \bigsir* \Bigsi	treasures, or relating to t			
	treasures, or relating to t (i) Revenu	ets included in Form 990 Part X		
	treasures, or relating to t (i) Revenu (ii) Assets			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	treasures, of relating to the relating to the relating to the relation (ii) Assets 2 If the organisms	ganization received or held works of art, historical to	reasures, or other similar assets for financia	
	treasures, or relating to t (i) Revenu (ii) Assets 2 If the organ the followin	ganization received or held works of art, historical to wing amounts required to be reported under SFAS	reasures, or other similar assets for financia 116 (ASC 958) relating to these items:	al gain, provide

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Schedule D (Form 990) 2015

Pai	t III Organizations Maintaining Co	ollections of A	rt, Histo	rical Tr	easures,	or Othe	er Sir	nilar Asse	t s (continu	red)
3	Using the organization's acquisition, accession	on, and other record	ls, check a	ny of the	following that	at are a s	ignifica	ant use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	Lo	an or exc	hange progr	ams				
b	Scholarly research	е	Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they	/ further t	he organizat	on's exe	mpt pu	ırpose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, histo	orical trea	sures, or oth	er simila	r asset	S		
	to be sold to raise funds rather than to be ma	intained as part of t	he organiz	ation's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ntributio	ns or other as	sets not	includ	ed		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	, ,	·	Ü						Amount	
С	Beginning balance						1	С		
	Additions during the year									
е	Distributions during the year									
f	Ending balance							- 		
	Did the organization include an amount on Fo							·	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						•			
Pai										
	3 3 3 3 4 3	(a) Current year	(b) Pric		(c) Two yea			ee years back	(e) Four v	ears back
1a	Beginning of year balance	(a) carrone year	(2) 1110	, you	(6) 1110 300	. o audit	(4)	55 y 541 5 24511	(0) . 5)	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities					+				
е	-									
	and programs									
	Administrative expenses									
g	End of year balance		- /l: 1 -							
2	Provide the estimated percentage of the curre	ent year end baland		column (a)) neid as:					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held a	and administe	ered for t	he org	anization		
	by:									es No
	(i) unrelated organizations									$-\!\!\!\!+\!\!\!\!-$
	(ii) related organizations								3a(ii)	$-\!\!\!\!+\!\!\!\!-$
b	If "Yes" on line 3a(ii), are the related organizat								. 3b	
4	Describe in Part XIII the intended uses of the		wment fu	nds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	1						1		
	Description of property	(a) Cost or o			t or other		ccumu		(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciat	ion		
1a	Land									
b	Buildings									
С	Leasehold improvements						_			
d	Equipment									
е	Other									
	. Add lines 1a through 1e. (Column (d) must eq		X, column	(B), line	10c.)	<u></u>		>		0.

Schedule D (Form 990) 2015

TRINITY HEA			
	, INC. FKA	SAINT FRANCIS CARE	06-1491191 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENT IN MOUNT SINAI			
(B) REHABILITATION HOSPITAL	13,252,13	38. COST	
(C) INVESTMENT IN TRINITY			
(D) HEALTH OF NEW ENGLAND			
(E) PROVIDER NETWORK			
(F) ORGANIZATION	1,595,08	B1. COST	
(G) INVESTMENT IN SURGICAL			
(H) CARE AFFILIATE	119,76		RKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	14,966,98	30.	
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		st 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.
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	- 15\		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
	on Form OOO Dort IV	line 11e or 11f Coe Form 000 Port	/ line OF
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV,	(b) Book value	K, line 25.
		(b) Book value	
(1) Federal income taxes		F 701 641	
(2) DUE TO AFFILIATES	ט מייט די די די	5,701,641.	
(3) NOTES PAYABLE TO TRINITY	UDWDIU &	17 000 501	
(4) AFFILIATES		17,890,581.	
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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

Schedule D (Form 990) 2015

(8)

23,592,222.

CORPORATION, INC. FKA SAINT FRANCIS CARE 06-1491191 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial St		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		- I
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
	Investment expenses not included on Form 990, Part VIII, line 7b		
а			
a b	Other (Describe in Part XIII.)		
_	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	4b	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line rt XIII Supplemental Information.	4b 18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)	5

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. FKA SAINT FRANCIS CARE **Employer identification number**

06-1491191

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
			_	_				
(1) CHRISTOPHER M. DADLEZ (i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT & CEO (ii		795,000.	68,952.		49,905.		0.	
(2) DAVID BITTNER (i)	0.	0.	0.	0.	0.	0.	0.	
OFFICER/TREASURER (ii		155,000.	14,423.		31,395.	593,405.	0.	
(3) JANEANNE LUBIN-SZAFRANSKI (i)	0.	0.	0.	0.	0.	0.	0.	
OFFICER/SECRETARY (iii		60,000.	0.	5,588.	28,783.		0.	
(4) PAUL F. MITCHELL, D.M.D. (i)	0.	0.	0.	0.	0.	0.	0.	
FORMER DIRECTOR (iii		0.	0.	20,800.	23,153.	316,647.	0.	
(5) STEVEN T. RUBY, M.D. (i)	0.	0.	0.	0.	0.	0.	0.	
FORMER DIRECTOR/DEPT CHAIRMAN (iii		25,000.	0.	15,600.	10,111.	816,112.	0.	
(6) JOHN N. GIAMALIS (i)	0.	0.	0.	0.	0.	0.	0.	
FORMER DIRECTOR (iii		0.	433,500.	0.	13,840.	447,770.	0.	
(7) E. MERRITT MCDONOUGH, JR. (i)	0.	0.	0.	0.	0.	0.	0.	
FORMER DIRECTOR (iii		0.	290,700.	0.	11,746.	304,102.	0.	
(8) SHERI A. LEMIEUX (i)	0.	0.	0.	0.	0.	0.	0.	
FORMER ASSISTANT SECRETARY (iii	97,173.	40,000.	0.	2,965.	15,058.	155,196.	0.	
(ii								
(ii								
(ii								
(ii								
(ii								
(i)								
(ii								
(ii								
(ii								

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2015

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. FKA SAINT FRANCIS CARE

Employer identification number 06-1491191

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: BEGINNING OCTOBER 1, 2015, TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. (F/K/A) SAINT FRANCIS CARE, INC. ASSUMED THE ROLE OF REGIONAL HEALTH MINISTRY (RHM) WHEN IT BECAME PART OF TRINITY HEALTH. AS THE RHM IN THE NEW ENGLAND AREA, THE ORGANIZATION WILL DEVELOP AN ADMINISTRATIVE ORGANIZATIONAL STRUCTURE TO FURTHER INTEGRATE THE ORGANIZATIONS WHICH TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. IS SOLE MEMBER AND OTHER SUBSIDIARIES. THE ACTIVITY WITHIN THE ORGANIZATION INCLUDES INTEGRATION OF INFORMATION SYSTEMS, FINANCE, MARKETING, BUSINESS DEVELOPMENT, LEGAL, COMPLIANCE AND OTHER ADMINISTRATIVE FUNCTIONS WITH THE GOAL OF REDUCING OVERALL COSTS TO THE AS OF SEPTEMBER 30, 2016, THE REGION INCLUDED MEMBER ORGANIZATIONS. SAINT FRANCIS HOSPITAL AND MEDICAL CENTER IN HARTFORD, CT, THE MERCY HOSPITAL AND SISTERS OF PROVIDENCE HEALTH SYSTEM, INC. IN SPRINGFIELD JOHNSON MEMORIAL IN STAFFORD, CT AND SAINT MARY'S IN WATERBURY, AS WELL AS VARIOUS OTHER SUBSIDIARIES.

FORM 990, PART VI, SECTION A, LINE 2:

KARL KRAPEK (DIRECTOR) IS A 50% PARTNER IN KEYSTONE CONSULTING, LLC, A
RESIDENTIAL AND COMMERCIAL REAL ESTATE DEVELOPER, DORSET CROSSING LLC AND
103 WOODLAND, LLC (COMMERCIAL AND RENTAL REAL ESTATE). TRINITY HEALTH OF
NEW ENGLAND CORPORATION, INC. (FORMERLY KNOWN AS SAINT FRANCIS CARE, INC.)
HAS NO TRANSACTIONS WITH THIS LLC. SAINT FRANCIS HOSPITAL & MEDICAL CENTER
RENTS SPACE AT OUR SIMSBURY ACCESS CENTER AND OUR HARTFORD INFORMATION
TECHNOLOGY AND FINANCE CENTER LOCATION FROM THESE LLCS.

Name of the organization TRINITY HEALTH OF NEW ENGLAND

CORPORATION, INC. FKA SAINT FRANCIS CARE

Employer identification number 06-1491191

FORM 990, PART VI, SECTION A, LINE 2:

PHILIP SCHULZ (DIRECTOR) RECEIVES A FIXED PENSION PAYMENT FROM

PRICEWATERHOUSE COOPERS, A PORTION OF WHICH IS UNFUNDED. PWC PERFORMS

CONSULTING SERVICES FOR SAINT FRANCIS HOSPITAL & MEDICAL CENTER, INC. ALL

TRANSACTIONS ARE PERFORMED AT ARM'S LENGTH AND FAIR MARKET TERMS.

FORM 990, PART VI, SECTION A, LINE 4:

ON OCTOBER 1, 2015 THE ORGANIZATION WAS TRANSFERRED TO THE OWNERSHIP OF TRINITY HEALTH CORPORATION, A 501(C)(3) CHARITABLE CORPORATION. AS THE SOLE MEMBER OF THE ORGANIZATION TRINITY HEALTH CORPORATION HAS RESERVED POWERS ESTABLISHED IN THE ORGANIZATION'S CERTIFICATE OF INCORPORATION AND BYLAWS THAT ALLOW IT TO RETAIN CONTROL OVER ITS STATUTORY OBLIGATIONS IN CARRYING OUT THE PURPOSES OF THE ORGANIZATION AS THE PARENT OF A LARGE CATHOLIC HEALTH SYSTEM. TRINITY HEALTH CORPORATION IS RESPONSIBLE FOR KEY STRATEGIC DECISIONS AND ISSUES THAT WILL SIGNIFICANTLY IMPACT THE TRINITY HEALTH SYSTEM.

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 BOARD MEMBERS.

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

THE FINANCE COMMITTEE OF TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.

(FORMERLY KNOWN AS SAINT FRANCIS CARE, 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

Name of the organization TRINITY HEALTH OF NEW ENGLAND **Employer identification number** CORPORATION, INC. FKA SAINT FRANCIS CARE 06-1491191 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 THESE SUBMISSIONS ANNUALLY FOR COMPLIANCE WITH GOVERNANCE POLICIES. FORM 990, PART VI, SECTION B, LINE 15: REFER TO PART III OF SCHEDULE J FOR THE PROCESS. FORM 990, PART VI, SECTION C, LINE 19: A LINK ON THE TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. WEBSITE HAS BEEN ESTABLISHED FOR INDIVIDUALS TO REQUEST GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING FEES: PROGRAM SERVICE EXPENSES 886,235. MANAGEMENT AND GENERAL EXPENSES 295,412. FUNDRAISING EXPENSES 0. 1,181,647. TOTAL EXPENSES CHAPLAINS FEES: PROGRAM SERVICE EXPENSES 8,111.

Name of the organization TRINITY HEALTH OF NEW ENGLAND	Page 2
Name of the organization TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. FKA SAINT FRANCIS CAR	Employer identification number 06-1491191
MANAGEMENT AND GENERAL EXPENSES	2,704.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,815.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	161,892.
MANAGEMENT AND GENERAL EXPENSES	53,964.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	215,856.
TEMPORARY LABOR:	
PROGRAM SERVICE EXPENSES	18,981.
MANAGEMENT AND GENERAL EXPENSES	6,327.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,308.
PURCHASED SERVICES:	
PROGRAM SERVICE EXPENSES	5,087,665.
MANAGEMENT AND GENERAL EXPENSES	1,695,888.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,783,553.
MAINTENANCE/SERVICE CONTRACTS:	
PROGRAM SERVICE EXPENSES	18,750.
MANAGEMENT AND GENERAL EXPENSES	6,250.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,000.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. FKA SAINT FRANCIS CAR	Employer identification number 06-1491191
HR OVERSIGHT & MGMT SUPPORT:	
PROGRAM SERVICE EXPENSES	467,649.
MANAGEMENT AND GENERAL EXPENSES	155,883.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	623,532.
REVENUE EXCELLENCE OVERSIGHT & MGMT SUPPORT:	
PROGRAM SERVICE EXPENSES	323,926.
MANAGEMENT AND GENERAL EXPENSES	107,975.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	431,901.
SUPPLY CHAIN OVERSIGHT & MGMT SUPPORT:	
PROGRAM SERVICE EXPENSES	349,719.
MANAGEMENT AND GENERAL EXPENSES	116,573.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	466,292.
INFORMATION TECHNOLOGY OVERSIGHT & SUPPORT:	
PROGRAM SERVICE EXPENSES	6,068,905.
MANAGEMENT AND GENERAL EXPENSES	2,022,968.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,091,873.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL	A 17,855,777.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER TO TRINITY ASSURANCE, LTD.	-723,330.
BUSINESS ACQUISITIONS 532212 09-02-15	-60,065,000. Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE R (Form 990)

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.

2015
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. FKA SAINT FRANCIS CARE

Employer identification number 06-1491191

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Legal domicile (state or Primary activity Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP							
- 27-2491974, 245 STATE ST. SE, GRAND					TRINITY		
RAPIDS, MI 49503	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	HEALTH-MICHIGAN	X	
ALBANY MEMORIAL HOSPITAL - 14-1338457							
600 NORTHERN BLVD.	HEALTHCARE AND HOSPITAL				ST. PETER'S		
ALBANY, NY 12204	SERVICES	NEW YORK	501(C)(3)	LINE 3	HEALTH PARTNERS	X	
ALLEGANY FRANCISCAN MINISTRIES, INC							
58-1492325, 33920 U.S. HIGHWAY 19 NORTH	1				TRINITY HEALTH		
SUITE 269, PALM HARBOR, FL 34684	GRANT MAKING	FLORIDA	501(C)(3)	LINE 11A, I	CORPORATION	Х	
ASYLUM HILL FAMILY MEDICINE CENTER, INC					TRINITY HEALTH OF		
06-1450170, 114 WOODLAND STREET, HARTFORD,	1				NEW ENGLAND		
CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	CORPORATION, INC.	Х	

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

Schedule R (Form 990) 2015

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	contr	g) 512(b)(13) rolled
of related organization		foreign country)	section	501(0)(3))		_	zation?
BAUM HARMON MERCY HOSPITAL - 42-1500277				001(0)(0))	MERCY HEALTH	Yes	No
255 NORTH WELCH AVENUE	HEALTHCARE AND HOSPITAL				SERVICES-IOWA,		
PRIMGHAR IA 51245	SERVICES	IOWA	501(C)(3)	LINE 3	CORP.	x	
BAUM HARMON MERCY HOSPITAL AND CLINICS							
FOUNDATION - 26-2973307, 255 NORTH WELCH	1				BAUM HARMON MERCY		
AVENUE, PRIMGHAR, IA 51245	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	HOSPITAL	х	
BEECHWOOD, INC 14-1651563				<u> </u>			
2212 BURDETT AVE.	1						
TROY, NY 12180	TITLE HOLDING COMPANY	NEW YORK	501(C)(2)	N/A	LTC (EDDY), INC.	х	
BETHLEHEM HAVEN OF PITTSBURGH - 25-1436685							
905 WATSON STREET	1				PITTSBURGH MERCY		
PITTSBURGH, PA 15219	HOMELESS SHELTER	PENNSYLVANIA	501(C)(3)	LINE 7	HEALTH SYSTEM	х	
BEVERWYCK, INC 14-1717028							
40 AUTUMN DRIVE	1						
SLINGERLANDS, NY 12159	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	х	
BRIGHTSIDE, INC 04-2182395							
C/O SPHS, 1221 MAIN STREET, SUITE 213	1				THE MERCY		
HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 9	HOSPITAL, INC.	х	
CAPITAL REGION GERIATRIC CENTER, INC					·		
14-1701597, 421 WEST COLUMBIA ST., COHOES,	1						
NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	Х	
CARING PARTNERS HOME HEALTH, INC							
20-1681131, 1200 EARHART RD, ANN ARBOR, MI	1				GLACIER HILLS,		
48105	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	INC.	Х	
CATHERINE MCAULEY HEALTH SERVICES CORP	HEALTHCARE SERVICES				TRINITY		
38-2507173, PO BOX 995, ANN ARBOR, MI 48106	(INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	HEALTH-MICHIGAN	X	
CATHOLIC HEALTH MINISTRIES							
20555 VICTOR PARKWAY	GOVERNANCE AND MANAGEMENT						
LIVONIA, MI 48152	OF TRINITY HEALTH SYSTEM	VERMONT	501(C)(3)	LINE 1	N/A		Х
COLUMBUS ACQUISITION CORP - 26-2616342							
111 CENTRAL AVENUE	1				SAINT MICHAEL'S		
NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	MEDICAL CENTER	X	
COMMUNITY HEALTH PARTNERS OF SOUTH BEND -					SAINT JOSEPH		
26-3051440, PO BOX 3998, SOUTH BEND, IN					REGIONAL MEDICAL		l
46619	HEALTHCARE SERVICES	INDIANA	501(C)(3)	LINE 3	CENTER, INC.	X	

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
CRANBROOK HOSPICE CARE - 38-3320699							
1111 W. LONG LAKE RD., STE 102					TRINITY HOME		
TROY, MI 48098	HOSPICE SERVICES	MICHIGAN	501(C)(3)	LINE 9	HEALTH SERVICES	X	
DILEY RIDGE MEDICAL CENTER - 34-2032340							
6150 EAST BROAD STREET	HEALTHCARE AND HOSPITAL				MOUNT CARMEL		
COLUMBUS, OH 43213	SERVICES	оніо	501(C)(3)	LINE 3	HEALTH SYSTEM	X	
DUBUQUE MERCY HEALTH FOUNDATION - 26-2227941					MERCY HEALTH		
250 MERCY DRIVE					SERVICES-IOWA,		
DUBUQUE, IA 52001	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	CORP.	X	
DYERSVILLE HEALTH FOUNDATION, INC					MERCY HEALTH		
20-5383271, 1111 3RD STREET SW, DYERSVILLE,	7				SERVICES-IOWA,		
IA 52040	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	CORP.	X	
EAST NORRITON PHYSICIANS SERVICES, INC							
23-2515999, ONE WEST ELM STREET, SUITE 100,	7				MERCY PHYSICIAN		
CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	NETWORK	X	
EDDY LICENSED HOME CARE AGENCY - 14-1818568							
433 RIVER ST SUITE 3000	7						
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	7				ST. JOSEPH'S		
DEWITT, NY 13214	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 9	HEALTH, INC.	X	
EMPIRE HOME INFUSION SERVICE, INC							
14-1795732, 10 BLACKSMITH DRIVE, MALTA, NY	7						
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	7				THE MERCY		
HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	HOSPITAL, INC.	X	
FRANCISCAN ELDERCARE CORPORATION -							
22-3008680, P.O. BOX 2500, WILMINGTON, DE	7				ST. FRANCIS		
19805	LONG TERM CARE (INACTIVE)	DELAWARE	501(C)(3)	LINE 9	HOSPITAL	X	
GLACIER HILLS FOUNDATION - 20-8072723							
1200 EARHART RD	7				GLACIER HILLS,		
ANN ARBOR, MI 48105	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	INC.	Х	
GLACIER HILLS, INC - 38-1891500				<u> </u>	TRINITY		
1200 EARHART RD	7				CONTINUING CARE		
ANN ARBOR, MI 48105	SENIOR LIVING COMMUNITY	MICHIGAN	501(C)(3)	LINE 9	SERVICES	Х	1

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		g) 512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	organi	zation?
				501(c)(3))		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					TRINITY HEALTH		
LIVONIA, MI 48152	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11A, I	CORPORATION	X	
GOOD SAMARITAN HOSPITAL, INC 26-1720984							
5401 LAKE OCONEE PARKWAY	HEALTHCARE AND HOSPITAL				ST. MARY'S HEALTH		
GREENSBORO, GA 30642	SERVICES	GEORGIA	501(C)(3)	LINE 3	CARE SYSTEM, INC.	X	
GOTTLIEB COMMUNITY HEALTH SERVICES							
CORPORATION - 36-3332852, 701 W. NORTH AVE.,	7				GOTTLIEB MEMORIAL		
MELROSE PARK, IL 60160	COMMUNITY OUTREACH	ILLINOIS	501(C)(3)	LINE 9	HOSPITAL	Х	
GOTTLIEB MEMORIAL FOUNDATION - 74-3260011							
701 W. NORTH AVE.	1			LINE 11C,			
MELROSE PARK, IL 60160	FOUNDATION	ILLINOIS	501(C)(3)	III-FI	N/A		Х
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649							
701 W. NORTH AVE.	HEALTHCARE AND HOSPITAL				LOYOLA UNIVERSITY		
MELROSE PARK, IL 60160	SERVICES	ILLINOIS	501(C)(3)	LINE 3	HEALTH SYSTEM	Х	
GRAND RAPIDS MEDICAL EDUCATION PARTNERS,							
INC 23-7270669, 945 OTTAWA AVE NW, GRAND	MEDICAL EDUCATION TRAINING				TRINITY		
RAPIDS MI 49503		MICHIGAN	501(C)(3)	LINE 11A, I	HEALTH-MICHIGAN	х	
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL				,			
LIABILITY TRUST - 38-2299878, PO BOX 3302,	1				MERCY HEALTH		
MUSKEGON MI 49443	- SELF INSURANCE	MICHIGAN	501(C)(3)	LINE 11B, II	PARTNERS	х	
HACKLEY LIFE COUNSELING - 38-1386362				,			
125 E. SOUTHERN AVENUE	1				MERCY HEALTH		
MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	PARTNERS	х	
HAWTHORNE RIDGE, INC 80-0102840							†
30 COMMUNITY WAY	1						
EAST GREENBUSH NY 12061	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	l x	
HEART CENTER OF GREATER WATERBURY INC							
83-0416893, P.O. BOX 2153, WATERBURY, CT	1						
06722	 MANAGEMENT	CONNECTICUT	501(C)(3)	LINE 11A, I	N/A		Х
HERITAGE HOUSE NURSING CENTER, INC		_		,	1		<u> </u>
14-1725101, 2920 TIBBITS AVE, TROY, NY	†						
12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	1

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
		,,,		501(c)(3))		Yes	No
HOLY CROSS CARENET, INC 52-1945054					TRINITY		
PO BOX 9184					CONTINUING CARE		i
FARMINGTON HILLS, MI 48152	LONG TERM CARE	MARYLAND	501(C)(3)	LINE 9	SERVICES	X	l
HOLY CROSS HEALTH FOUNDATION, INC							
20-8428450, 1500 FOREST GLEN RD., SILVER					HOLY CROSS		i
SPRING, MD 20910	FOUNDATION	MARYLAND	501(C)(3)	LINE 7	HEALTH, INC.	X	
HOLY CROSS HEALTH, INC 52-0738041							
1500 FOREST GLEN RD.	HEALTHCARE AND HOSPITAL				TRINITY HEALTH		i
SILVER SPRING, MD 20910	SERVICES	MARYLAND	501(C)(3)	LINE 3	CORPORATION	X	i
HOLY CROSS HOSPITAL, INC 59-0791028							
4725 NORTH FEDERAL HIGHWAY	HEALTHCARE AND HOSPITAL				TRINITY HEALTH		i
FT. LAUDERDALE, FL 33308	SERVICES	FLORIDA	501(C)(3)	LINE 3	CORPORATION	Х	i
HOLY CROSS MEDICAL PROPERTIES, INC							
65-0666283, 4725 NORTH FEDERAL HIGHWAY, FT.	BUILDING MANAGEMENT				HOLY CROSS		i
LAUDERDALE, FL 33308	SERVICES	FLORIDA	501(C)(2)	N/A	HOSPITAL, INC.	Х	i
HOLY CROSS OUTPATIENT SERVICES, INC							
46-5421068, 4725 NORTH FEDERAL HIGHWAY, FT.					HOLY CROSS		i
LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOSPITAL, INC.	Х	i
HOLY CROSS PRIMARY CARE, INC 81-2531495							
4725 NORTH FEDERAL HIGHWAY	7				HOLY CROSS		i
FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOSPITAL, INC.	Х	i
HOME & COMMUNITY HEALTH SERVICES, INC					TRINITY HEALTH OF		
81-0723591, 201 CHESTNUT HILL ROAD, STAFFORD					NEW ENGLAND		i
SPRINGS, CT 06076	HOME HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 9	CORPORATION, INC.	Х	i
HOME AIDE SERVICE OF EASTERN NEW YORK, INC.							
- 14-1514867, 433 RIVER ST SUITE 3000, TROY,	7						i
NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	Х	i
HOSPICE OF NORTH IOWA - 42-1173708					MERCY HEALTH		
232 SECOND STREET SE	7				SERVICES-IOWA,		i
MASON CITY, IA 50401	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 9	CORP.	Х	i
HOSPICE OF SIOUXLAND - 38-3320710							
4300 HAMILTON BLVD.							İ
SIOUX CITY, IA 51104	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 11A, I	N/A		Х
HOSPICE OF WASHTENAW II - 38-3320707							
806 AIRPORT BLVD.	HOSPICE SERVICES				TRINITY		İ
ANN ARBOR, MI 48108	(INACTIVE)	MICHIGAN	501(C)(3)	LINE 11A, I	HEALTH-MICHIGAN	Х	İ

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
		, , , , , , , , , , , ,		501(c)(3))		Yes	No
IHA HEALTH SERVICES CORPORATION - 38-3316559							
24 FRANK LLOYD WRIGHT DR., LOBBY J					TRINITY		
ANN ARBOR, MI 48106	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	HEALTH-MICHIGAN	X	
JOHNSON HEALTH CARE, INC 81-0709903					TRINITY HEALTH OF		
201 CHESTNUT HILL ROAD					NEW ENGLAND		
STAFFORD SPRINGS, CT 06076	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 9	CORPORATION, INC.	X	
JOHNSON MEMORIAL HOSPITAL, INC 47-5676956					TRINITY HEALTH OF		
201 CHESTNUT HILL ROAD	HEALTHCARE AND HOSPITAL				NEW ENGLAND		
STAFFORD SPRINGS, CT 06076	SERVICES	CONNECTICUT	501(C)(3)	LINE 3	CORPORATION, INC.	X	
JOHNSON MEMORIAL MEDICAL CENTER, INC					TRINITY HEALTH OF		
81-0696923, 201 CHESTNUT HILL ROAD, STAFFORD	HEALTHCARE SYSTEM				NEW ENGLAND		
SPRINGS, CT 06076	MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II	CORPORATION, INC.	X	
LANGHORNE MRI, INC 23-2519529							
1201 LANGHORNE-NEWTOWN ROAD	HEALTHCARE SERVICES				ST. MARY MEDICAL		
LANGHORNE, PA 19047	(INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	CENTER	X	
LANGHORNE PHYSICIAN SERVICES, INC							
23-2571699, 1201 LANGHORNE-NEWTOWN ROAD,					ST. MARY MEDICAL		
LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	CENTER	X	
LIFE AT LOURDES, INC 26-1854750					OUR LADY OF		
2475 MCCLELLAN AVENUE					LOURDES HEALTH		
PENNSAUKEN, NJ 08109	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 3	CARE SERVICES	X	
LIFE AT ST. FRANCIS HEALTHCARE, INC							
45-2569214, 7TH AND CLAYTON STREETS,					ST. FRANCIS		
WILMINGTON, DE 19805	PACE PROGRAM	DELAWARE	501(C)(3)	LINE 9	HOSPITAL	X	
LIFE ST. FRANCIS CORPORATION - 22-2797282					ST. FRANCIS		
1435 LIBERTY STREET					MEDICAL CENTER		
HAMILTON, NJ 08629	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 9	TRENTON NJ	X	
LIFE ST. JOSEPH OF THE PINES, INC							
27-2159847, 100 GOSSMAN DRIVE, SOUTHERN					ST. JOSEPH OF THE		
PINES, NC 28387	PACE PROGRAM	NORTH CAROLINA	501(C)(3)	LINE 3	PINES, INC.	X	
LIFE ST. MARY - 26-2976184							
1201 LANGHORNE-NEWTOWN ROAD					ST. MARY MEDICAL		
LANGHORNE, PA 19047	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	CENTER	Х	
LOURDES ANCILLARY SERVICES - 22-2568525					OUR LADY OF		
1600 HADDON AVENUE	VOLUNTEER SERVICE				LOURDES HEALTH		
CAMDEN, NJ 08103	AUXILIARY	NEW JERSEY	501(C)(3)	LINE 11B, II	CARE SERVICES	Х	

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
Ŭ		Toroigh oddriny)		501(c)(3))	,	Yes	No
LOURDES CARDIOLOGY SERVICES PC - 27-4357794					OUR LADY OF		
1600 HADDON AVENUE					LOURDES HEALTH		
CAMDEN, NJ 08103	HEALTHCARE SERVICES	NEW JERSEY	501(C)(3)	LINE 3	CARE SERVICES	Х	
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY					OUR LADY OF		
- 22-3612265, 218 SUNSET ROAD, WILLINGBORO,	HEALTHCARE AND HOSPITAL				LOURDES HEALTH		
NJ 08046	SERVICES	NEW JERSEY	501(C)(3)	LINE 3	CARE SERVICES	Х	
LOYOLA MEDICINE TRANSPORT LLC - 47-4147171							
905 W. NORTH AVE.	7				LOYOLA UNIVERSITY		
MELROSE PARK, IL 60160	TRANSPORATION SERVICES	ILLINOIS	501(C)(3)	LINE 9	MEDICAL CENTER	Х	
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448							
2160 SOUTH FIRST AVENUE	HEALTHCARE SYSTEM				TRINITY HEALTH		
MAYWOOD, IL 60153	MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11B, II	CORPORATION	Х	
LOYOLA UNIVERSITY MEDICAL CENTER -							
36-4015560, 2160 SOUTH FIRST AVENUE,	HEALTHCARE AND HOSPITAL				LOYOLA UNIVERSITY		
MAYWOOD, IL 60153	SERVICES	ILLINOIS	501(C)(3)	LINE 3	HEALTH SYSTEM	х	
LTC (EDDY), INC 22-2564710							
2212 BURDETT AVE.	MANAGEMENT SERVICES FOR				ST. PETER'S		
TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 11B, II	HEALTH PARTNERS	х	
MARIAN COMMUNITY HOSPITAL - 24-0711230							
3805 WEST CHESTER PIKE, STE. 100	HEALTHCARE SERVICES				MAXIS HEALTH		
NEWTOWN SQUARE, PA 19073	(INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	SYSTEM	х	
MARIAN HOME HEALTHCARE - 38-3320705					MERCY HEALTH		
801 5TH STREET	HOME HEALTH SERVICES				SERVICES-IOWA,		
SIOUX CITY, IA 51101	(INACTIVE)	IOWA	501(C)(3)	LINE 11A, I	CORP.	х	
MAXIS HEALTH SYSTEM - 91-1940902	HEALTHCARE SYSTEM						
3805 WEST CHESTER PIKE, STE. 100	MANAGEMENT AND SUPPORT				TRINITY HEALTH		
NEWTOWN SQUARE, PA 19073	(INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 11A, I	CORPORATION	х	
MCAULEY CENTER, INC 06-1058086							
275 STEELE ROAD					MERCY COMMUNITY		
WEST HARTFORD, CT 06117	SENIOR LIVING COMMUNITY	CONNECTICUT	501(C)(3)	LINE 9	HEALTH, INC.	х	
MCAULEY CLINIC CORPORATION - 38-2561013					CATHERINE MCAULEY		
PO BOX 992	HEALTHCARE SERVICES				HEALTH SERVICES		
ANN ARBOR, MI 48106	(INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	CORP.	х	
MCAULEY MINISTRIES - 94-3436142							
3333 FIFTH AVENUE					PITTSBURGH MERCY		
PITTSBURGH, PA 15213		PENNSYLVANIA	501(C)(3)	LINE 11B TT	HEALTH SYSTEM	x	

(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	(f) Direct controlling entity		in 12(b)(13) folled cation?
		3 77		501(c)(3))		Yes	No
MERCY AMICARE HOME HEALTHCARE, OAKLAND -							
38-3320698, 1111 W. LONG LAKE RD., STE 102,					TRINITY HOME		
TROY, MI 48098	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	HEALTH SERVICES	X	
MERCY AMICARE HOME HEALTHCARE, PORT HURON -							
38-3320701, 17410 COLLEGE PARKWAY, STE 150,					TRINITY HOME		
LIVONIA, MI 48152	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	HEALTH SERVICES	X	
MERCY CARE FOUNDATION - 58-1448522					SAINT JOSEPH'S		
424 DECATUR STREET					HEALTH SYSTEM,		
ATLANTA, GA 30312	FOUNDATION	GEORGIA	501(C)(3)	LINE 7	INC.	X	
MERCY CATHOLIC MEDICAL CENTER OF					MERCY HEALTH		
SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE	HEALTHCARE AND HOSPITAL				SYSTEM OF		
WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA	services	PENNSYLVANIA	501(C)(3)	LINE 3	SOUTHEASTERN	X	
MERCY COMMUNITY HEALTH, INC 06-1492707					TRINITY		
2021 ALBANY AVENUE	HEALTHCARE SYSTEM				CONTINUING CARE		
WEST HARTFORD, CT 06117	MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II	SERVICES	X	
MERCY FAMILY SUPPORT - 23-2325059							
1001 BALTIMORE PIKE, SUITE 310					MERCY HOME HEALTH		
SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	SERVICES	X	
MERCY FOUNDATION, INC 36-3227350							
2525 SOUTH MICHIGAN AVENUE					MERCY HEALTH		
CHICAGO, IL 60616	FOUNDATION	ILLINOIS	501(C)(3)	LINE 7	SYSTEM OF CHICAGO	X	
MERCY GENERAL HEALTH PARTNERS, AMICARE							
HOMECARE - 38-3321856, 888 TERRACE STREET,	HOSPICE & HOME HEALTH				TRINITY HOME		
MUSKEGON, MI 49440	services	MICHIGAN	501(C)(3)	LINE 9	HEALTH SERVICES	X	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN					MERCY HEALTH		
PENNSYLVANIA - 23-2829864, ONE WEST ELM					SYSTEM OF		
STREET, SUITE 100, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	SOUTHEASTERN	X	
MERCY HEALTH NETWORK, INC 42-1478417							
1111 6TH AVENUE	HEALTHCARE SYSTEM						
DES MOINES, IA 50314	MANAGEMENT AND SUPPORT	DELAWARE	501(C)(3)	LINE 11B, II	N/A		X
MERCY HEALTH PARTNERS - 38-2589966							
1500 E. SHERMAN BLVD.	HEALTHCARE AND HOSPITAL				TRINITY		
MUSKEGON, MI 49444	services	MICHIGAN	501(C)(3)	LINE 3	HEALTH-MICHIGAN	Х	
MERCY HEALTH PLAN - 22-2483605					MERCY HEALTH		
ONE WEST ELM STREET, SUITE 100					SYSTEM OF		
CONSHOHOCKEN, PA 19428	MEDICAID MANAGED CARE PLAN	PENNSYLVANIA	501(C)(3)	LINE 11B, II	SOUTHEASTERN	Х	

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		g) 512(b)(13) trolled
of related organization		foreign country)	section	status (if section	entity	organiz	ization?
				501(c)(3))		Yes	No
MERCY HEALTH SERVICES - IOWA, CORP	_						
31-1373080, 1000 4TH STREET SW, MASON CITY,	HEALTHCARE AND HOSPITAL				TRINITY HEALTH		
IA 50401	SERVICES	DELAWARE	501(C)(3)	LINE 3	CORPORATION	X	<u> </u>
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327	_						
2525 SOUTH MICHIGAN AVENUE	HEALTHCARE SYSTEM				TRINITY HEALTH		
CHICAGO, IL 60616	MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11B, II	CORPORATION	X	
MERCY HEALTH SYSTEM OF SOUTHEASTERN							
PENNSYLVANIA - 23-2212638, ONE WEST ELM	HEALTHCARE SYSTEM			LINE 11C,	TRINITY HEALTH		
STREET, SUITE 100, CONSHOHOCKEN, PA 19428	MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	III-FI	CORPORATION	X	
MERCY HEALTHCARE CENTER - 15-0532211					MERCY UIHLEIN		
114 WAWBEEK AVENUE	HEALTHCARE AND HOSPITAL				HEALTH		
TUPPER LAKE, NY 12986	SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	CORPORATION	X	
MERCY HEALTHCARE FOUNDATION - CLINTON -							
42-1316126, 1410 N. 4TH ST., CLINTON, IA	1						
52732	FOUNDATION	IOWA	501(C)(3)	LINE 7	N/A		X
MERCY HOME HEALTH - 23-1352099							
1001 BALTIMORE PIKE, SUITE 310	7				MERCY HOME HEALTH		
SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	SERVICES	X	
MERCY HOME HEALTH SERVICES - 23-2325058					MERCY HEALTH		
1001 BALTIMORE PIKE, SUITE 310	MANAGEMENT SERVICES FOR				SYSTEM OF		
SPRINGFIELD, PA 19064	HOME HEALTH	PENNSYLVANIA	501(C)(3)	LINE 11B, II	SOUTHEASTERN	X	
MERCY HOSPITAL AND MEDICAL CENTER -							
36-2170152, 2525 SOUTH MICHIGAN AVENUE,	HEALTHCARE AND HOSPITAL				MERCY HEALTH		
CHICAGO, IL 60616	SERVICES	ILLINOIS	501(C)(3)	LINE 3	SYSTEM OF CHICAGO	X	
MERCY HOSPITAL CADILLAC FOUNDATION -							
20-3357131, 1820 44TH ST. SE, KENTWOOD, MI	1				TRINITY		
49508	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	HEALTH-MICHIGAN	X	
MERCY HOSPITAL, INC 59-0791034							
4725 NORTH FEDERAL HIGHWAY	HEALTHCARE SERVICES				TRINITY HEALTH		
FT. LAUDERDALE, FL 33308	(INACTIVE)	FLORIDA	501(C)(3)	LINE 11B, II	CORPORATION	X	
MERCY HOSPITAL, INC 04-3398280					TRINITY HEALTH OF		
C/O SPHS, 1221 MAIN STREET, SUITE 213	HEALTHCARE AND HOSPITAL				NEW ENGLAND		
HOLYOKE, MA 01040	- SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	CORPORATION, INC.	х	
MERCY LIFE CENTER CORPORATION - 25-1604115					, , ,		
1200 REEDSDALE STREET	1				PITTSBURGH MERCY		
PITTSBURGH PA 15233	COMMUNITY OUTREACH	PENNSYLVANIA	501(C)(3)	LINE 9	HEALTH SYSTEM	x	

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
		3 77		501(c)(3))		Yes	No
MERCY LIFE OF ALABAMA - 27-3163002							
P.O. BOX 7957					TRINITY HEALTH		
MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 3	PACE	X	
MERCY LIFE, INC 45-3086711					SISTERS OF		
C/O SPHS, 1221 MAIN STREET, SUITE 213					PROVIDENCE CARE		
HOLYOKE, MA 01040	PACE PROGRAM	MASSACHUSETTS	501(C)(3)	LINE 3	CENTERS, INC.	X	
MERCY MANAGEMENT OF SOUTHEASTERN							
PENNSYLVANIA - 23-2627944, ONE WEST ELM					MERCY PHYSICIAN		
STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	NETWORK	X	
MERCY MEDICAL CENTER - CLINTON, INC					MERCY HEALTH		
42-1336618, 1410 NORTH 4TH ST., CLINTON, IA	HEALTHCARE AND HOSPITAL				SERVICES-IOWA,		
52732	SERVICES	DELAWARE	501(C)(3)	LINE 3	CORP.	X	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION					MERCY HEALTH		
- 14-1880022, 801 5TH STREET, SIOUX CITY, IA					SERVICES-IOWA,		
51102	FOUNDATION	IOWA	501(C)(3)	LINE 7	CORP.	X	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA					MERCY HEALTH		
- 42-1229151, 1000 4TH STREET SW, MASON					SERVICES-IOWA,		
CITY, IA 50401	FOUNDATION	IOWA	501(C)(3)	LINE 7	CORP.	X	
MERCY MEDICAL CORPORATION - 63-6002215							
P.O. BOX 7957					TRINITY HEALTH		
MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 9	CORPORATION	Х	
MERCY MEDICAL GROUP, INC 45-4884805							
C/O SPHS, 1221 MAIN STREET, SUITE 213					THE MERCY		
HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	HOSPITAL, INC.	X	
MERCY PHYSICIAN NETWORK - 46-1187365	MANAGEMENT SERVICES FOR				MERCY HEALTH		
ONE WEST ELM STREET, SUITE 100	PHYSICIAN SERVICE				SYSTEM OF		
CONSHOHOCKEN, PA 19428	organizations	PENNSYLVANIA	501(C)(3)	LINE 11B, II	SOUTHEASTERN	Х	
MERCY SENIOR CARE, INC 58-1366508					SAINT JOSEPH'S		
424 DECATUR STREET	7				HEALTH SYSTEM,		
ATLANTA, GA 30312	COMMUNITY OUTREACH	GEORGIA	501(C)(3)	LINE 7	INC.	Х	
MERCY SERVICES DOWNTOWN, INC 27-2046353					SAINT JOSEPH'S		
424 DECATUR STREET	1				HEALTH SYSTEM,		
ATLANTA, GA 30312	TITLE HOLDING COMPANY	GEORGIA	501(C)(3)	LINE 11B, II	INC.	Х	
MERCY SERVICES FOR AGING NONPROFIT HOUSING					TRINITY		
CORPORATION - 38-2719605, PO BOX 9184,	1				CONTINUING CARE		
FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 9	SERVICES	Х	

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		g) 512(b)(13)
of related organization	Primary activity	1 ,	section	status (if section	entity	1	rolled zation?
or related organization		foreign country)	Section	501(c)(3))	entity		
MERCY SPECIALIST PHYSICIANS, INC				(-)(-)		Yes	No
26-4033168, C/O SPHS, 1221 MAIN STREET,	7				THE MERCY		
SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	HOSPITAL, INC.	Х	
MERCY SUBURBAN HOSPITAL - 23-1396763					MERCY HEALTH		
ONE WEST ELM STREET, SUITE 100	HEALTHCARE AND HOSPITAL				SYSTEM OF		
CONSHOHOCKEN, PA 19428	SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	SOUTHEASTERN	Х	
MERCY UIHLEIN HEALTH CORPORATION -	HEALTHCARE SYSTEM						
16-1535133, 3805 WEST CHESTER PIKE, SUITE	MANAGEMENT AND SUPPORT				TRINITY HEALTH		
100, NEWTOWN SQUARE, NY 19073	(INACTIVE)	NEW YORK	501(C)(3)	LINE 11B, II	CORPORATION	Х	
MISSION HEALTH CORPORATION - 38-3181557				,			
37595 SEVEN MILE ROAD	BUILDING MANAGEMENT						
LIVONIA, MI 48152	SERVICES	DELAWARE	501(C)(3)	LINE 11A, I	N/A		Х
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555				,			
6150 EAST BROAD STREET	7				MOUNT CARMEL		
COLUMBUS, OH 43213	COLLEGE OF NURSING	оніо	501(C)(3)	LINE 2	HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH INSURANCE COMPANY -							
25-1912781, 6150 EAST BROAD STREET,	7				MOUNT CARMEL		
COLUMBUS, OH 43213	HEALTH INSURANCE	оніо	501(C)(4)	N/A	HEALTH SYSTEM	Х	
MOUNT CARMEL HEALTH PLAN, INC 31-1471229							
6150 EAST BROAD STREET	7				MOUNT CARMEL		
COLUMBUS, OH 43213	MEDICARE HMO	оніо	501(C)(4)	N/A	HEALTH SYSTEM	Х	
MOUNT CARMEL HEALTH SYSTEM - 31-1439334							
6150 EAST BROAD STREET	HEALTHCARE AND HOSPITAL				TRINITY HEALTH		
COLUMBUS, OH 43213	SERVICES	оніо	501(C)(3)	LINE 3	CORPORATION	Х	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION -							
31-1113966, 6150 EAST BROAD STREET,	7				MOUNT CARMEL		
COLUMBUS, OH 43213	FOUNDATION	оніо	501(C)(3)	LINE 11A, I	HEALTH SYSTEM	Х	
MOUNT CARMEL HOME CARE, LLC - 26-2729300							
501 WEST SCHROCK ROAD	7				TRINITY HOME		
WESTERVILLE, OH 43081	HOME HEALTH SERVICES	оніо	501(C)(3)	LINE 9	HEALTH SERVICES	Х	
MOUNT SINAI HOSPITAL FOUNDATION, INC							
22-2584082, 500 BLUE HILLS AVENUE, HARTFORD,	1			LINE 11C,			
CT 06112	FOUNDATION	CONNECTICUT	501(C)(3)	III-FI	N/A		Х
MOUNT SINAI REHABILITATION HOSPITAL, INC					TRINITY HEALTH OF		
06-1422973, 114 WOODLAND STREET, HARTFORD,	HEALTHCARE AND HOSPITAL				NEW ENGLAND		
CT 06105	- SERVICES	CONNECTICUT	501(C)(3)	LINE 3	CORPORATION, INC.	Х	

	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
MOUNT ST. JOSEPH - 01-0274998							
7 HIGHTOWER STREET					MERCY COMMUNITY		
WATERVILLE, ME 04901	HEALTHCARE SERVICES	MAINE	501(C)(3)	LINE 3	HEALTH, INC.	X	
MRI MOBILE SERVICES OF WEST MICHIGAN -							
38-3073745, 1820 44TH STREET, KENTWOOD, MI	HEALTHCARE SERVICES				TRINITY		
49508	(INACTIVE)	MICHIGAN	501(C)(3)	LINE 9	HEALTH-MICHIGAN	X	
MUSKEGON COMMUNITY HEALTH PROJECT -							
91-1932918, 565 W. WESTERN AVENUE, MUSKEGON	ī,				MERCY HEALTH		
MI 49440	COMMUNITY OUTREACH	MICHIGAN	501(C)(3)	LINE 7	PARTNERS	Х	
NAZARETH HEALTH CARE FOUNDATION - 23-230095	1						
2701 HOLME AVENUE							
PHILADELPHIA, PA 19152	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11A, I	NAZARETH HOSPITAL	х	
NAZARETH HOSPITAL - 23-2794121					MERCY HEALTH		
2601 HOLME AVENUE	HEALTHCARE AND HOSPITAL				SYSTEM OF		
PHILADELPHIA, PA 19152	SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	SOUTHEASTERN	х	
NAZARETH PHYSICIAN SERVICES, INC							
20-3261266, ONE WEST ELM STREET, SUITE 100,					MERCY PHYSICIAN		
CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	NETWORK	х	
NE PHYSICIAN SERVICES, INC 23-2497355							
ONE WEST ELM STREET, SUITE 100	HEALTHCARE SERVICES				MERCY PHYSICIAN		
CONSHOHOCKEN PA 19428	(INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 3	NETWORK	X	
OAKLAND MERCY HOSPITAL - 20-8072234					MERCY HEALTH		
601 EAST 2ND STREET	HEALTHCARE AND HOSPITAL				SERVICES-IOWA,		
OAKLAND, NE 68045	SERVICES	NEBRASKA	501(C)(3)	LINE 3	CORP.	x	
OAKLAND MERCY HOSPITAL FOUNDATION -							
31-1678345, 601 E. 2ND STREET, OAKLAND, NE	\neg				OAKLAND MERCY		
68045	FOUNDATION	NEBRASKA	501(C)(3)	LINE 11A, I	HOSPITAL	x	
ONE THOUSAND CORPORATION - 06-0922325				1	SAINT FRANCIS		†
1000 ASYLUM AVENUE	BUILDING MANAGEMENT				HOSPITAL AND		
HARTFORD CT 06105	SERVICES	CONNECTICUT	501(C)(2)	N/A	MEDICAL CENTER	x	
OSU/MOUNT CARMEL HEALTH ALLIANCE -							†
31-1654603, 6150 EAST BROAD STREET,	COOPERATIVE HEALTHCARE						
COLUMBUS OH 43213	DELIVERY SYSTEM	OHIO	501(C)(3)	LINE 11A, I	N/A		x
OUR LADY OF LOURDES HEALTH CARE SERVICES,					1		
INC 22-2568528, 1600 HADDON AVENUE,	HEALTHCARE SYSTEM				MAXIS HEALTH		
CAMDEN NJ 08103	MANAGEMENT AND SUPPORT	NEW JERSEY	501(C)(3)	LINE 11B, II		X	

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	rolled
of related organization		foreign country)	section	status (if section	entity	organiz	zation?
				501(c)(3))		Yes	No
OUR LADY OF LOURDES HEALTH FOUNDATION, INC.	1				OUR LADY OF		
- 22-2351960, 1600 HADDON AVENUE, CAMDEN, NJ	_				LOURDES HEALTH		
08103	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	CARE SERVICES	X	
OUR LADY OF LOURDES MEDICAL CENTER -					OUR LADY OF		
21-0635001, 1600 HADDON AVENUE, CAMDEN, NJ	HEALTHCARE AND HOSPITAL				LOURDES HEALTH		
08103	SERVICES	NEW JERSEY	501(C)(3)	LINE 3	CARE SERVICES	X	
OUR LADY OF MERCY LIFE CENTER - 14-1743506							
2 MERCYCARE LANE					ST. PETER'S		
GUILDERLAND, NY 12084	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	HOSPITAL	X	
PIONEER VALLEY CARDIOLOGY ASSOCIATES, INC							
45-4208896, C/O SPHS, 1221 MAIN STREET,	7				THE MERCY		
SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	HOSPITAL, INC.	X	
PITTSBURGH MERCY HEALTH SYSTEM - 25-1464211							
3333 5TH AVENUE	HEALTHCARE SYSTEM				TRINITY HEALTH		
PITTSBURGH, PA 15213	MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 11B, II	CORPORATION	X	
PROBILITY THERAPY SERVICES - 20-2020239							
2058 S. STATE STREET	1				TRINITY		
ANN ARBOR, MI 48104	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	HEALTH-MICHIGAN	X	
PROFESSIONAL MED TEAM - 38-2638284							
965 FORK STREET	1				MERCY HEALTH		
MUSKEGON MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	PARTNERS	x	
RIVERBEND MEDICAL GROUP, INC 81-1807730							
271 CAREW ST	1				THE MERCY		
SPRINGFIELD, MA 01104	- HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	HOSPITAL, INC.	x	
S.J. MANAGEMENT COMPANY OF SYRACUSE INC					ST. JOSEPH'S	 	
27-1763712, 301 PROSPECT AVENUE, SYRACUSE,	HEALTHCARE SYSTEM			LINE 11C,	HOSPITAL HEALTH		
NY 13203	MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	III-FI	CENTER	x	
SAINT AGNES MEDICAL CENTER - 94-1437713				 		 	
1303 EAST HERNDON AVE.	HEALTHCARE AND HOSPITAL				TRINITY HEALTH		
FRESNO CA 93720	SERVICES	CALIFORNIA	501(C)(3)	LINE 3	CORPORATION	X	
SAINT AGNES MEDICAL FOUNDATION (FKA		J	31(3)(3)		25111 511111 1011	1	
PROFESSIONAL OFFICE CORPORATION) - 94-28,	1				SAINT AGNES		
1303 EAST HERNDON AVE., FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	LINE 11A, I	MEDICAL CENTER	X	
· ,	IEADINCARE SERVICES	CALIFORNIA	501(0)(3)	PINE IIA, I	SAINT ALPHONSUS	1 2	
SAINT ALPHONSUS BUILDING COMPANY, INC	HILLDING MANAGEMENE						
82-0401011, 1055 NORTH CURTIS RD., BOISE, ID 83706	-	TDAHO	E01/G)/3)	TIME O	REGIONAL MEDICAL	X	
03/00	SERVICES	IDAHO	501(C)(3)	LINE 9	CENTER, INC.	^	

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	rolled
of related organization		foreign country)	section	status (if section	entity	organiz	
				501(c)(3))		Yes	No
SAINT ALPHONSUS DIVERSIFIED CARE, INC	_				SAINT ALPHONSUS		
94-3028978, 1055 NORTH CURTIS RD., BOISE, ID					REGIONAL MEDICAL		
83706	HEALTHCARE SYSTEM SUPPORT	IDAHO	501(C)(3)	LINE 11A, I	CENTER, INC.	X	
SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC.					SAINT ALPHONSUS		
- 94-3164869, 3325 POCAHONTAS ROAD, BAKER					MEDICAL CENTER -		
CITY, OR 97814	FOUNDATION	OREGON	501(C)(3)	LINE 7	BAKER CITY	X	
SAINT ALPHONSUS FOUNDATION-ONTARIO, INC					SAINT ALPHONSUS		
20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR					MEDICAL		
97914	FOUNDATION	OREGON	501(C)(3)	LINE 7	CENTER-ONTARIO	X	
SAINT ALPHONSUS HEALTH SYSTEM, INC							
27-1929502, 1055 N. CURTIS ROAD, BOISE, ID	HEALTHCARE SYSTEM				TRINITY HEALTH		
83706	MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	LINE 11B, II	CORPORATION	X	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO					SAINT ALPHONSUS		
VOLUNTEERS - 94-3059469, 351 S.W. 9TH	VOLUNTEER SERVICE				MEDICAL		
STREET, ONTARIO, OR 97914	AUXILIARY	OREGON	501(C)(3)	LINE 9	CENTER-ONTARIO	Х	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY,					SAINT ALPHONSUS		
INC 27-1790052, 3325 POCAHONTAS ROAD,	HEALTHCARE AND HOSPITAL				HEALTH SYSTEM		
BAKER CITY, OR 97814	SERVICES	OREGON	501(C)(3)	LINE 3	INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH					SAINT ALPHONSUS		
FOUNDATION, INC 26-1737256, 1512 12TH					MEDICAL		
AVENUE ROAD, NAMPA, ID 83686	- FOUNDATION	IDAHO	501(C)(3)	LINE 7	CENTER-NAMPA	x	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC					SAINT ALPHONSUS		
82-0200896 1512 12TH AVENUE ROAD NAMPA ID	HEALTHCARE AND HOSPITAL				HEALTH SYSTEM,		
83686	SERVICES	IDAHO	501(C)(3)	LINE 3	INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC.					SAINT ALPHONSUS		
- 27-1789847, 351 s.w. 9TH STREET, ONTARIO,	HEALTHCARE AND HOSPITAL				HEALTH SYSTEM		
OR 97914	SERVICES	OREGON	501(C)(3)	LINE 3	INC.	X	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER -		OKEGON	301(0)(3)	<u> </u>	SAINT ALPHONSUS		
	HEALTHCARE AND HOSPITAL				HEALTH SYSTEM		
83706	SERVICES	IDAHO	501(C)(3)	LINE 3	INC.	X	
SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC.	PHRVIOLD	I DI MIO	501(0)(3)	DINE 3	TRINITY HEALTH OF	1	
- 45-1994612, 114 WOODLAND STREET, HARTFORD,	-				NEW ENGLAND		
- 43-1994012, 114 WOODLAND STREET, HARTFORD,	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	T T N D 11 D T T	PROVIDER NETWORK	x	
	DEADINCARE SERVICES	COMMECTICUI	201(C)(3)	HINE IID, II		_ ^	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	-				SAINT FRANCIS		
FOUNDATION, INC 06-1008255, 114 WOODLAND		GOVERNMENT CHIM	501 (9) (2)	115	HOSPITAL AND		
STREET, HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	FINE 11B, II	MEDICAL CENTER	X	

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
TRINITY HEALTH OF NEW ENGLAND PROVIDER					TRINITY HEALTH OF		
NETWORK ORGANIZATION, INC - 06-1450168, 114					NEW ENGLAND		
WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	CORPORATION, INC.	X	
SAINT JAMES CARE INC 26-2616230							
111 CENTRAL AVENUE					SAINT MICHAEL'S		
NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	MEDICAL CENTER	X	
SAINT JOSEPH PACE, INC 47-3129127							
20555 VICTOR PARKWAY					TRINITY HEALTH		
LIVONIA, MI 48152	PACE PROGRAM	INDIANA	501(C)(3)	LINE 7	PACE	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER -					SAINT JOSEPH		
PLYMOUTH CAMPUS, INC 35-1142669, PO BOX	HEALTHCARE AND HOSPITAL				REGIONAL MEDICAL		
670, PLYMOUTH, IN 46563	SERVICES	INDIANA	501(C)(3)	LINE 3	CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH					SAINT JOSEPH		
BEND CAMPUS, INC 35-0868157, 5215 HOLY	HEALTHCARE AND HOSPITAL				REGIONAL MEDICAL		
CROSS PARKWAY, MISHAWAKA, IN 46545	SERVICES	INDIANA	501(C)(3)	LINE 3	CENTER, INC.	Х	
SAINT JOSEPH REGIONAL MEDICAL CENTER					SAINT JOSEPH		
MISHAWAKA AUXILIARY, INC 35-6033285, 5215	VOLUNTEER SERVICE				REGIONAL MEDICAL		
HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	AUXILIARY	INDIANA	501(C)(4)	N/A	CENTER - SOUTH	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER					SAINT JOSEPH		
PLYMOUTH AUXILIARY, INC 35-6043563, 1915	VOLUNTEER SERVICE				REGIONAL MEDICAL		
LAKE AVENUE, PLYMOUTH, IN 46563	AUXILIARY	INDIANA	501(C)(3)	LINE 11B, II	CENTER - PLYMOUTH	Х	
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC							
35-1568821, 5215 HOLY CROSS PARKWAY,	HEALTHCARE SYSTEM				TRINITY HEALTH		
MISHAWAKA, IN 46545	MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 11B, II	CORPORATION	Х	
SAINT JOSEPH'S HEALTH SYSTEM, INC							
58-1744848, 424 DECATUR STREET, ATLANTA, GA	HEALTHCARE SYSTEM			LINE 11C,	TRINITY HEALTH		
30312	MANAGEMENT AND SUPPORT	GEORGIA	501(C)(3)	III-FI	CORPORATION	Х	
SAINT JOSEPH'S MERCY CARE SERVICES, INC					SAINT JOSEPH'S		
58-1752700, 424 DECATUR STREET, ATLANTA, GA	7				HEALTH SYSTEM,		
30312	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 7	INC.	Х	
SAINT JOSEPH'S TOWER, INC 31-1040468					TRINITY		
PO BOX 9184	1				CONTINUING CARE		l
FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY	INDIANA	501(C)(3)	LINE 9	SERVICES -	х	l
SAINT MARY'S AMICARE HOME HEALTHCARE -							
38-3320700, 1430 MONROE NW, STE 120, GRAND	1				TRINITY HOME		1
RAPIDS, MI 49505	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	HEALTH SERVICES	х	1

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
of rolated organization		foreign country)	30011011	501(c)(3))	Critity	Yes	No
SAINT MARY'S FOUNDATION - 38-1779602						100	110
200 JEFFERSON ST., SE	7				TRINITY		
GRAND RAPIDS, MI 49503	FOUNDATION	MICHIGAN	501(C)(3)	LINE 7	HEALTH-MICHIGAN	х	
SAINT MARY'S HOSPITAL FOUNDATION, INC -							
22-2528400, 56 FRANKLIN STREET, WATERBURY,	7				SAINT MARY'S		
CT 06706	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 7	HOSPITAL, INC	х	
SAINT MARY'S HOSPITAL, INC - 06-0646844					TRINITY HEALTH OF		
56 FRANKLIN STREET	HEALTHCARE AND HOSPITAL				NEW ENGLAND		
WATERBURY, CT 06706	SERVICES	CONNECTICUT	501(C)(3)	LINE 3	CORPORATION, INC.	х	
SAINT MICHAEL'S MEDICAL CENTER - 26-2616046					· ·		
111 CENTRAL AVENUE	HEALTHCARE AND HOSPITAL				MAXIS HEALTH		
NEWARK, NJ 07102	SERVICES	NEW JERSEY	501(C)(3)	LINE 3	SYSTEM	х	
SAMARITAN CHILD CARE CENTER, INC							
14-1710225, 2213 BURDETT AVE., TROY, NY	7				ST. PETER'S		
12180	CHILD CARE	NEW YORK	501(C)(3)	LINE 9	HEALTH PARTNERS	х	
SAMARITAN HOSPITAL - 14-1338544							
2215 BURDETT AVE.	HEALTHCARE AND HOSPITAL				ST. PETER'S		
TROY, NY 12180	SERVICES	NEW YORK	501(C)(3)	LINE 3	HEALTH PARTNERS	Х	
SENIOR CARE CONNECTION, INC 14-1708754							
504 STATE ST.	7						
SCHENECTADY, NY 12305	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	Х	
SETON AUXILIARY, INC 14-1505031							
1300 MASSACHUSETTS AVENUE	VOLUNTEER SERVICE				SETON HEALTH		
TROY, NY 12180	AUXILIARY	NEW YORK	501(C)(3)	LINE 9	SYSTEM, INC.	Х	
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL							
HEALTHCARE - 14-1756230, 1 ABELE BLVD.,	7				SETON HEALTH		
CLIFTON PARK, NY 12065	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	SYSTEM, INC.	Х	
SETON HEALTH FOUNDATION, INC 22-2345416							
1300 MASSACHUSETTS AVENUE	7				SETON HEALTH		
TROY, NY 12180	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	SYSTEM, INC.	Х	
SETON HEALTH SYSTEM, INC 14-1776186							
1300 MASSACHUSETTS AVENUE	HEALTHCARE AND HOSPITAL				ST. PETER'S		1
TROY, NY 12180	SERVICES	NEW YORK	501(C)(3)	LINE 3	HEALTH PARTNERS	Х	1
SISTERS OF PROVIDENCE CARE CENTERS, INC							
22-2541103, C/O SPHS, 1221 MAIN STREET,	7				THE MERCY		1
SUITE 213, HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	HOSPITAL, INC.	х	1

(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	(f) Direct controlling entity	Section 5 contr	olled
		Toroigir country)		501(c)(3))		Yes	No
SISTERS OF PROVIDENCE HEALTH SYSTEM, INC							
04-3398374, 1221 MAIN STREET, SUITE 213,	HEALTHCARE SYSTEM				TRINITY HEALTH		
HOLYOKE, MA 01040	MANAGEMENT AND SUPPORT	MASSACHUSETTS	501(C)(3)	LINE 11B, II	CORPORATION	Х	
SJHS/JOC HOLDINGS, INC 47-2299757					SAINT JOSEPH'S		
424 DECATUR STREET	7				HEALTH SYSTEM,		
ATLANTA, GA 30312	HEALTHCARE SYSTEM SUPPORT	GEORGIA	501(C)(3)	LINE 11B, II	INC.	Х	
ST. AGNES CONTINUING CARE CENTER -					MERCY HEALTH		_
23-2840137, ONE WEST ELM STREET, SUITE 100,	7				SYSTEM OF		
CONSHOHOCKEN, PA 19428	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 3	SOUTHEASTERN	Х	
ST. AGNES CONTINUING CARE CENTER FOUNDATION					ST. AGNES		
- 23-2415137, ONE WEST ELM STREET, SUITE	7				CONTINUING CARE		
100, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11A, I	CENTER	Х	
ST. FRANCIS FOUNDATION - 51-0374158							
P.O. BOX 2500	7				ST. FRANCIS		
WILMINGTON, DE 19805	FOUNDATION	DELAWARE	501(C)(3)	LINE 11A, I	HOSPITAL	Х	
ST. FRANCIS HOSPITAL AND MEDICAL CENTER -					TRINITY HEALTH OF		
06-0646813, 114 WOODLAND STREET, HARTFORD,	HEALTHCARE AND HOSPITAL				NEW ENGLAND		
CT 06105	SERVICES	CONNECTICUT	501(C)(3)	LINE 3	CORPORATION, INC.	Х	
ST. FRANCIS HOSPITAL, INC 51-0064326							
P.O. BOX 2500	HEALTHCARE AND HOSPITAL				TRINITY HEALTH		
WILMINGTON, DE 19805	SERVICES	DELAWARE	501(C)(3)	LINE 3	CORPORATION	X	
ST. FRANCIS MEDICAL CENTER FOUNDATION, INC.					ST. FRANCIS		
- 52-1025476, 601 HAMILTON AVENUE, TRENTON,					MEDICAL CENTER		
NJ 08629	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	TRENTON NJ	X	
ST. FRANCIS MEDICAL CENTER TRENTON NJ -							
22-3431049, 601 HAMILTON AVENUE, TRENTON, NJ	HEALTHCARE AND HOSPITAL				MAXIS HEALTH		
08629	SERVICES	NEW JERSEY	501(C)(3)	LINE 3	SYSTEM	X	
ST. JAMES MERCY HEALTH SYSTEM, INC							
22-3127184, 411 CANISTEO STREET, HORNELL, NY	HEALTHCARE SYSTEM				TRINITY HEALTH		
14843	MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	CORPORATION	X	
ST. JOSEPH MERCY OAKLAND FOUNDATION -							
35-2356789, 44405 WOODWARD AVE., PONTIAC, MI					TRINITY		
48341	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	HEALTH-MICHIGAN	X	
ST. JOSEPH OF THE PINES, INC 56-0694200					TRINITY		
100 GOSSMAN DRIVE	_				CONTINUING CARE		
SOUTHERN PINES, NC 28387	LONG TERM CARE	NORTH CAROLINA	501(C)(3)	LINE 3	SERVICES	X	

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
ST. JOSEPH'S COLLEGE OF NURSING AT ST.					ST. JOSEPH'S		
JOSEPH'S HOSPITAL HEALTH CENTER - 20-, 206					HOSPITAL HEALTH		
PROSPECT AVENUE, SYRACUSE, NY 13203	COLLEGE OF NURSING	NEW YORK	501(C)(3)	LINE 2	CENTER	X	
ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC.							
- 23-7219294, 301 PROSPECT AVENUE, SYRACUSE,	BUILDING MANAGEMENT				ST. JOSEPH'S		
NY 13203	SERVICES	NEW YORK	501(C)(3)	LINE 11B, II	HEALTH, INC.	X	
ST. JOSEPH'S HEALTH, INC 47-4754987							
301 PROSPECT AVENUE	HEALTHCARE SYSTEM				TRINITY HEALTH		
SYRACUSE, NY 13203	MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	CORPORATION	Х	
ST. JOSEPH'S HOSPITAL HEALTH CENTER -							
15-0532254, 301 PROSPECT AVENUE, SYRACUSE,	HEALTHCARE AND HOSPITAL				ST. JOSEPH'S		
NY 13203	SERVICES	NEW YORK	501(C)(3)	LINE 3	HEALTH, INC.	Х	
ST. JOSEPH'S HOSPITAL HEALTH CENTER							
FOUNDATION, INC 22-2149775, 301 PROSPECT	7				ST. JOSEPH'S		
AVENUE, SYRACUSE, NY 13203	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	HEALTH, INC.	Х	
ST. JOSEPH'S MEDICAL P.C 27-3899821					ST. JOSEPH'S		
301 PROSPECT AVENUE	7				HOSPITAL HEALTH		
SYRACUSE, NY 13203	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 11A, I	CENTER	Х	
ST. JOSEPH'S PHYSICIAN HEALTH, P.C					ST. JOSEPH'S		
16-1516863, 301 PROSPECT AVENUE, SYRACUSE,	7				HOSPITAL HEALTH		
NY 13203	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 11A, I	CENTER	Х	
ST. MARY BUILDING AND DEVELOPMENT -							
46-1827502, 1201 LANGHORNE-NEWTOWN ROAD,	7				ST. MARY MEDICAL		
LANGHORNE, PA 19047	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)	N/A	CENTER	Х	
ST. MARY EMERGENCY MEDICAL SERVICES -							
46-5354512, 1201 LANGHORNE-NEWTOWN ROAD,	1				ST. MARY MEDICAL		
LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	CENTER	Х	
ST. MARY HOME, INCORPORATED - 06-0646843							
2021 ALBANY AVENUE	7				MERCY COMMUNITY		
WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	HEALTH, INC.	Х	
ST. MARY MEDICAL CENTER - 23-1913910							
1201 LANGHORNE-NEWTOWN ROAD	HEALTHCARE AND HOSPITAL				TRINITY HEALTH		l
LANGHORNE, PA 19047	SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	CORPORATION	Х	1
ST. MARY MEDICAL CENTER FOUNDATION, INC							
23-2567468, 1201 LANGHORNE-NEWTOWN ROAD,	1				ST. MARY MEDICAL		1
LANGHORNE, PA 19047	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	CENTER	Х	1

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
ST. MARY'S FOUNDATION, INC 58-2544232							
1230 BAXTER STREET					ST. MARY'S HEALTH		i
ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 11A, I	CARE SYSTEM, INC.	X	
ST. MARY'S GOOD SAMARITAN FOUNDATION, INC							
81-1660088, 1230 BAXTER STREET, ATHENS, GA					ST. MARY'S HEALTH		i
30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 11A, I	CARE SYSTEM, INC.	X	
ST. MARY'S HEALTH CARE SYSTEM, INC							
58-0566223, 1230 BAXTER STREET, ATHENS, GA	HEALTHCARE AND HOSPITAL				TRINITY HEALTH		i
30606	SERVICES	GEORGIA	501(C)(3)	LINE 3	CORPORATION	X	i
ST. MARY'S HIGHLAND HILLS, INC 02-0576648							
1230 BAXTER STREET	7				ST. MARY'S HEALTH		i
ATHENS, GA 30606	SENIOR LIVING COMMUNITY	GEORGIA	501(C)(3)	LINE 3	CARE SYSTEM, INC.	Х	i
ST. MARY'S MEDICAL GROUP, INC 26-1858563							
1230 BAXTER STREET	7				ST. MARY'S HEALTH		i
ATHENS, GA 30606	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 3	CARE SYSTEM, INC.	Х	i
ST. MARY'S SACRED HEART HOSPITAL, INC							
47-3752176, 367 CLEAR CREEK PARKWAY,	HEALTHCARE AND HOSPITAL				ST. MARY'S HEALTH		i
LAVONIA, GA 30553	SERVICES	GEORGIA	501(C)(3)	LINE 3	CARE SYSTEM, INC.	Х	i
ST. MICHAEL'S FOUNDATION, INC 22-3311976							
111 CENTRAL AVENUE	7				SAINT MICHAEL'S		i
NEWARK, NJ 07102	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 11A, I	MEDICAL CENTER	Х	i
ST. PETER'S HEALTH PARTNERS - 45-3570715							
315 SOUTH MANNING BLVD	HEALTHCARE SYSTEM				TRINITY HEALTH		i
ALBANY, NY 12208	MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	CORPORATION	Х	i
ST. PETER'S HEALTH PARTNERS MEDICAL							
ASSOCIATES, P.C 46-1177336, 315 SOUTH	7				ST. PETER'S		i
MANNING BLVD, ALBANY, NY 12208	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 3	HEALTH PARTNERS	X	i
ST. PETER'S HOSPITAL - 14-1348692							
315 SOUTH MANNING BLVD	HEALTHCARE AND HOSPITAL				ST. PETER'S		i
ALBANY, NY 12208	SERVICES	NEW YORK	501(C)(3)	LINE 3	HEALTH PARTNERS	Х	i
ST. PETER'S HOSPITAL FOUNDATION, INC							
22-2262982, 310 SOUTH MANNING BLVD, ALBANY,	7				ST. PETER'S		i
NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	HEALTH PARTNERS	х	i
SUNNYVIEW HOSPITAL & REHABILITATION CENTER -							i
14-1338386, 1270 BELMONT AVE., SCHENECTADY,	HEALTHCARE AND HOSPITAL				ST. PETER'S		i
NY 12308	SERVICES	NEW YORK	501(C)(3)	LINE 3	HEALTH PARTNERS	х	İ

Of related organization foreign country) section status (if section 501(c)(3)) SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION, INC 22-25505127, 1270 BELMONT THE COMMUNITY HOSPITAL & REHABILITATION INC 22-2692940, 295 VALLEY VIEW BLVD, RENSSELAER, NY 12144 FOUNDATION NEW YORK 501(C)(3) LINE 7 HOSPITE, INC 14-1608921 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 HOSPITE, INC 14-1608921 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 HOSPICE, INC 14-1608921 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 HOSPICE, INC 14-1608921 105 VALLEY VIEW BLVD RENSSELAER, NY 12144 HOSPICE SERVICES NEW YORK 501(C)(3) LINE 7 HOSPICE, INC. THE COMMUNITY HOSPICE, INC. 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 CENTER, INC 22-2570478, 2256 BURDETT AVE., TROY, NY 12180 LONG TERM CARE NEW YORK 501(C)(3) LINE 7 CENTER, INC 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047 LONG TERM CARE NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12208 THE MARJORIE DOVLE ROCKWELL CENTER, INC 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12208 THE MORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MAINING BLVD, ALBANY, NY 12208 THE MORNING AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER SERVICE MOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER SERVICE MOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER SERVICE MOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER SERVICE MOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER SERVICE MOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER SERVICE MOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER SERVICE MOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER SERVICE MOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER SERVICE MOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER, SERVICE MOSPITAL AND MEDICAL CENTER, INC 0, 114 WILLIARY MOSPITAL AND MEDICAL CENTER, INC.	Yes X	x X X X X
FOUNDATION, INC 22-2505127, 1270 BELMONT	X X	X X X
AVE., SCHENECTADY, NY 12308 THE COMMUNITY HOSPICE FOUNDATION, INC 22-2692940, 295 VALLEY VIEW BLVD, RENSSELAER, NY 12144 FOUNDATION THE COMMUNITY HOSPICE, INC 14-1608921 295 VALLEY VIEW BLVD ST. PETER'S RENSSELAER, NY 12144 HOSPICE SERVICES NEW YORK S01(C)(3) LINE 7 HOSPICE, INC. THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617 THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC 22-2570478, 2256 BURDETT AVE., TROY, NY 12180 LONG TERM CARE NEW YORK S01(C)(3) LINE 7 THE MARJORIE DOYLE ROCKWELL CENTER, INC. 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047 THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK S01(C)(3) LINE 9 LTC (EDDY), INC. THE MORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK S01(C)(3) LINE 9 LTC (EDDY), INC. THE MOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOODLAND STREET, HASTFORD, CT 06105 AUXILIARY CONNECTICUT S01(C)(3) LINE 11B, II N/A TRI-HOSPITAL EMERGENCY MEDICAL SERVICES	x	X X
AVE., SCHENECTADY, NY 12308 THE COMMUNITY HOSPICE FOUNDATION, INC 22-2692940, 295 VALLEY VIEW BLVD, RENSSELAER, NY 12144 FOUNDATION THE COMMUNITY HOSPICE, INC 14-1608921 295 VALLEY VIEW BLVD ST. PETER'S RENSSELAER, NY 12144 HOSPICE SERVICES NEW YORK S01(C)(3) LINE 7 HOSPICE, INC. THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617 THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC 22-2570478, 2256 BURDETT AVE., TROY, NY 12180 LONG TERM CARE NEW YORK S01(C)(3) LINE 7 THE MARJORIE DOYLE ROCKWELL CENTER, INC. 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047 THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK S01(C)(3) LINE 9 LTC (EDDY), INC. THE MORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK S01(C)(3) LINE 9 LTC (EDDY), INC. THE MOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOODLAND STREET, HASTFORD, CT 06105 AUXILIARY CONNECTICUT S01(C)(3) LINE 11B, II N/A TRI-HOSPITAL EMERGENCY MEDICAL SERVICES	x	X X
THE COMMUNITY HOSPICE FOUNDATION, INC. — 22-2632940, 295 VALLEY VIEW BLVD, RENSSELAER, NY 12144 FOUNDATION NEW YORK 501(C)(3) LINE 7 HEALTH PARTNERS THE COMMUNITY HOSPICE, INC. — 14-1608921 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 HOSPICE SERVICES NEW YORK 501(C)(3) LINE 3 HEALTH PARTNERS 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 CENTER, INC. — 22-2570478, 2256 BURDETT AVE., TROY, THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC. — 22-2570478, 2256 BURDETT AVE., TROY, THE MARJORIE DOYLE ROCKWELL CENTER, INC. — 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12180 LONG TERM CARE NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. THE MARJORIE BURDET AVE. — LONG TERM CARE NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. THE NORTHEAST HEALTH FOUNDATION, INC. — 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 7 HEALTH FARTNERS THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. — 0, 114 WOLUNTEER SERVICE WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A	x	x
RENSELAER, NY 12144 FOUNDATION NEW YORK FILE COMMUNITY HOSPICE, INC 14-1608921 295 VALLEY VIEW BLVD HOSPICE SERVICES NEW YORK FUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617 THE JAMES A. EDDY MEMORIAL GERIATIC CENTER, INC 22-2570478, 2256 BURDETT AVE., TROY, NY 12180 LONG TERM CARE NEW YORK LONG TERM CARE NEW YORK S01(C)(3) LINE 7 HOSPICE, INC. ST. PETER'S HEALTH PARTNERS FOUNDATION INDIANA S01(C)(3) LINE 7 HEALTH PARTNERS FOUNDATION INDIANA S01(C)(3) LINE 7 HEALTH PARTNERS FOUNDATION INDIANA S01(C)(3) LINE 7 HEALTH PARTNERS FOUNDATION INDIANA S01(C)(3) LINE 9 LTC (EDDY), INC. THE MARJORIE DOYLE ROCKWELL CENTER, INC 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047 THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK S01(C)(3) LINE 9 LTC (EDDY), INC. THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT S01(C)(3) LINE 11B, II N/A TRI-HOSPITAL EMERGENCY MEDICAL SERVICES	x	x
THE COMMUNITY HOSPICE, INC 14-1608921 295 VALLEY VIEW BLVD RENSSELARE, NY 12144 HOSPICE SERVICES NEW YORK 501(C)(3) LINE 3 HEALTH PARTNERS THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617 FOUNDATION 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 7 CENTER, INC. 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. THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A	x	x
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THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617 FOUNDATION THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC 22-2570478, 2256 BURDETT AVE., TROY, NY 12180 LONG TERM CARE LONG TERM CARE NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. 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. 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. ST. PETER'S HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A	Х	х
MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617 FOUNDATION INDIANA 501(C)(3) LINE 7 CENTER, INC. 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. 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. THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 7 HEALTH PARTNERS THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT S01(C)(3) LINE 11B, II N/A		
STREET, SOUTH BEND, IN 46617 FOUNDATION INDIANA 501(C)(3) LINE 7 CENTER, INC. 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. 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. THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 7 HEALTH PARTNERS HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 7 HEALTH PARTNERS CONNECTICUT 501(C)(3) LINE 11B, II N/A		
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. 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. THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 7 HEALTH PARTNERS THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOLUNTEER SERVICE WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A TRI-HOSPITAL EMERGENCY MEDICAL SERVICES -		
INC 22-2570478, 2256 BURDETT AVE., TROY, NY 12180 LONG TERM CARE NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. 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. THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 7 HEALTH PARTNERS HOSPITAL AND MEDICAL CENTER, INC 0, 114 VOLUNTEER SERVICE WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A	х	х
NY 12180 LONG TERM CARE NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047 LONG TERM CARE NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. ST. PETER'S ST. PETER'S HOSPITAL AND MEDICAL CENTER, INC 0, 114 VOLUNTEER SERVICE WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 9 LTC (EDDY), INC. ST. PETER'S ST. PETER'S CONNECTICUT 501(C)(3) LINE 11B, II N/A	х	X
NY 12180 LONG TERM CARE NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047 LONG TERM CARE NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. ST. PETER'S ST. PETER'S HOSPITAL AND MEDICAL CENTER, INC 0, 114 VOLUNTEER SERVICE WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 9 LTC (EDDY), INC. ST. PETER'S ST. PETER'S CONNECTICUT 501(C)(3) LINE 11B, II N/A	X	X
14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047 LONG TERM CARE NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 7 HEALTH PARTNERS HOSPITAL AND MEDICAL CENTER, INC 0, 114 VOLUNTEER SERVICE WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A		
NY 12047 THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 9 LTC (EDDY), INC. ST. PETER'S HEALTH PARTNERS HOSPITAL AND MEDICAL CENTER, INC 0, 114 VOLUNTEER SERVICE WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 18, II N/A TRI-HOSPITAL EMERGENCY MEDICAL SERVICES -		
THE NORTHEAST HEALTH FOUNDATION, INC 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 7 HEALTH PARTNERS HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT TRI-HOSPITAL EMERGENCY MEDICAL SERVICES -		
22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 7 HEALTH PARTNERS THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC 0, 114 VOLUNTEER SERVICE WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A TRI-HOSPITAL EMERGENCY MEDICAL SERVICES -	X	x
NY 12208 FOUNDATION NEW YORK 501(C)(3) LINE 7 HEALTH PARTNERS THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC 0, 114 VOLUNTEER SERVICE WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A TRI-HOSPITAL EMERGENCY MEDICAL SERVICES -		
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC 0, 114 WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A TRI-HOSPITAL EMERGENCY MEDICAL SERVICES -		
HOSPITAL AND MEDICAL CENTER, INC 0, 114 VOLUNTEER SERVICE WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A TRI-HOSPITAL EMERGENCY MEDICAL SERVICES -	X	x
WOODLAND STREET, HARTFORD, CT 06105 AUXILIARY CONNECTICUT 501(C)(3) LINE 11B, II N/A TRI-HOSPITAL EMERGENCY MEDICAL SERVICES -		
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES -		
		X
38-2485700, 309 GRAND RIVER, PORT HURON, MI		
48060 HEALTHCARE SERVICES MICHIGAN 501(C)(3) LINE 11A, I N/A		X
TRI-HOSPITAL MRI CENTER - 38-2884297		
4190 24TH AVENUE TRINITY		
FORT GRATIOT, MI 48054 HEALTHCARE SERVICES MICHIGAN 501(C)(3) LINE 3 HEALTH-MICHIGAN	X	x
TRINITY CONTINUING CARE SERVICES -		
38-2559656, PO BOX 9184, FARMINGTON HILLS,		
MI 48333 LONG TERM CARE MICHIGAN 501(C)(3) LINE 9 CORPORATION	X	x
TRINITY CONTINUING CARE SERVICES - INDIANA, TRINITY	1	
INC 93-0907047, PO BOX 9184, FARMINGTON CONTINUING CARE	1	
HILLS, MI 48333 LONG TERM CARE INDIANA 501(C)(3) LINE 9 SERVICES		x

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
Ç		is sign country,		501(c)(3))		Yes	No
TRINITY HEALTH - MICHIGAN - 38-2113393							
20555 VICTOR PARKWAY	HEALTHCARE AND HOSPITAL				TRINITY HEALTH		
LIVONIA, MI 48152	SERVICES	MICHIGAN	501(C)(3)	LINE 3	CORPORATION	X	
TRINITY HEALTH CORPORATION - 35-1443425							
20555 VICTOR PARKWAY	HEALTHCARE SYSTEM				CATHOLIC HEALTH		
LIVONIA, MI 48152	MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 11B, II	MINISTRIES	X	
TRINITY HEALTH LIFE PENNSYLVANIA, INC							
47-5244984, 20555 VICTOR PARKWAY, LIVONIA,	7				TRINITY HEALTH		
MI 48152	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	PACE	X	
TRINITY HEALTH PACE - 47-3073124							
20555 VICTOR PARKWAY	7				TRINITY HEALTH		
LIVONIA, MI 48152	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 11B, II	CORPORATION	X	
TRINITY HEALTH WELFARE BENEFIT TRUST -				,			
20-8151733, 20555 VICTOR PARKWAY, LIVONIA,	RETIREE MEDICAL AND				TRINITY HEALTH		
MI 48152	RETIREE LIFE INSURANCE	MICHIGAN	501(C)(9)	N/A	CORPORATION	X	
TRINITY HOME HEALTH SERVICES - 38-2621935							
17410 COLLEGE PARKWAY, STE 150	MANAGEMENT SERVICES FOR				TRINITY HEALTH		
LIVONIA, MI 48152	HOME HEALTH SYSTEM	MICHIGAN	501(C)(3)	LINE 9	CORPORATION	X	
UIHLEIN MERCY CENTER - 15-0532190					MERCY UIHLEIN		
3805 WEST CHESTER PIKE, SUITE 100	HEALTHCARE SERVICES				HEALTH		
NEWTOWN SQUARE, PA 19073	(INACTIVE)	NEW YORK	501(C)(3)	LINE 3	CORPORATION	X	
UNIVERSITY HEIGHTS PROPERTY COMPANY, INC							
22-3100162, 111 CENTRAL AVENUE, NEWARK, NJ	7				SAINT MICHAEL'S		
07102	TITLE HOLDING COMPANY	NEW JERSEY	501(C)(2)	N/A	MEDICAL CENTER	X	
VILLA MARY IMMACULATE - 14-1438749							
301 HACKETT BLVD	7				ST. PETER'S		
ALBANY, NY 12208	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	HOSPITAL	X	
WESTSHORE HEALTH NETWORK - 38-3280200							
1820 44TH STREET	7				MERCY HEALTH		
KENTWOOD, MI 49508	HEALTH NETWORK	MICHIGAN	501(C)(4)	N/A	PARTNERS	X	
·							
	7						
	7						
	7						
	7						

Schedule R (Form 990) 2015 CORPORATION, INC. FKA SAINT FRANCIS CARE

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)	(b)	(c)	(d)	(e)	(f)	(g)	(l	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca		Code V-UBI amount in box 20 of Schedule	manag partne	r?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
ADVENT REHABILITATION LLC -	1										
38-3306673, 607 DEWEY AVENUE,	REHABILITATION										
SUITE 300, GRAND RAPIDS, MI	THERAPY										
49504	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	MEDICAL OFFICE										
STREET, COLUMBUS, OH 43222	BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
CATHERINE HORAN BUILDING											T
ASSOCIATES LP - 04-2723429,											
1221 MAIN STREET, SUITE 105,	PROPERTY										
HOLYOKE, MA 01040	MANAGEMENT	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
CENTENNIAL SURGUNIT, LLC -											T
22-3580847, 502 CENTENNIAL	1										
BLVD, SUITE 1, VOORHEES, NJ	HEALTHCARE										
08043	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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(k contr enti	o)(13) olled
		country)		,				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	Х	
CARBONDALE PHYSICIANS' SERVICES, INC									
23-2365077, 100 LINCOLN AVE, CARBONDALE, PA									
18407	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A	Х	
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	Х	
CHESTNUT RISK SERVICES, LTD									
11 VICTORIA STREET									
HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	Х	
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	Х	

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Schedule R (Form 990)

- Continuation of Identification											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Dispro		Code V-UBI	General o	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allo	cations?	amount in box 20 of Schedule	partner?	ownership
		country)		sections 512-514)			Yes	No		Yes No)
CENTER FOR DIGESTIVE CARE,											
LLC - 03-0447062, 5300	PROVIDE										
ELLIOTT DRIVE, YPSILANTI, MI	GASTROINTESTINA										
48197	SERVICES	ΜI	N/A	N/A	N/A	N/A	N/A	4	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	4	N/A	N/A	N/A
CLINTON IMAGING SERVICES, LLC											
- 41-2044739, 615 VALLEY VIEW											
DR., STE 202, MOLINE, IL	MRI DIAGNOSTIC										
61265	SERVICES	IA	N/A	N/A	N/A	N/A	N/A	4	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	4	N/A	N/A	N/A
FOREST PARK IMAGING, LLC -	X-RAY AND										
13-4365966, 1000 4TH STREET	MAMMOGRAPHY										
SW, MASON CITY, IA 50401	SERVICES	IA	N/A	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A
FRANCES WARDE MEDICAL											
LABORATORY - 38-2648446, 300											
WEST TEXTILE ROAD, ANN ARBOR,											
MI 48104	LABORATORY	ΜI	N/A	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A
GATEWAY HEALTH PLAN, LP -	MEDICAID &										
25-1691945, 444 LIBERTY AVE,	MEDICARE/SPECIA										
SUITE 2100, PITTSBURGH, PA	NEEDS MANAGED										
15222	CARE	PA	N/A	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A
GREATER HARTFORD LITHOTRIPSY,											
LLC - 06-1578891, 144											
WOODLAND ST, HARTFORD, CT	LITHOTRIPSY										
06105	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,	1										
1122 AVENUE L, HAWARDEN, IA	1										
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											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispro ate allo		Code V-UBI amount in box 20 of Schedule	General or managing partner?	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	
IDAHO ASC HOLDINGS, LLC -	HOLDING COMPANY										
36-4729605, 1055 N. CURTIS	FOR AMBULATORY										
ROAD, BOISE, ID 83706	SURGERY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
INNOVATIVE HEALTH ALLIANCE OF	SURGERI	10	N/A	N/A	N/A	N/A	N/ A		N/A	N/ / / / / / / / / / / / / / / / / / /	N/A
	A GGOIDIMA DI E										
NEW YORK, LLC - 46-5676066,	ACCOUNTABLE										
14 COLUMBIA CIRCLE DRIVE,	CARE	ATSZ	NT / 7	N/A	NT / 7	NT / 7A	NT / 7		N/A	NT / 2	NT / 7
ALBANY, NY 12203	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	SURGICAL		37 / 3	37/3	37 / 3	37 / 3	L. / 3		37 / 3	h- //-	37/3
VILLAGE, SUITE 901,	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			37/3	37/3	37 / 3	27 / 2	L.,.		37/3		
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	⊣				/-	,_	L.,_		/-		,_
50401	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	MEDICAL OFFICE										
43222	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	MEDICAL OFFICE										
COLUMBUS, OH 43222	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	REHABILITATION										
NEWINGTON, CT 06111	SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

	on of Related Organiza										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropate allo		Code V-UBI amount in box 20 of Schedule	General or managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
MERCY ADVANCED MRI, LLC -											
26-2116721, 2525 SOUTH											
MICHIGAN AVE., CHICAGO, IL	SUBLEASE MRI				_	_					
60616	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	CARDIOVASCULAR										
50401	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	OUTPATIENT										
28, ADDISON, TX 75001	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	MEDICAL OFFICE										
STREET, COLUMBUS, OH 43222	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,	1										
1389 WEST MAIN ST.,	1										
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	MEDICAL OFFICE										
HOSP, 2601 HOLME AVE,	BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHYSICIANS OUTPATIENT SURGERY											
CENTER, LLC - 35-2325646,	1										
1000 NE 56TH STREET, OAKLAND	AMBULATORY										
PARK, FL 33334	SURGERY CENTER	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
RADISSON SJH PROPERTIES, LLC											
- 46-1892799, 5000 CAMPUSWOOD	1										
DRIVE, SUITE 100, EAST	MEDICAL OFFICE										
SYRACUSE, NY 13057	BUILDING	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

Schedule R (Form 990)

- Continuation of Identification											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Dispro	portion-	Code V-UBI	General o	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allo	cations?	amount in box 20 of Schedule	partner?	ownership
		country)		sections 512-514)			Yes	No		Yes No	<u> </u>
SARMED OUTPATIENT PHARMACY,											
LLC - 51-0483218, 999 N.											
CURTIS RD., STE 102, BOISE,							١.				
ID 83706	PHARMACY	ID	N/A	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A
SIXTY FOURTH STREET, LLC -											
20-2443646, 2373 64TH ST.,	PROVIDE										
STE 2200, BYRON CENTER, MI	OUTPATIENT										
49315	SURGICAL CARE	MI	N/A	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A
]										
SJLS LLC - 20-1796650]										
7650 SE 27TH ST, STE 200	DIALYSIS										
MERCER ISLAND, WA 98040	SERVICES	NY	N/A	N/A	N/A	N/A	N/A	4	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
	INVESTMENT AND										
SMMC MOB II, LP - 36-4559869	OPERATION OF A										
1201 LANGHORNE-NEWTOWN ROAD	MEDICAL										
LANGHORNE, PA 19047	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	LONG TERM										
100, CONSHOHOCKEN, PA 19428	INTENSIVE CARE	PA	N/A	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A
ST. ALPHONSUS CALDWELL CANCER											
CTR., LLC - 82-0526861, 3123											
MEDICAL DR., CALDWELL, ID	HEALTH CARE										
83605	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	MEDICAL OFFICE										
STREET, COLUMBUS, OH 43222	BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A
ST. JOSEPH'S IMAGING											
ASSOCIATES, PLLC -											
16-1104293, 104 UNION AVE,	RADIOLOGY										
SUITE 905, SYRACUSE, NY	SERVICES	NY	N/A	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A

<u> </u>	1										
(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)	1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Dispro		Code V-UBI amount in box	General of managing	Percentage ownership
or rolated organization		(state or foreign	or taley	excluded from tax under sections 512-514)	111001110	assets	ate allo		20 of Schedule	partner?] '
ST. MARY REHABILITATION		country)		560110115 5 12-5 14)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
HOSPITAL, LLP - 27-3938747,	UENT MUCN DE										
680 SOUTH FORTH STREET,	HEALTHCARE	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LOUISVILLE, KY 40202 ST. PETER'S AMBULATORY	SERVICES	שט	N/A	N/A	N/A	N/A	IN / A		IV/A	IN/A	IN/A
	_										
SURGERY CENTER, LLC -											
46-0463892, 1375 WASHINGTON	OUTPATIENT	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
AVENUE, STE. 201, ALBANY, NY	SURGERY	MI	N/A	N/A	N/A	N/A	IN / A		IV/A	IN/A	IV/A
TAMARACK MEDICAL CLINIC, LLC											
- 20-1637921, 402 LAKE	OUTPATIENT										
CASCADE PARKWAY, CASCADE, ID	MEDICAL		NT / 7	NT / 3	3T / 3	NT / 7	NT / 7		NT / 7	NT / N	NT / 7
83611	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,	4										
1203 LANGHORNE-NEWTOWN ROAD,	OUTPATIENT	D.3	37 / 3	37 / 3	37 / 3	37 / 3	NT / 3		37 / 3	h. 7 / 3	37 / 3
LANGHORNE, PA 19047	SURGERY	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
TRINITY HEALTH PARTNERS LLC -	POPULATION										
47-2798085, 20555 VICTOR	HEALTH		37 / 3	37/3	37 / 3	37 / 3	L / 3		37 / 3	h- /l-	37 / 3
PARKWAY, LIVONIA, MI 48152	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	RADIOLOGY/		37./3	37./3	37 / 3	37/3	L , ,		37/3	L- /L	37 / 3
48106	IMAGING	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	_										
	_										
	4	1									

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(ii	
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Type of entity	Share of total	Share of	Percentage	(i) Sect 512(b)(13)
of related organization		(state or foreign	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	contro	
		country)		or truoty		455615		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	Х	
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	Х	
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	Х	
FRANCISCAN MANAGEMENT SERVICES, INC									
16-1351193, 333 BUTTERNUT DRIVE, SUITE 100,	1								
DEWITT, NY 13214	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	Х	
FRANKLIN MEDICAL GROUP, PC - 06-1470493									
56 FRANKLIN ST.	7								
WATERBURY, CT 06706	PHYSICIAN OFFICE	CT	N/A	C CORP	N/A	N/A	N/A	Х	
GOTTLIEB MANAGEMENT SERVICES, INC									
36-3330529, 701 W. NORTH AVE., MELROSE PARK,	1								
IL 60160	MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	Х	
H.E.F., INC 38-3086401									
1820 44TH STREET SE	1								
KENTWOOD, MI 49508	OFFICE STAFFING	MI	N/A	C CORP	N/A	N/A	N/A	Х	
HACKLEY HEALTH MANAGEMENT, INC 38-2961814									
1820 44TH STREET SE	1								
KENTWOOD, MI 49508	WEIGHT MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	Х	
HACKLEY HEALTH VENTURES, INC 38-2589959									
1820 44TH STREET SE	OTHER MEDICAL								
KENTWOOD, MI 49508	SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	Х	
HACKLEY HEALTHCARE EQUIPMENT CORP									
38-2578569, 1820 44TH STREET SE, KENTWOOD,	HOME MEDICAL								
MI 49508	EQUIPMENT	MI	N/A	C CORP	N/A	N/A	N/A	Х	
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	Х	
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	Х	

Schedule R (Form 990)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sect)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Sect 512(b contro enti	o)(13) olled
		country)		,				Yes	No
HEALTH MANAGEMENT SERVICES ORG. INC									
22-3366580, 500 GROVE STREET, SUITE 100,	MEDICAL	NT.T	37 / 3		37 / 3	37 / 3	37 / 3	\ ₃₇	
HADDON HEIGHTS, NJ 08035	ADMINISTRATION	NJ	N/A	C CORP	N/A	N/A	N/A	Х	
HOLY CROSS PRIVATE HOME SERVICES CORP									
52-1986562, 1500 FOREST GLEN RD., SILVER		147	37 / 3		37 / 3	37 / 3	37/3		
SPRING, MD 20910	HOME CARE SERVICES	MD	N/A	C CORP	N/A	N/A	N/A	Х	
HPC CO-OWNERS ASSOCIATION - 27-0734448									
1700 CLINTON	CONDOMINIUM	l	,_		,_				
MUSKEGON, MI 49442	ASSOCIATION	MI	N/A	C CORP	N/A	N/A	N/A	Х	<u> </u>
HURON ARBOR CORPORATION - 38-2475644	_								
5301 EAST HURON RIVER DR.	PROVIDES OFFICE				_	_			
ANN ARBOR, MI 48106	RENTAL SPACE	MI	N/A	C CORP	N/A	N/A	N/A	Х	
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	Х	
LANGHORNE SERVICES II, INC 25-3795549									
1201 LANGHORNE-NEWTOWN ROAD	GENERAL PARTNER OF								
LANGHORNE, PA 19047	LMOB PARTNERS, II	PA	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES, INC 23-2625981									
1201 LANGHORNE-NEWTOWN ROAD	GENERAL PARTNER OF								
LANGHORNE, PA 19047	LMOB PARTNERS	PA	N/A	C CORP	N/A	N/A	N/A	Х	
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	1								
CAMDEN, NJ 08103	URGENT CARE CENTER	NJ	N/A	C CORP	N/A	N/A	N/A	Х	
MARYLAND CARE GROUP, INC 52-1815313									
1500 FOREST GLEN RD.	1								
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	MEDICAL OFFICE								
CONSHOHOCKEN, PA 19428	BUILDINGS	PA	N/A	C CORP	N/A	N/A	N/A	х	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Type of entity	Share of total	Share of	Percentage	(i) Sect 512(b)(13)
of related organization		(state or foreign	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	contro entit	olled
		country)		or trust)		asseis		Yes	No
MEDNOW, INC 82-0389927									
1512 12TH AVENUE ROAD	7								
NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	Х	
MERCY HOME CARE, INC 04-3317426									
1233 MAIN STREET	7								
HOLYOKE, MA 01040	HEALTH CARE SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	Х	
MERCY INPATIENT MEDICAL ASSOCIATES, INC -									
04-3029929, 1233 MAIN STREET, HOLYOKE, MA	7								
01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	Х	
MERCY MEDICAL SERVICES - 42-1283849									
801 5TH STREET	PRIMARY CARE								
SIOUX CITY, IA 51101	PHYSICIANS	IA	N/A	C CORP	N/A	N/A	N/A	Х	
MERCY SERVICES CORPORATION - 36-3227348									
2525 SOUTH MICHIGAN AVENUE	7								
CHICAGO, IL 60616	DORMANT	IL	N/A	C CORP	N/A	N/A	N/A	Х	
MOUNT CARMEL HEALTH PROVIDERS, INC									
31-1382442, 6150 EAST BROAD STREET,	7								
COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	N/A	N/A	N/A	Х	
NURSING NETWORK, INC - 59-1145192									
4725 NORTH FEDERAL HIGHWAY	7								
FORT LAUDERDALE, FL 33308	MEDICAL SERVICES	FL	N/A	C CORP	N/A	N/A	N/A	Х	
PHYSICIANS MEDICAL OFFICE BUILDING									
CONDOMINIUM TRUST - 04-6608649, 1221 MAIN	7								
STREET, SUITE 108, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	Х	
SAINT ALPHONSUS HEALTH ALLIANCE, INC									
82-0524649, 1055 NORTH CURTIS ROAD, BOISE,	ACCOUNTABLE CARE								
ID 83706	ORGANIZATION	ID	N/A	C CORP	N/A	N/A	N/A	Х	
SAINT ALPHONSUS PHYSICIANS, P.A									
33-1078261, 1055 NORTH CURTIS ROAD, BOISE,	HEALTH CARE SERVICES								
ID 83706	(INACTIVE)	ID	N/A	C CORP	N/A	N/A	N/A	Х	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP, PC -									
06-1384686, 114 WOODLAND STREET, STE 4312,	7								
HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	Х	
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	Х	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	<u> </u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	l Sect	tion o)(13) olled
		country)		or trust)		assets		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	1								
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	7								
13203	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	Х	
SJRMC HOLDINGS, INC 47-4763735									
5215 HOLY CROSS PARKWAY	1								
MISHAWAKA, IN 46545	PROPERTY HOLDINGS	IN	N/A	C CORP	N/A	N/A	N/A	Х	
ST. ELIZABETH HEALTH SUPPORT SERVICES, INC.									
- 16-1540486, 2209 GENESEE STREET, UTICA, NY	1								
13501	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	Х	
ST. MARY'S HIGHLAND HILLS VILLAGE, INC									
58-2276801, 1230 BAXTER STREET, ATHENS, GA	1								
30606	ASSISTED LIVING	GA	N/A	C CORP	N/A	N/A	N/A	Х	
SYSTEM COORDINATED SERVICES, INC									
04-2938161, 1233 MAIN STREET, HOLYOKE, MA	1								
01040	LAB SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	x	
THRE SERVICES, LLC - 45-2603654									
20555 VICTOR PARKWAY	REAL ESTATE BROKERAGE								
LIVONIA, MI 48152	SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY ASSURANCE, LTD 98-0453602									
PO BOX 1051 GRAND CAYMAN	PROVISION OF	CAYMAN							
GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE COVERAGE	ISLANDS	N/A	C CORP	N/A	N/A	N/A	Х	
TRINITY HEALTH ACO, INC 47-3794666									
20555 VICTOR PARKWAY	ACCOUNTABLE CARE								
LIVONIA, MI 48152	ORGANIZATION	DE	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST -									
38-3410377, 20555 VICTOR PARKWAY, LIVONIA,	7								
MI 48152	GRANTOR TRUST	MI	N/A	TRUST	N/A	N/A	N/A	Х	
TRINITY SENIOR SERVICES MANAGEMENT, INC									
37-1572595, P.O. BOX 9184, FARMINGTON HILLS,	1								
MI 48333	SENIOR SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	Х	

Schedule R (Form 990)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(I	tion o)(13) olled ity?
		country)		0. 1.0.04		5.555.5		Yes	No
WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM]								
- 38-2700166, 1820 44TH STREET SE, KENTWOOD,	CONDOMINIUM								
MI 49508	ASSOCIATION	MI	N/A	C CORP	N/A	N/A	N/A	Х	
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	Х	
SAINT FRANCIS HEALTH CARE PARTNERS -									
06-1391257, 95 WOODLAND ST., FOURTH FLOOR,	MGMT AND ADMIN								
HARTFORD, CT 06105	SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	Х	
SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC.									
- 46-1315402, 95 WOODLAND ST., FOURTH FLOOR,	MGMT AND ADMIN								
HARTFORD, CT 06105	SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	Х	
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te. 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	s with one or more re	elated organizations listed in Part	s II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d	X	
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
- 1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
					10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	nis line, including covered relation	ships and transaction thresholds.	-		
	(a)	(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JOHNSON MEMORIAL HOSPITAL, INC	D	18,000,000.	PER BOOKS
(2) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	K	58,990.	PER BOOKS
(3) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	0	3,360,985.	PER BOOKS
(4) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Q	2,698,534.	PER BOOKS
(5) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	S	5,000,000.	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND PROVIDER (6) NETWORK ORGANIZATION, INC.	R 67	15,000,000.	PER BOOKS

Schedule R (Form 990)

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)MOUNT SINAI REHABILITATION HOSPITAL, INC	S	11,900,000.	PER BOOKS
(8)SISTERS OF PROVIDENCE HEALTH SYSTEM, INC.	0	939,782.	PER BOOKS
(9)			
_ (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.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a	S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	ral or P	ercentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	ations?	of Schedule K-1	partr	ner? C	wnership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes	ИО	
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Schedule R (Form 990) 2015

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

Schedule R (Form 990) 2015

TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. FKA SAINT FRANCIS CARE06-1491191 Page 5

eonodale 11 (1 om 1000) 2010
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
1375 WASHINGTON AVENUE, STE. 201
ALBANY, NY 12206

Form 8868 (Rev. 1-	2014)					Page 2	
	or an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	s box			
	te Part II if you have already been granted an a						
	r an Automatic 3-Month Extension, comple						
Part II Add	ditional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies neede	ed).	
			Enter filer's	identifyin	ng number, se	e instructions	
						mployer identification number (EIN) or	
	- 1			06-1491191			
alice alaka kan							
	Number, street, and room or stitle no. If a P.O. box, see instructions. 114 WOODLAND STREET, MS-510358				Social security number (SSN)		
	wn or post office, state, and ZIP code. For a for 06105	oreign add	dress, see instructions.				
I	, , , , , , , , , , , , , , , , , , , ,						
Enter the Return co	de for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application		Return	Application Retu			Return	
ls For		Code	Is For			Code	
Form 990 or Form 9	990-EZ	01					
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individu	ual)	03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227 1			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust o	·	06	Form 8870		12		
STOP! Do not com	plete Part II if you were not already granted DONNA GILBERT	l an autor	natic 3-month extension on a prev	iously file	ed Form 8868	·	
Telephone No. ▶ If the organization	the care of \triangleright 114 WOODLAND ST \triangleright 860-714-9632 on does not have an office or place of business	s in the Ur	Fax No. ▶			> □	
	oup Return, enter the organization's four digit	1					
	s for part of the group, check this box		$^{ m ch~a}$ list with the names and EINs of $^{ m T}$ $^{ m 15}$, $^{ m 2017}$	all memb	ers the extens	sion is for.	
				~ SEP	30 20	16	
6 If the tax year	For calendar year, or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return						
· ·	e in accounting period						
7 State in detai	l why you need the extension NAL TIME IS NEEDED TO (<u>гатне</u> :	R TNEORMATTON NECE	GGARV	TO FII	F. Δ	
	TE AND ACCURATE RETURN	32111111	THE CHARTETON WEEL	DDIII	10 111		
	111001111111111111111111111111111111111						
8a If this applica	tion is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
nonrefundable credits. See instructions.				8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
tax payments	s made. Include any prior year overpayment all	lowed as a	a credit and any amount paid				
previously w	ith Form 8868.			8b	\$	0.	
Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
EFTPS (Electronic Federal Tax Payment System). See instructions.				8c	\$	0.	
Under penalties of per	Signature and Verificat jury, I declare that I have examined this form, includ complete, and that I am authorized to prepare this fo	ing accomp	st be completed for Part II contains and to be anying schedules and statements, and to	-	f my knowledge	and belief,	
			NA NOTE		_		
Signature >	litle ▶ \	VP FI.	NANCE	Date	•		
					Form 88	68 (Rev. 1-2014)	

SECRETARY OF THE STATE OF CONNECTICUT 30 TRINITY STREET

P.O. BOX 150470

HARTFORD, CT 06115-0470

07/24/2017

Attn: DANIELLE RYAN-PRAUS HINCKLEY ALLEN & SNYDER, LLP 20 CHURCH STREET HARTFORD, CT 06103

RE: Acceptance of Business Filing THIS IS NOT A BILL

This letter is to confirm the acceptance of the following business filing:

Business Name:

Type of Request:

TRINITY HEALTH OF NEW ENGLAND

AMEND NAME

CORPORATION, INC.

Work Order Number

: 2017230228-002

Business Filing Number

: 0005893530

Filing Date/Time

Credit on Account

: 07/21/2017 04:00 PM

Effective Date/Time

: 07/21/2017 04:00 PM

Work Order Payment Total

: \$140.00

Payment Received

: \$70.00

WOIK Order Layment Tot

: \$4,020.00

Customer ID

: 000308053

Business ID

: 0568101

If you would like copies of this filing you must complete a Request for Corporate Copies and submit it with the appropriate fee.

SHERRI LEMIRE

Commercial Recording Division

860-509-6003

www.concord-sots.ct.gov



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 08115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06108

PHONE: 860-509-6003

WEBSITE: WWW.CONCORD-S01s.cf.gov

CERTIFICATE OF AMENDMENT NONSTOCK CORPORATION

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$20				
NAME: ADDRESS:	Danielle Ryan-Praus Hinckley, Allen & Snyder LLP 20 Church Street	MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"				
CITY:	Hartford					
STATE:	CT ZIP: 06103					
1. NAME OF CO	DRPORATION:					
TRINITY HEALTH - NEW ENGLAND, INC.						
2. THE CERTIFICATE OF INCORPORATION IS (check A, B or C):						
☐ A. AMENDED.						
☐ B. RESTATED						
C. AMENDED AND RESTATED						
THE RESTATED CERTIFICATE CONSOLIDATES ALL AMENDMENTS INTO A SINGLE DOCUMENT						
3. TEXT OF EACH AMENDMENT / RESTATEMENT:						
Article One shall be deleted in its entirety and substituted as follows: "Article 1 "Article 1 "Article 1 "Article 1 "Article 1 "Article 1 "Article 1						
la.	Name	к.				
The name of the Corporation is Trinity Health Of New England Corporation, Inc."						
2. The definition of "Corporation" shall be deleted in its entirety and substituted as follows:						
""Corporation" shall mean Trinity Health Of New England Corporation, Inc., a Connecticut nonstock corporation."						

4. VOTE INFORMATION (CHECK A,B or C)								
A. THE AMENDMENT WAS DULY APPROVED BY THE MEMBERS IN THE MANNER REQUIRED BY SECTIONS 33-1140 TO 33-1147 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.								
B. THE AMENDMENT WAS DULY APPROVED BY THE INCORPORATORS AND MEMBER APPROVAL WAS NOT REQUIRED.								
C. THE AMENDMENT WAS DULY APPROVED BY THE BOARD OF DIRECTORS AND MEMBER APPROVAL WAS NOT REQUIRED.								
5. EXECUTION:								
DATED THIS 20th	DAY OF July	, 20 17						
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE						
Christopher M. Dadiez	CEO and President	And I						