

EXTENDED TO MAY 16, 2022

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**ST. MARY'S HEALTH CARE SYSTEM, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1230 BAXTER STREET**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**ATHENS, GA 30606-3791****F** Name and address of principal officer: **D. MONTEZ CARTER****SAME AS C ABOVE****D** Employer identification number**58-0566223****E** Telephone number**706-389-3939****G** Gross receipts \$**262,248,528.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶ **0928****I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.STMARYSHEALTHCARESYSTEM.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1938****M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HEALTH CARE AND HOSPITAL SERVICES</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>13</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>10</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>1927</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>128</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>4,836,406.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>235,288,532.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>1,547,630.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>1,768,591.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>243,441,159.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>101,808,484.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>125,143,451.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>227,023,285.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 ..... <b>16,417,874.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) ..... <b>237,733,786.</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>85,217,714.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>152,516,072.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>JANICE DUNN, CHIEF FINANCIAL OFFICER</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ..... ☐ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

WE, ST. MARY'S HEALTH CARE SYSTEM AND TRINITY HEALTH, SERVE TOGETHER  
IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING  
HEALING PRESENCE WITHIN OUR COMMUNITIES.  
ST. MARY'S HEALTH CARE SYSTEM IS A MEMBER OF TRINITY HEALTH.

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

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 209,680,232. including grants of \$ 89,402. ) (Revenue \$ 255,124,451. )

ST. MARY'S HEALTH CARE SYSTEM, A 297-BED ACUTE CARE HOSPITAL LOCATED IN  
ATHENS, GA WAS ESTABLISHED TO MEET THE HEALTH CARE NEEDS OF THE PEOPLE  
OF NORTHEAST GEORGIA. ST. MARY'S HEALTH CARE SYSTEM PROVIDES HIGHLY  
SOPHISTICATED CARE IN KEY AREAS SUCH AS NEUROSCIENCES, CARDIAC  
SERVICES, ORTHOPEDICS, WOMEN'S HEALTH, CHILDREN'S HEALTH, EMERGENCY  
MEDICINE, AND GENERAL MEDICAL AND SURGICAL SERVICES. ST. MARY'S HEALTH  
CARE SYSTEM IS THE REGION'S LARGEST HOME HEALTH/HOSPICE SERVICE  
PROVIDER, THE REGION'S ONLY INPATIENT HOSPICE HOUSE, AND THE REGION'S  
ONLY ACUTE INPATIENT REHABILITATION CENTER. ADDITIONALLY, ST. MARY'S  
HEALTH CARE SYSTEM OFFERS MANY WELLNESS AND EDUCATIONAL SERVICES TO THE  
COMMUNITY AT LOW, OR IN SOME CASES, AT NO CHARGE.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **209,680,232.**Form **990** (2020)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	252
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> 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		
<b>2a</b> 1927		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b> X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	13			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **GA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**JANICE DUNN - 706-389-3938**  
**1230 BAXTER STREET, ATHENS, GA 30606**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) D. MONTEZ CARTER DIRECTOR; SMHCS PRESIDENT & CEO	47.00 8.00	X		X				0.	421,461.	114,685.
(2) STEVEN KASTNER DIRECTOR; PRESIDENT & CEO TCCS	1.00 54.00	X						0.	481,127.	49,330.
(3) DANIEL POWELL FRMR OFFICER; SAMC INT CFO AT 3/21	0.00 50.00					X		0.	381,918.	26,925.
(4) JANICE DUNN TREASURER; CHIEF FINANCIAL OFFICER	42.00 8.00			X				0.	332,846.	40,470.
(5) JASON SMITH, MD CHIEF MEDICAL OFFICER	46.00 4.00				X			0.	328,683.	30,595.
(6) JEFFREY ENGLISH VP, OPER; PRESIDENT SACRED HEART	11.00 44.00				X			0.	281,256.	38,486.
(7) BRUCE MIDDENDORF, MD FORMER KEY EMPLOYEE	0.00 0.00					X		0.	276,639.	9,838.
(8) KAREN SCHULLER FORMER OFFICER	0.00 0.00					X		0.	273,418.	1,323.
(9) GARY WRIGHT DIRECTOR OF PHARMACY	50.00 0.00				X			247,078.	0.	27,070.
(10) TITUS GAMBRELL VP, NURSING SERVICES	50.00 0.00				X			0.	245,388.	24,552.
(11) BRITTAINY HORNE VP STRATEGY AND AMBULATORY SERVICES	49.00 1.00				X			0.	190,350.	38,147.
(12) CASH MORRIS SECRETARY; VP & ASSOCIATE COUNSEL	48.00 2.00			X				0.	190,711.	33,579.
(13) KERRY VAUGHN DIR-REG CHIEF INFO OFFCR, CLIENT SVC	50.00 0.00				X			0.	190,159.	31,752.
(14) SIMS KENDALL DIRECTOR OF RADIOLOGY	50.00 0.00				X			187,872.	0.	28,896.
(15) RALPH JOHNSON DIRECTOR; CHAIR	1.00 0.00	X		X				0.	0.	0.
(16) JOHN FRANCIS, MD DIRECTOR; VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(17) JACK BROWN DIRECTOR	1.00 1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) J. CHRISTOPHER CALDWELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JOHN CUFF, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) IRA EDWARDS, JR DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) LESLIE FORDHAM, DVM DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) ALISON BRACEWELL MCCULLICK DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) DESSA MORRIS DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) PATRICIA PEPITONE, RSM DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) THE VERY REV. ROBERT SALAMONE DIRECTOR THROUGH 12/20	1.00 0.00	X						0.	0.	0.
(26) VICTOR WILSON DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								434,950.	3,593,956.	495,648.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								434,950.	3,593,956.	495,648.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **91**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATHENS HOSPITALIST SERVICES PC PO BOX 7695, ATHENS, GA 30606	PHYSICIAN SERVICES	3,021,115.
ANESTHESIA CONSULT OF ATHENS PO BOX 7127, ATHENS, GA 30604	PHYSICIAN SERVICES	2,200,000.
REHABCARE GROUP EAST INC PO BOX 502096, SAINT LOUIS, MO 63150	MANAGEMENT AND CLINICAL SERVICES	1,659,127.
OBHG GEORGIA PC, 777 LOWNDES HILL RD BLDG 1, GREENVILLE, SC 29607	HOSPITALIST SERVICES	1,433,709.
AUGUSTA UNIVERSITY, 1120 FIFTEENTH ST HSB-132, AUGUSTA, GA 30912	PHYSICIAN TEACHING SERVICES	1,193,607.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **56**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>	603,744.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	75,015.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>						
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f .....				678,759.			
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SERVICE REVENUE	<b>Business Code</b> 622110		254,851,581.	254,851,581.			
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			254,851,581.				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,920,346.			1,920,346.
<b>4</b> Income from investment of tax-exempt bond proceeds .....								
<b>5</b> Royalties .....								
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real 5,966.					
<b>b</b> Less: rental expenses ...		<b>6b</b>	3,872.					
<b>c</b> Rental income or (loss)		<b>6c</b>	2,094.					
<b>d</b> Net rental income or (loss) .....				2,094.			2,094.	
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities 3,799,429.	(ii) Other 5,603.				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	0.	0.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	3,799,429.	5,603.				
<b>d</b> Net gain or (loss) .....				3,805,032.			3,805,032.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>						
<b>b</b> Less: direct expenses .....		<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>	95,514.						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	107,294.						
<b>c</b> Net income or (loss) from sales of inventory .....			-11,780.			-11,780.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> CAFETERIA REVENUE	<b>Business Code</b> 722514		515,653.			515,653.	
	<b>b</b> PROVIDER HIT REVENUE	622110		107,481.	107,481.			
	<b>c</b> PARKING REVENUE	812930		102,807.			102,807.	
	<b>d</b> All other revenue .....	622110		165,389.	165,389.			
	<b>e Total.</b> Add lines 11a-11d .....			891,330.				
	<b>12 Total revenue.</b> See instructions .....			262,137,362.	255,124,451.	0.	6,334,152.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	89,402.	89,402.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,419,473.		1,419,473.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	715,306.	154,088.	561,218.	
<b>7</b> Other salaries and wages	80,432,767.	74,860,208.	5,572,559.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,105,462.	4,689,317.	416,145.	
<b>9</b> Other employee benefits	8,168,890.	7,533,051.	635,839.	
<b>10</b> Payroll taxes	6,021,277.	5,234,859.	786,418.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	68,071.		68,071.	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	118,018.		118,018.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,200,104.	15,604,670.	1,595,434.	
<b>12</b> Advertising and promotion	605,010.	26,711.	578,299.	
<b>13</b> Office expenses	2,563,227.	1,538,735.	1,024,492.	
<b>14</b> Information technology	9,704,841.	7,499,232.	2,205,609.	
<b>15</b> Royalties				
<b>16</b> Occupancy	4,271,743.	4,117,014.	154,729.	
<b>17</b> Travel	461,794.	453,198.	8,596.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	16,564.	11,397.	5,167.	
<b>20</b> Interest	737,712.	737,712.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	11,284,361.	8,255,360.	3,029,001.	
<b>23</b> Insurance	1,903,226.	1,903,226.		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES EXP	57,195,057.	57,195,057.		
<b>b</b> BAD DEBT EXPENSE	13,104,617.	13,104,617.		
<b>c</b> I/C PURCHASED SERVICES	6,260,503.	443,388.	5,817,115.	
<b>d</b> EQUIPMENT MAINTENANCE	3,310,301.	3,302,203.	8,098.	
<b>e</b> All other expenses	3,691,660.	2,926,787.	764,873.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	234,449,386.	209,680,232.	24,769,154.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	733,790.	<b>1</b>	516,517.
	<b>2</b> Savings and temporary cash investments .....	2,610,882.	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	33,796,181.	<b>4</b>	38,377,159.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	6,813,059.	<b>8</b>	7,887,635.
	<b>9</b> Prepaid expenses and deferred charges .....	706,547.	<b>9</b>	604,619.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 229,169,452.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 167,683,008.		
	<b>11</b> Investments - publicly traded securities .....	79,446,278.	<b>11</b>	57,659,393.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	30,028,837.	<b>12</b>	29,533,695.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	23,411,643.	<b>15</b>	27,119,552.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	237,733,786.	<b>16</b>	223,185,014.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	24,159,887.	<b>17</b>	27,017,292.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	70,962.	<b>19</b>	45,085.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,768,568.	<b>23</b>	2,735,918.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	58,218,297.	<b>25</b>	64,458,632.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	85,217,714.	<b>26</b>	94,256,927.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	152,482,523.	<b>27</b>	128,928,087.
	<b>28</b> Net assets with donor restrictions .....	33,549.	<b>28</b>	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	152,516,072.	<b>32</b>	128,928,087.
	<b>33</b> Total liabilities and net assets/fund balances .....	237,733,786.	<b>33</b>	223,185,014.

Form 990 (2020)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	262,137,362.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	234,449,386.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	27,687,976.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	152,516,072.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,345,331.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-60,621,292.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	128,928,087.

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

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

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990 or 990-EZ) 2020

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

### Supplemental Information.

[illegible]

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

ST. MARY'S HEALTH CARE SYSTEM, INC.

Employer identification number

58-0566223

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
<b>ST. MARY'S HEALTH CARE SYSTEM, INC.</b>	<b>58-0566223</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ST. MARY'S FOUNDATION, INC. 1230 BAXTER STREET ATHENS, GA 30606	\$ 573,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

58-0566223

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
  	    	\$ 	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
  	    	\$ 	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
  	    	\$ 	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
  	    	\$ 	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
  	    	\$ 	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
  	    	\$ 	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
  	    	\$ 	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
  	    	\$ 	 

Name of organization	Employer identification number
<b>ST. MARY'S HEALTH CARE SYSTEM, INC.</b>	<b>58-0566223</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

**ST. MARY'S HEALTH CARE SYSTEM, INC.**

Employer identification number

**58-0566223**

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

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

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

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

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

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....															

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		46,855.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			46,855.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

ST. MARY'S HEALTH CARE SYSTEM HAS MADE GRANTS TO OTHER ORGANIZATIONS

FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP

DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE THE

ORGANIZATIONS HAVE PROVIDED ST. MARY'S HEALTH CARE SYSTEM WITH AN

ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING

## ACTIVITIES.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****Open to Public  
Inspection****Name of the organization****ST. MARY'S HEALTH CARE SYSTEM, INC.****Employer identification number****58-0566223****Part I****Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2020

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,559,328.		2,559,328.
b Buildings		94,198,553.	62,121,509.	32,077,044.
c Leasehold improvements		392,003.	381,538.	10,465.
d Equipment		129,322,668.	104,825,756.	24,496,912.
e Other		2,696,900.	354,205.	2,342,695.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				61,486,444.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) COMMINGLED FUNDS DIRECTLY		
(B) HOLDING SECURITIES	9,282,019.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	5,062,919.	END-OF-YEAR MARKET VALUE
(D) EQUITY METHOD INVESTMENTS	15,188,757.	COST
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	29,533,695.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INTERCOMPANY ACCOUNTS RECEIVABLE	6,562,196.
(2) INTERCOMPANY OTHER LT ASSETS	15,916,633.
(3) MISCELLANEOUS ACCOUNTS RECEIVABLE	18,380.
(4) OPERATING LEASE RIGHT-OF-USE ASSETS	4,622,343.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	27,119,552.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY ACCOUNTS PAYABLE	16,694,097.
(3) INTERCOMPANY NOTES PAYABLE	13,964,239.
(4) OTHER CURRENT LIABILITIES	102,661.
(5) DEFERRED COMPENSATION LIABILITY	2,811,103.
(6) OTHER LONG TERM LIABILITIES	307,736.
(7) MEDICARE CASH ADVANCES	25,936,665.
(8) OPERATING LEASE LIABILITIES	4,642,131.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	64,458,632.

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





**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**ST. MARY'S HEALTH CARE SYSTEM, INC.**

Employer identification number

**58-0566223**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			10352861.		10352861.	4.68%
<b>b</b> Medicaid (from Worksheet 3, column a)			22527656.	16522104.	6005552.	2.71%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			32880517.	16522104.	16358413.	7.39%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	10	227	396,881.		396,881.	.18%
<b>f</b> Health professions education (from Worksheet 5)	11	879	374,640.		374,640.	.17%
<b>g</b> Subsidized health services (from Worksheet 6)	2		221,137.		221,137.	.10%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	4	800	105,174.	30,000.	75,174.	.03%
<b>j Total.</b> Other Benefits	27	1,906	1097832.	30,000.	1067832.	.48%
<b>k Total.</b> Add lines 7d and 7j	27	1,906	33978349.	16552104.	17426245.	7.87%

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		2,897.		2,897.	.00%
3 Community support	1	1,100	3,884.		3,884.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1		221.		221.	.00%
9 Other						
10 Total	3	1,100	7,002.		7,002.	.00%

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2	13,104,617.	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	0.	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			
<b>Section B. Medicare</b>				
5	Enter total revenue received from Medicare (including DSH and IME) .....	5	69,345,638.	
6	Enter Medicare allowable costs of care relating to payments on line 5 .....	6	57,795,207.	
7	Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	11,550,431.	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			
<b>Section C. Collection Practices</b>				
9a	Did the organization have a written debt collection policy during the tax year? .....	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	9b	X	

[illegible]



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group ST. MARY'S HOSPITAL

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group ST. MARY'S HOSPITAL

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

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group ST. MARY'S HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group ST. MARY'S HOSPITAL**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

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

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E:

ST. MARY'S HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT

(CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE

COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENTLY

CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED

SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION

PROCESS:

1. CARDIOVASCULAR HEALTH

2. NUTRITION, DIABETES, AND OBESITY

3. BEHAVIORAL HEALTH

4. MATERNAL AND CHILD HEALTH

5. HEALTH CARE ACCESS

6. REPRODUCTIVE HEALTH

7. CEREBROVASCULAR HEALTH

8. CANCER

9. RESPIRATORY HEALTH

10. INJURIES AND ACCIDENTS

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 5: ST. MARY'S HEALTH CARE SYSTEM (INCLUDING ST.

MARY'S HOSPITAL, GOOD SAMARITAN HOSPITAL, AND ST. MARY'S SACRED HEART



**Part V Facility Information** (continued)

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

HOSPITAL) COLLABORATED WITH THE GOAL OF DEVELOPING A HOLISTIC UNDERSTANDING OF THE HEALTH PRIORITIES IN THE COMMUNITIES SERVED. COMMUNITY INPUT AND DATA WERE GATHERED FROM OCTOBER 2018 TO MARCH 2019.

THE ST. MARY'S HEALTH CARE SYSTEM HOSPITAL SERVICE AREA WAS DEFINED AT THE PATIENT VISIT LEVEL. FOR THE PURPOSES OF THE CHNA, EXISTING PRIMARY AND SECONDARY DATA WERE GATHERED FROM LOCAL AND STATE HEALTH DEPARTMENTS AND FEDERAL DATA SOURCES. PRIMARY DATA WAS GATHERED THROUGH ADMINISTRATION OF A HOUSEHOLD SURVEY IN ATHENS-CLARKE COUNTY AND FOCUS GROUPS IN SURROUNDING COUNTIES TO GAIN INSIGHT INTO THE MOST PRESSING COMMUNITY HEALTH NEEDS. SPECIAL FOCUS WAS GIVEN TO POPULATIONS WHERE HEALTH DISPARITIES WERE PRESENT, INCLUDING THOSE WITHOUT HEALTH INSURANCE AND LOW-INCOME FAMILIES. THE COMMUNITY ADVISORY COMMITTEE ASSESSED THIS DATA IN ORDER TO PRIORITIZE THE HEALTH CONDITIONS AND RISK FACTORS FOR WHICH THE HOSPITAL COULD CONCENTRATE THEIR EFFORTS AND IMPROVE COMMUNITY HEALTH. FOLLOWING THE IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS, THE ST. MARY'S HEALTH CARE SYSTEM STAFF WORKED WITH FACULTY FROM THE J.W. FANNING INSTITUTE FOR LEADERSHIP TO CONSTRUCT AN IMPLEMENTATION PLAN TO SYSTEMATICALLY ADDRESS THE HEALTH NEEDS IN THE SERVICE AREA. THROUGH THIS PROCESS, THE FOLLOWING NEEDS WERE RECOGNIZED AS THE MOST IMPORTANT ISSUES TO BE ADDRESSED TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITY: HEALTH CARE ACCESS; NUTRITION, DIABETES, AND OBESITY; AND RESPIRATORY HEALTH.

THE CHNA USED A COMPREHENSIVE MIXED-METHODS APPROACH, WHICH INCLUDED A COMBINATION OF QUALITATIVE AND QUANTITATIVE DATA AND ANALYSES, ALLOWING FOR MORE CONFIDENCE IN THE FINDINGS AND IDENTIFICATION OF THE TOP HEALTH NEEDS. TO SOLICIT INPUT FROM PRIMARY SOURCES, A STRONG EMPHASIS WAS PLACED

**Part V Facility Information** (continued)

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

ON ADMINISTERING COMMUNITY SURVEYS, CONDUCTING FOCUS GROUPS, AND INTERVIEWING KEY STAFF MEMBERS AT THE HEALTH DEPARTMENT. UPON COMPLETION OF THE HEALTH DEPARTMENT INTERVIEWS, A METHODOLOGICAL APPROACH CALLED THEME ANALYSIS WAS USED. RESPONSES WERE EXAMINED FOR COMMON PHRASES, THEMES, AND POINTS OF DISCUSSION AND GROUPED INTO SPECIFIC HEALTH NEEDS (E.G., HUNGER, ACCESS TO HEALTH FOODS, AND MENTAL HEALTH). EACH HEALTH NEED WAS THEN RECORDED BY THE NUMBER OF TIMES THAT IT WAS IDENTIFIED, AND BY THE COUNTY OF ORIGIN FOR THE RESPONSE.

WHERE SECONDARY DATA SOURCES WERE USED, A QUANTITATIVE APPROACH WAS APPLIED. POPULATION ESTIMATES, SUCH AS THE PERCENTAGE OF PEOPLE EXPERIENCING HEART DISEASE, WERE EXAMINED FOR EACH COUNTY IN THE SERVICE AREA AND AGGREGATED ACROSS COUNTIES. AVERAGES WERE CALCULATED FOR THE SERVICE AREA COUNTIES IN AGGREGATE FORM WHERE APPROPRIATE. SECONDARY DATA WAS DOWNLOADED FROM THE HOSTING INSTITUTION'S WEBSITE. TIME TRENDS WERE ACCOUNTED FOR BY DOWNLOADING SEVERAL YEARS FOR EACH INDICATOR, AND WHERE POSSIBLE WE EXAMINED AT LEAST EIGHT YEARS OF DATA TO EXAMINE AND SHOW LONGITUDINAL MEASURES (TYPICALLY 2010-2017). WHEN DATA HAD LIMITED AVAILABILITY (FOR EXAMPLE, ONE CROSS SECTION, OR YEAR), THE LATEST AVAILABLE YEAR WAS COLLECTED AND REPORTED.

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 6A: THE 2018 CHNA WAS CONDUCTED BY ST. MARY'S HEALTH CARE SYSTEM, (INCLUDING ST. MARY'S HOSPITAL, ST. MARY'S SACRED HEART HOSPITAL AND GOOD SAMARITAN HOSPITAL).

**Part V Facility Information** (continued)

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

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 6B: THE 2018 CHNA WAS CONDUCTED IN COLLABORATION WITH THE UNIVERSITY OF GEORGIA - COLLEGE OF PUBLIC HEALTH AND THE J.W. FANNING INSTITUTE FOR LEADERSHIP.

PART V, SECTION B, LINE 7A:

ST. MARY'S HOSPITAL CHNA URL:

WWW.STMARYSHEALTHCARESYSTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

PART V, SECTION B, LINE 10A:

ST. MARY'S HOSPITAL STRATEGY URL:

WWW.STMARYSHEALTHCARESYSTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 11: THE CHNA CONDUCTED IN FISCAL YEAR 2019 IDENTIFIED 10 SIGNIFICANT HEALTH NEEDS WITHIN THE ST. MARY'S HEALTH CARE SYSTEM'S COMMUNITY. THE FOLLOWING THREE NEEDS WERE RECOGNIZED BY ST. MARY'S HEALTH CARE SYSTEM'S LEADERSHIP COMMITTEE AS THE MOST SIGNIFICANT ISSUES THAT MUST BE ADDRESSED TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITY AND WERE ADDRESSED IN FISCAL YEAR 2021.

HEALTH CARE ACCESS - THE ONGOING RESTRICTIONS TO ENGAGEMENT IN FY21, RESULTING FROM THE COVID-19 PANDEMIC, LIMITED OUR ACTIVITIES IN THIS AREA. TO SUPPORT ACCESS TO PRIMARY CARE, WE PROVIDED FINANCIAL SUPPORT TO MERCY HEALTH CLINIC, WHICH PROVIDES PRIMARY CARE SERVICES TO PEOPLE IN NEED. WE

**Part V Facility Information** (continued)

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

ALSO OPERATED A RESIDENCY CLINIC THAT PROVIDED ACCESS TO PRIMARY CARE SERVICES AND AN OPPORTUNITY FOR NEW PHYSICIANS TO COME INTO OUR SERVICE AREA. ST. MARY'S HOSPITAL ALSO HELPED TO EXPAND ACCESS TO MENTAL HEALTH AND DRUG ABUSE TREATMENT THROUGH FINANCIAL SUPPORT TO ADVANTAGE BEHAVIORAL HEALTH SERVICES.

NUTRITION, OBESITY AND DIABETES - COVID-19 RESTRICTIONS LIMITED OUR ABILITY TO ENGAGE IN ACTIVITIES IN THIS AREA IN FY21. ST. MARY'S HOSPITAL SUPPORTED THE REGIONAL FOOD BANK AND FOOD PANTRIES IN OUR SERVICE AREA TO BETTER ASSIST THOSE PEOPLE IN OUR COMMUNITY EXPERIENCING FOOD INSECURITY CAUSED BY THE ECONOMIC SLOWDOWN. OUR DIABETES EDUCATION COORDINATOR ALSO SPENT TIME DURING FY21 PLANNING FOR THE RETURN OF THE EDUCATION AND SUPPORT ACTIVITIES IN FY22.

RESPIRATORY HEALTH - SINCE COVID-19 IS PARTICULARLY RISKY FOR INDIVIDUALS WITH CHRONIC RESPIRATORY CONDITIONS, ENGAGEMENT IN THIS AREA WAS ESPECIALLY CHALLENGING. WE FOCUSED OUR ACTIVITY ON INCREASING ACCESS TO INFORMATION AND VACCINES FOR BOTH COVID-19 AND FLU TO THE UNDERSERVED POPULATIONS THROUGH PARTNERSHIPS WITH JAILS AND COMMUNITY CLINICS, AS WELL AS AN IN-HOUSE VACCINATION CLINIC THAT PROVIDED COVID-19 VACCINATIONS FOR LOCAL FIRST RESPONDERS. OUR COORDINATOR FOR THE "BETTER BREATHERS" AND "FREEDOM FROM SMOKING" PROGRAMS ALSO SPENT TIME DURING FY21 PLANNING TO OFFER THESE PROGRAMS AGAIN IN FY22.

ST. MARY'S HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST

**Part V Facility Information** (continued)

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

PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. THEREFORE, IN FISCAL YEAR 2021 ST. MARY'S HOSPITAL DID NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS:

- BEHAVIORAL HEALTH: ST. MARY'S HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THERE ARE NOT SUFFICIENT RESOURCES TO ADEQUATELY ADDRESS THIS MULTIFACETED ISSUE. HOWEVER, THE HOSPITAL HAS STAFF MEMBERS WHO ARE ON COMMITTEES OF LOCAL BEHAVIORAL HEALTH AGENCIES THAT ARE WORKING TO ADDRESS ISSUES WITH REPEAT BEHAVIORAL HEALTH PATIENTS. DATA SHARING HAS BEEN IMPLEMENTED ACROSS AGENCIES (E.G., POLICE DEPARTMENT, JAIL, EMERGENCY DEPARTMENT, AND MENTAL HEALTH FACILITY).

- MATERNAL AND CHILD HEALTH: ST. MARY'S HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THIS HEALTH NEED IS ALREADY BEING ADDRESSED BY ST. MARY'S FAMILY BIRTH CENTER AND THE PEDIATRIC HOSPICE CARE. ALSO, THERE IS A STRONG LOCAL WOMEN, INFANTS AND CHILDREN (WIC) CLINIC IN THE COUNTY.

- REPRODUCTIVE HEALTH: ST. MARY'S HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THERE ARE OTHER LOCAL ORGANIZATIONS, SUCH AS THE LOCAL PUBLIC HEALTH DEPARTMENTS, WHO ARE ADDRESSING THIS NEED. HOWEVER, ST. MARY'S HOSPITAL PROVIDES REFERRALS FOR PATIENTS.

- CANCER: ST. MARY'S HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THE HOSPITAL IS NOT A CANCER CENTER AND DOES NOT HAVE AN ONCOLOGY PRACTICE. ANOTHER LOCAL ORGANIZATION IN THE AREA HAS A CANCER CENTER AND IS ADDRESSING THIS NEED. HOWEVER, THE HOSPITAL CONTINUES

**Part V Facility Information** (continued)

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

**CONDUCTING SCREENINGS AND REFERRALS.**

- **CARDIOVASCULAR AND CEREBROVASCULAR HEALTH:** ST. MARY'S HOSPITAL DID NOT DIRECTLY ADDRESS THESE PARTICULAR NEEDS BECAUSE THEY ARE BEING ADDRESSED AS PART OF THE NUTRITION, DIABETES AND OBESITY HEALTH NEED VIA THE FARM RX PROGRAM.

- **INJURIES AND ACCIDENTS:** ST. MARY'S HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THERE IS ANOTHER HOSPITAL WITHIN THE SERVICE AREA THAT IS DESIGNATED AS A TRAUMA CENTER, WHEREAS WE ARE NOT. THERE ARE A VARIETY OF PROGRAMS IN THE AREA THAT PROVIDES INJURY PREVENTION SERVICES, SUCH AS HELMET SAFETY, CAR SEAT SAFETY, AND HIGH SCHOOL CPR EDUCATION, AS WELL AS CPR CLASSES FOR LOCAL INDUSTRIES. EDUCATION ON SPORTS INJURY PREVENTION IS OFFERED THROUGH A PARTNERSHIP WITH THE UNIVERSITY OF GEORGIA, AND THERE ARE OTHER LOCAL ORGANIZATIONS PROVIDING SAFETY AND INJURY PREVENTION EDUCATION IN THE COMMUNITY.

**ST. MARY'S HOSPITAL:**

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO

**Part V Facility Information** (continued)

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

RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

ST. MARY'S HEALTH CARE SYSTEM

PART V, LINE 16A, FAP WEBSITE:

WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

ST. MARY'S HEALTH CARE SYSTEM

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

ST. MARY'S HEALTH CARE SYSTEM

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

**Part V** Facility Information *(continued)*

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

WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL

-ASSISTANCE





**Part VI Supplemental Information**

Provide the following information.

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

---

**PART I, LINE 3C:**

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES,  
OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR  
ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

---

**PART I, LINE 6A:**

ST. MARY'S HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF  
THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH  
(EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT  
WWW.TRINITY-HEALTH.ORG.

IN ADDITION, ST. MARY'S HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY  
FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

---

**PART I, LINE 7:**

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN  
ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND  
MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE

**Part VI** Supplemental Information (Continuation)

CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

## PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$13,104,617, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

## PART I, LINE 5A:

DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY. THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING, PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

## PART II, COMMUNITY BUILDING ACTIVITIES:

ST. MARY'S HOSPITAL PARTICIPATES IN SEVERAL COMMUNITY BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND ADVANCING KNOWLEDGE. ST. MARY'S HOSPITAL PARTICIPATED IN THE FOLLOWING ACTIVITIES IN FISCAL YEAR

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

2021:

COMMUNITY SUPPORT - ST. MARY'S HOSPITAL IS A LEAD FACILITATOR IN LOCAL AND REGIONAL PREPAREDNESS ACTIVITIES, ENSURING THAT ATHENS-CLARKE COUNTY IS PREPARED FOR EVENTS, INCLUDING THE COVID-19 PANDEMIC. THE DIRECTOR OF SECURITY ATTENDS AND PARTICIPATES IN DISASTER MANAGEMENT AND EMERGENCY PREPAREDNESS MEETINGS THROUGHOUT THE YEAR. THIS PLANNING ALLOWS COLLABORATION BETWEEN STATE AND LOCAL AGENCIES AND ORGANIZATIONS IN ORDER TO PREPARE FOR A LOCAL OR STATEWIDE EMERGENCY. PLANNING IS A VITAL STEP IN DISASTER MANAGEMENT AND WILL CERTAINLY SAFEGUARD COMMUNITY HEALTH IN THE CASE OF AN EMERGENCY.

ST. MARY'S HOSPITAL COLLABORATES WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, PARTICULARLY THE VULNERABLE AND UNDERSERVED POPULATIONS. MANY EMPLOYEES AND LEADERS REPRESENT THE HOSPITAL AND GIVE THEIR EXPERTISE TO A VARIETY OF ORGANIZATIONS AND BOARDS THAT STRIVE TO IMPROVE COMMUNITY HEALTH, SUCH AS ENVISION ATHENS, JUNIOR LEAGUE, CLERGY PARTNERSHIP OF GREATER ATHENS, SEXUAL ASSAULT NURSES EXAMINERS (SANE), AND MANY MORE. OUR CEO SERVES ON THE BOARD OF THE AMERICAN HOSPITAL ASSOCIATION, AND THE VICE PRESIDENT OF COMMUNITY HEALTH AND WELL-BEING SERVES ON THE BOARDS OF THE ATHENS YMCA AND AMERICAN RED CROSS OF NORTHEAST GEORGIA. THIS YEAR OUR COLLEAGUES ALSO HELPED BY GIVING DONATIONS AND A MATCHING FINANCIAL CONTRIBUTION WAS MADE TO AGENCIES SERVING CHILDREN BEING TAKEN INTO FOSTER CARE SERVICES.

ECONOMIC DEVELOPMENT - ST. MARY'S HOSPITAL CONTINUED TO INVEST IN INITIATIVES THAT SUPPORT ECONOMIC DEVELOPMENT IN OUR COMMUNITY. MEMBERS OF

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

SENIOR LEADERSHIP SERVE ON LOCAL CHAMBER OF COMMERCE BOARDS IN OUR SERVICE AREA. IN ADDITION, OUR PRESIDENT AND CEO IS A MEMBER OF THE ROTARY CLUB.

WORKFORCE DEVELOPMENT - ST. MARY'S HOSPITAL COLLABORATED WITH GOODWILL OF ATHENS AND BREAD FOR LIFE TO SUPPORT WORKFORCE DEVELOPMENT DURING THE ECONOMIC DOWNTURN DUE TO COVID-19. WE HOSTED TWO VISITS AND TOURS OF THE HOSPITAL WHEN RESTRICTIONS ALLOWED AND FACILITATED A TRAINING AT THE BREAD FOR LIFE CLASSROOM TO DISCUSS HOSPITALITY CAREERS IN THE HEALTH CARE SETTING.

## PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

## PART III, LINE 3:

ST. MARY'S HEALTH CARE SYSTEM USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, ST. MARY'S HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, ST.

**Part VI** Supplemental Information (Continuation)

MARY'S HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

## PART III, LINE 4:

ST. MARY'S HEALTH CARE SYSTEM IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

**Part VI** Supplemental Information (Continuation)

PART III, LINE 8:

ST. MARY'S HEALTH CARE SYSTEM DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 2:

NEEDS ASSESSMENT - ST. MARY'S HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - ST. MARY'S HEALTH CARE SYSTEM COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.



**Part VI** Supplemental Information (Continuation)

ST. MARY'S HEALTH CARE SYSTEM OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

ST. MARY'S HEALTH CARE SYSTEM HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. ST. MARY'S HEALTH CARE SYSTEM MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION - CLARKE COUNTY, THE SMALLEST GEOGRAPHICALLY IN THE STATE, IS THE MOST POPULOUS COUNTY IN THE HOSPITAL'S SERVICE AREA. CLARKE COUNTY'S 2014 POPULATION ESTIMATE OF 120,938 REFLECTS A 3.6% INCREASE FROM ITS 2010 ESTIMATE, MAKING IT THE FOURTH FASTEST GROWING COUNTY IN THE AREA. OF THE TWO CITIES IN CLARKE COUNTY, ATHENS AND WINTERVILLE, ATHENS

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

IS BY FAR THE MOST POPULOUS AND IS LARGELY RESPONSIBLE FOR CLARKE COUNTY HOLDING THE HIGHEST POPULATION DENSITY OF THE 17 COUNTIES, WITH 979.1 PERSONS PER SQUARE MILE. IN 2013, CLARKE COUNTY'S SENIOR POPULATION WAS 9.3%, WHICH IS BELOW THE STATE AVERAGE. CLARKE COUNTY IS ALSO AMONG THE MOST DIVERSE COUNTIES IN THE REGION, WITH 26.6% OF ITS POPULATION BEING AFRICAN AMERICAN, 4.2% ASIAN, AND 10.4% HISPANIC OR LATINO.

CLARKE COUNTY'S MEDIAN HOUSEHOLD INCOME, LIKELY IMPACTED BY THE LARGE UNIVERSITY STUDENT POPULATION, IS THE THIRD LOWEST IN THE HOSPITAL'S SERVICE AREA, AT \$33,060. THIS, IN ADDITION TO CLARKE'S HIGH-INCOME INEQUALITY RATIO OF 7.5, MAY HELP FRAME THE 38% POVERTY RATE AMONG CHILDREN. FURTHERMORE, 78.1% OF CLARKE COUNTY STUDENTS QUALIFY FOR FREE OR REDUCED-PRICE LUNCH. CLARKE'S FIVE LARGEST INDUSTRIES (RETAIL, HEALTH CARE, FOOD SERVICE, PROFESSIONAL SERVICES, AND REAL ESTATE) HAVE A LARGE IMPACT ON MAINTAINING THE RELATIVELY LOW UNEMPLOYMENT RATE OF 8%.

LARGELY BECAUSE OF THE PRESENCE OF THE UNIVERSITY OF GEORGIA, CLARKE COUNTY IS ONE OF THE MOST HIGHLY EDUCATED OF THE SERVICE AREA COUNTIES, WITH 39.5% OF THE POPULATION HAVING EARNED AT LEAST A BACHELOR'S DEGREE. CLARKE COUNTY IS SECOND ONLY TO OCONEE COUNTY ON THIS MEASURE, AS WELL AS ON THE PERCENTAGE OF INDIVIDUALS HAVING AT LEAST GRADUATED HIGH SCHOOL. CLARKE COUNTY ALSO HAS THE FOURTH LOWEST PERCENTAGE (5.6%) OF THE POPULATION WITH LESS THAN A NINTH-GRADE EDUCATION AMONG THE 17 COUNTIES. THE CLARKE COUNTY SCHOOL DISTRICT HAS SHOWN IMPROVEMENT IN ITS PERFORMANCE OVER THE PAST FIVE YEARS, PARTICULARLY SINCE THE ARRIVAL OF THE NATIONAL SUPERINTENDENT OF THE YEAR, DR. PHIL LANOUE; HOWEVER, THE DISTRICT'S PERFORMANCE DOES NOT COMPARE WELL TO NEIGHBORING SYSTEMS IN THE HOSPITAL'S SERVICE AREA. ONLY TALIAFERRO COUNTY HAS A LOWER PERCENTAGE OF THIRD GRADE

**Part VI** Supplemental Information (Continuation)

STUDENTS MEETING OR EXCEEDING THE CRCT READING STANDARDS. IN 2014, ONLY 91% OF CLARKE COUNTY THIRD GRADERS MET OR EXCEEDED THE READING STANDARD, DOWN FROM A FOUR-YEAR HIGH OF 94% IN 2013. CLARKE COUNTY'S 2014 FOUR-YEAR COHORT HIGH SCHOOL GRADUATION RATE IS THE WORST IN THE SERVICE AREA, WITH ONLY 63.2% OF STUDENTS GRADUATING ON TIME. ONLY 59.5% OF BLACK STUDENTS GRADUATED ON TIME, AS COMPARED TO 62.3% OF HISPANIC/LATINO STUDENTS AND 75.2% OF WHITE STUDENTS. IN CLARKE COUNTY, 55.5% OF 3- AND 4-YEAR-OLD CHILDREN ARE NOT ENROLLED IN PRESCHOOL, UP FROM 43.3% BETWEEN 2005 AND 2009.

IN ADDITION TO THE PRIMARY SERVICE COUNTY OF CLARKE COUNTY, THE HOSPITAL ALSO SERVES OCONEE, BARROW, JACKSON, MADISON, MORGAN, OGLETHORPE, AND WALTON COUNTIES.

## PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - ST. MARY'S HOSPITAL'S OVERALL RESPONSIVENESS TO THE NEEDS OF THE COMMUNITY IS EVIDENCED BY OUR WILLINGNESS TO PARTICIPATE IN A RANGE OF COMMITTEES, COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. FOR EXAMPLE, IN FISCAL YEAR 2021, MANY OF THE HOSPITAL'S SENIOR LEADERSHIP DONATED THEIR TIME AND EXPERTISE TO ORGANIZATIONS THAT STRIVE TO IMPROVE COMMUNITY HEALTH. THESE ORGANIZATIONS INCLUDE THE MERCY HEALTH CENTER, UNITED WAY OF NORTHEAST GEORGIA (NEGA), PREVENT CHILD ABUSE ATHENS (PCAA), AND THE ATHENS HOUSING AUTHORITY.

ST. MARY'S HOSPITAL IS ADVANCING HEALTH CARE BY IMPROVING ACCESS TO EDUCATION AND TRAINING. EACH YEAR, ST. MARY'S HOSPITAL WELCOMES HUNDREDS OF STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES WHO ARE STUDYING TO

**Part VI** Supplemental Information (Continuation)

BECOME THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS. IN FISCAL YEAR 2021, THE AUGUSTA UNIVERSITY/UNIVERSITY OF GEORGIA MEDICAL PARTNERSHIP (INTERNAL MEDICINE RESIDENCY PROGRAM) AT ST. MARY'S HOSPITAL HAD 33 RESIDENTS ENROLLED IN TRAINING. THE RESIDENCY PROGRAM GRADUATED ITS FOURTH CLASS OF RESIDENTS IN JUNE 2021. THE INTERNAL MEDICINE RESIDENCY PROGRAM CURRENTLY HAS 31 RESIDENTS. CREATING A QUALITY RESIDENCY PROGRAM AT ST. MARY'S HOSPITAL IS VITAL TO THE FUTURE OF HEALTH CARE IN NORTHEAST GEORGIA.

ST. MARY'S HOSPITAL IS ACTIVELY INVOLVED IN COMMUNITY EVENTS THAT BENEFIT EVERYONE FROM NEWBORNS TO PEOPLE WITH LIFE-LIMITING ILLNESSES. THE COMMUNITY EVENTS INCLUDED THE NATIONAL DAY OF PRAYER BREAKFAST AND THE BOY SCOUTS AMERICAN VALUES DINNER.

IN FISCAL YEAR 2021, ST. MARY'S HOSPITAL CONTINUED TO INVEST IN THE FIREFLY TRAIL, A PLANNED 39-MILE RAIL-TRAIL FROM ATHENS TO UNION POINT IN NORTHEAST GEORGIA, CONNECTING ATHENS-CLARKE, OGLETHORPE, AND GREENE COUNTIES. THE HISTORIC RAIL LINE, KNOWN AS THE ATHENS BRANCH OF THE GEORGIA RAILROAD, BRANCHED OFF THE STILL ACTIVE AUGUSTA-TO-ATLANTA LINE IN UNION POINT AND PASSED THROUGH THE TOWNS OF WOODVILLE, MAXEYS, STEPHENS, CRAWFORD, ARNOLDSVILLE, AND WINTERVILLE ON ITS WAY TO ATHENS. OUR PUBLIC RELATIONS MANAGER HAS BEEN HEADING THIS MULTI-COUNTY PROJECT, AND OUR SYSTEM IS INVESTING FINANCIALLY IN ORDER TO PROVIDE A NEW OPPORTUNITY FOR THE COMMUNITY TO MAKE HEALTHY LIFE CHOICES. WE PLAN TO CONTINUE TO SUPPORT THIS INITIATIVE THROUGHOUT FISCAL YEAR 2022 AND BEYOND.

ST. MARY'S HEALTH CARE SYSTEM IS GOVERNED BY A BOARD OF DIRECTORS COMMITTED TO THE VALUES OF THE SYSTEM AND TO ENSURING THAT ST. MARY'S

**Part VI** Supplemental Information (Continuation)

HOSPITAL CONTINUES ITS MISSION OF BEING A COMPASSIONATE, HEALING PRESENCE IN OUR COMMUNITY. ST. MARY'S HOSPITAL HAS A 13-MEMBER BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS.

IN ADDITION, ST. MARY'S HOSPITAL OPERATES A 24-HOUR EMERGENCY DEPARTMENT THAT IS ACCESSIBLE TO ANYONE NEEDING CARE, REGARDLESS OF ABILITY TO PAY, AND MAINTAINS AN OPEN MEDICAL STAFF.

ST. MARY'S HOSPITAL FINANCIALLY SUPPORTS AND PARTICIPATES ACTIVELY IN ENVISION ATHENS, A COMPREHENSIVE 20-YEAR EFFORT TO IMPROVE THE QUALITY OF LIFE FOR ALL ATHENIANS ACROSS 14 BROAD DIMENSIONS. THE LOCAL CONTINUUM OF CARE FOR HOMELESS SERVICES ALSO SERVES AS A COLLABORATIVE BODY MADE UP OF MANY ORGANIZATIONS AND AGENCIES THAT SERVE THOSE EXPERIENCING HOMELESSNESS AND HOUSING INSECURITY IN OUR COMMUNITY.

SAINT MARY'S HOSPITAL TOOK SEVERAL STEPS IN FISCAL YEAR 2021 TO ADDRESS THE COVID-19 PANDEMIC, INCLUDING:

- COORDINATED ACTIVITIES AND PROGRAMS WITH PUBLIC HEALTH AGENCIES, OTHER HOSPITALS, AND OTHER ORGANIZATIONS IN RESPONSE TO THE PANDEMIC
- PROVIDED COMMUNITY HEALTH EDUCATION TO INFORM THE COMMUNITY ABOUT THE COVID-19 PANDEMIC
- SUPPORTED DISCHARGED PATIENTS AND COVID-19 IMPACTED PATIENTS IN ACCESSING COMMUNITY RESOURCES FOR SOCIAL NEEDS
- PARTICIPATED IN DISASTER RESPONSE EXERCISES AND SURGE CAPACITY PLANNING
- COORDINATED THE WORK OF THOSE WHO ARE RESPONDING TO HOSPITAL STAFFING NEEDS
- CONDUCTED IN-SERVICE TRAINING (FOR NEW, REASSIGNED, AND OTHER STAFF) EXPRESSLY IN RESPONSE TO THE PANDEMIC

**Part VI** Supplemental Information (Continuation)

USING "IT STARTS HERE" FUNDS, AWARDED BY TRINITY HEALTH, ST. MARY'S HOSPITAL COLLABORATED WITH THREE COMMUNITY CLINICS TO PROVIDE ACCESS TO INFORMATION AND VACCINATIONS FOR COVID-19, PARTICULARLY IN COMMUNITIES OF COLOR, TO INDIVIDUALS IN JAIL, AND TEENS.

ST. MARY'S HOSPITAL ALSO WELCOMED OUR FIRST COMMUNITY HEALTH WORKER. SHE IS ACTIVELY WORKING WITH OUR SOCIAL WORK AND CASE MANAGEMENT COLLEAGUES TO BUILD A CASELOAD OF OUR PATIENTS WHOSE HEALTH OUTCOMES ARE IMPACTED BY SOCIAL INFLUENCERS OF HEALTH AND WHO WOULD BENEFIT FROM BEING CONNECTED TO RESOURCES AND PROGRAMS IN THE COMMUNITY THAT ADDRESS THOSE NEEDS DIRECTLY. SHE IS ALSO BUILDING A ROBUST WEB-BASED PLATFORM FOR CONNECTING INDIVIDUALS TO SOCIAL SERVICE AGENCIES AND ENSURING THAT THE COMMUNITY HAS ACCESS TO RESOURCES THAT WILL IMPROVE QUALITY OF LIFE AND HEALTH MEASURES OUTSIDE THE WALLS OF THE HOSPITAL.

PART VI, LINE 6:

ST. MARY'S HEALTH CARE SYSTEMS IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR THOSE WHO ARE POOR AND VULNERABLE IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

1. INVESTING IN OUR COMMUNITIES
2. ADVANCING SOCIAL CARE
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH

**Part VI** Supplemental Information (Continuation)

## INVESTING IN OUR COMMUNITIES:

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH INVESTED \$1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT, AND OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, \$1.6 MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN, COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS. THIS EFFORT DISTRIBUTED \$1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY, AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION, ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS,

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19 VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN \$46 MILLION IN LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION, AND ECONOMIC DEVELOPMENT THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.

**ADVANCING SOCIAL CARE:**

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO PROMOTE HEALTHY BEHAVIORS WHILE HELPING PATIENTS, COLLEAGUES AND MEMBERS ACCESS ESSENTIAL NEEDS, SUCH AS TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS PATIENTS' SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY



**Part VI** Supplemental Information (Continuation)

HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90  
COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY,  
WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST  
HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL  
TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE  
DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70  
KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS  
ASSESSMENTS WERE COMPLETED.

TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION  
PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND  
PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED  
THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF  
AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION.

ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S  
DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST  
PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT  
DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:

IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE  
INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND  
PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES  
OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES  
THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN  
AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTH

**Part VI** Supplemental Information (Continuation)

CARE, AND ECONOMICS.

TRINITY HEALTH TAKES ACTION BY WRITING LETTERS TO COMPANIES, MEETING WITH  
CORPORATE MANAGEMENT, AND SUBMITTING AND SUPPORTING SHAREHOLDER  
RESOLUTIONS AS AGENDA ITEMS FOR COMPANIES' ANNUAL MEETINGS OF  
SHAREHOLDERS.

FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY  
ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS  
LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT [WWW.TRINITY-HEALTH.ORG](http://WWW.TRINITY-HEALTH.ORG).

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**ST. MARY'S HEALTH CARE SYSTEM, INC.**

**Employer identification number**

**58-0566223**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
MERCY HEALTH CENTER P.O. BOX 6064 ATHENS, GA 30604-6064	58-2603523	501(C)(3)	25,000.	0.			SPONSORSHIP
ATHENS AREA COMMUNITY FOUNDATION P.O BOX 1543 ATHENS, GA 30603-1543	26-1838979	501(C)(3)	20,000.	0.			SPONSORSHIP
INNOVATIVE HEALTH CARE INSTITUTE LLC - 100 SEAGRAVES DR., SUITE 1 - ATHENS, GA 30605-2492	46-3873240		15,000.	0.			SPONSORSHIP
ATHENS NEIGHBORHOOD HEALTH CENTER INC. - PO BOX 147 - ATHENS, GA 30603-0147	58-1116210	501(C)(3)	10,000.	0.			SPONSORSHIP

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **3.**

**3** Enter total number of other organizations listed in the line 1 table ..... **1.**

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

**Schedule I (Form 990) 2020**

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

DONATIONS MADE BY ST. MARY'S HEALTH CARE SYSTEM TO CHARITABLE ORGANIZATIONS

ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE.

DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE

CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY

THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**ST. MARY'S HEALTH CARE SYSTEM, INC.**

Employer identification number

**58-0566223**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 .....

**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 on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> 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:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on 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:

**a** The organization? .....

**b** Any related organization? .....

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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) D. MONTEZ CARTER	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR; SMHCS PRESIDENT & CEO	(ii)	407,629.	0.	13,832.	85,621.	29,064.	536,146.	0.
(2) STEVEN KASTNER	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR; PRESIDENT & CEO TCCS	(ii)	376,831.	0.	104,296.	12,825.	36,505.	530,457.	0.
(3) DANIEL POWELL	(i)	0.	0.	0.	0.	0.	0.	0.
PRMR OFFICER; SAMC INT CFO AT 3/21	(ii)	376,949.	0.	4,969.	12,825.	14,100.	408,843.	0.
(4) JANICE DUNN	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER; CHIEF FINANCIAL OFFICER	(ii)	327,905.	0.	4,941.	12,825.	27,645.	373,316.	0.
(5) JASON SMITH, MD	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF MEDICAL OFFICER	(ii)	296,806.	0.	31,877.	13,287.	17,308.	359,278.	0.
(6) JEFFREY ENGLISH	(i)	0.	0.	0.	0.	0.	0.	0.
VP, OPER; PRESIDENT SACRED HEART	(ii)	277,606.	0.	3,650.	21,015.	17,471.	319,742.	0.
(7) BRUCE MIDDENDORF, MD	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	276,639.	0.	9,838.	286,477.	261,856.
(8) KAREN SCHULLER	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	10,023.	0.	263,395.	301.	1,022.	274,741.	0.
(9) GARY WRIGHT	(i)	243,197.	0.	3,881.	7,465.	19,605.	274,148.	0.
DIRECTOR OF PHARMACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TITUS GAMBRELL	(i)	0.	0.	0.	0.	0.	0.	0.
VP, NURSING SERVICES	(ii)	241,665.	0.	3,723.	8,533.	16,019.	269,940.	0.
(11) BRITTAINY HORNE	(i)	0.	0.	0.	0.	0.	0.	0.
VP STRATEGY AND AMBULATORY SERVICES	(ii)	189,847.	0.	503.	8,979.	29,168.	228,497.	0.
(12) CASH MORRIS	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY; VP & ASSOCIATE COUNSEL	(ii)	190,537.	0.	174.	8,882.	24,697.	224,290.	0.
(13) KERRY VAUGHN	(i)	0.	0.	0.	0.	0.	0.	0.
DIR-REG CHIEF INFO OFFCR, CLIENT SVC	(ii)	189,066.	0.	1,093.	14,627.	17,125.	221,911.	0.
(14) SIMS KENDALL	(i)	129,414.	0.	58,458.	4,678.	24,218.	216,768.	0.
DIRECTOR OF RADIOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 3:**

ST. MARY'S HEALTH CARE SYSTEM IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM.

ST. MARY'S HEALTH CARE SYSTEM'S CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT

ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE

FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF ST. MARY'S HEALTH CARE

SYSTEM HOSPITAL'S CEO:

- COMPENSATION COMMITTEE

- INDEPENDENT COMPENSATION CONSULTANT

- FORM 990 OF OTHER ORGANIZATIONS

- WRITTEN EMPLOYMENT CONTRACT

- COMPENSATION SURVEY OR STUDY, AND

- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

**PART I, LINES 4A-B:**

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2020.

THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

BRUCE MIDDENDORF, MD - \$261,856

KAREN SCHULLER - \$260,603

**Part III** Supplemental Information

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

COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS.

THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2020. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2020, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2020.

THE FOLLOWING PAYOUT FOR 2020 FOR THE PLAN IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

STEVEN KASTNER - \$86,431

THE FOLLOWING ACCRUAL FOR 2020 IS INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

D. MONTEZ CARTER - \$73,095



**Part III** Supplemental Information

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

THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$285,000 FOR 2020). THE FOLLOWING PAYOUTS FOR 2020 FOR THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

JANICE DUNN - \$0

JEFFREY ENGLISH - \$1,829

TITUS GAMBRELL - \$176

BRUCE MIDDENDORF, MD - \$1,081

KAREN SCHULLER - \$1,121

JASON SMITH, MD - \$0

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

Name of the organization

**ST. MARY'S HEALTH CARE SYSTEM, INC.**

Employer identification number

**58-0566223**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HEATHER CALDWELL	FAMILY MEMBER OF J.	154,088.	EMPLOYMENT		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HEATHER CALDWELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF J. CHRISTOPHER CALDWELL, BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 154,088.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT ARRANGEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

ST. MARY'S HEALTH CARE SYSTEM, INC.

Employer identification number

58-0566223

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PLEASE VISIT OUR WEBSITE FOR ADDITIONAL INFORMATION ABOUT PROGRAMS AND  
SERVICES: [WWW.STMARYSHEALTHCARESYSTEM.ORG](http://WWW.STMARYSHEALTHCARESYSTEM.ORG)

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

THE SOLE MEMBER OF ST. MARY'S HEALTH CARE SYSTEM IS TRINITY HEALTH  
CORPORATION. SEE LINE 7 FOR ADDITIONAL INFORMATION.

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

TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF ST. MARY'S HEALTH CARE  
SYSTEM. TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO  
THE BOARD OF DIRECTORS OF ST. MARY'S HEALTH CARE SYSTEM.

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

AS SOLE MEMBER, TRINITY HEALTH CORPORATION MUST APPROVE CERTAIN DECISIONS  
OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN,  
AND ANNUAL OPERATING BUDGET. TRINITY HEALTH CORPORATION MUST ALSO APPROVE  
SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS  
OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS.

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

PRIOR TO FILING, THE FORM 990 FOR ST. MARY'S HEALTH CARE SYSTEM IS REVIEWED  
BY SENIOR MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE  
REVIEWED BY THE BOARD OF DIRECTORS. EACH MEMBER OF THE BOARD RECEIVES A  
COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

ST. MARY'S HEALTH CARE SYSTEM, INC.

Employer identification number

58-0566223

REVENUE SERVICE.

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

ST. MARY'S HEALTH CARE SYSTEM HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO. 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF ST. MARY'S HEALTH CARE SYSTEM, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF ST. MARY'S HEALTH CARE SYSTEM AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST.

ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE PROVIDED TO THE INTEGRITY AND COMPLIANCE OFFICER. IF A POTENTIAL CONFLICT IS IDENTIFIED, THE INTEGRITY AND COMPLIANCE OFFICER SHARES THE DISCLOSURES WITH INTERNAL LEGAL COUNSEL, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF ST. MARY'S HEALTH CARE SYSTEM (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS.

INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO ST. MARY'S HEALTH CARE SYSTEM OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF ST. MARY'S HEALTH CARE SYSTEM (OR A DELEGATED COMMITTEE OF THE BOARD) IS

Name of the organization

ST. MARY'S HEALTH CARE SYSTEM, INC.

Employer identification number

58-0566223

RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF ST. MARY'S HEALTH CARE SYSTEM. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF ST. MARY'S HEALTH CARE SYSTEM IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING CEO AND CFO COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO AND CFO OF ST. MARY'S HEALTH CARE SYSTEM ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS.

AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS.

Name of the organization

ST. MARY'S HEALTH CARE SYSTEM, INC.

Employer identification number

58-0566223

FOR OTHER EXECUTIVES WHO ARE NOT PART OF THE REBUTTABLE PRESUMPTION PROCESS, TRINITY HEALTH USES A MARKET ANALYSIS TO DETERMINE THE APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION.

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

ST. MARY'S HEALTH CARE SYSTEM IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, ST. MARY'S HEALTH CARE SYSTEM INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE. ST. MARY'S HEALTH CARE SYSTEM'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

EQUITY TRANSFERS TO AFFILIATES	-57,971,748.
OTHER TRANSACTIONS	-2,610,882.
ASSET IMPAIRMENT	-38,662.
TOTAL TO FORM 990, PART XI, LINE 9	-60,621,292.

FORM 990, PART XII, LINE 2:

ST. MARY'S HEALTH CARE SYSTEM'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY21 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**ST. MARY'S HEALTH CARE SYSTEM, INC.**

Employer identification number

**58-0566223**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP - 27-2491974, 245 STATE ST. SE, GRAND RAPIDS, MI 49503	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	X	
ALLEGANY FRANCISCAN MINISTRIES, INC. - 58-1492325, 33920 U.S. HIGHWAY 19 NORTH SUITE 269, PALM HARBOR, FL 34684	GRANT MAKING	FLORIDA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
ASYLUM HILL FAMILY MEDICINE CENTER, INC. - 06-1450170, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	HEALTH CARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	

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

Schedule R (Form 990) 2020



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	FOUNDATION	IOWA	501(C)(3)	LINE 12A, I	BAUM HARMON MERCY HOSPITAL	X	
BEECHWOOD, INC. - 14-1651563 2212 BURDETT AVE. TROY, NY 12180	TITLE HOLDING COMPANY	NEW YORK	501(C)(2)	N/A	LTC (EDDY), INC.	X	
BETHLEHEM HAVEN OF PITTSBURGH - 25-1436685 905 WATSON STREET PITTSBURGH, PA 15219	HOMELESS SHELTER	PENNSYLVANIA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM, INC.	X	
BEVERWYCK, INC. - 14-1717028 40 AUTUMN DRIVE SLINGERLANDS, NY 12159	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
BRIGHTSIDE, INC. - 04-2182395 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 10	THE MERCY HOSPITAL, INC.	X	
CAPITAL REGION GERIATRIC CENTER, INC. - 14-1701597, 421 WEST COLUMBIA STREET, COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, 5315 ELLIOTT DR #102, YPSILANTI, MI 48197	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	OTHER COUNTRY	501(C)(3)	LINE 1	N/A		X
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTH CARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	X	
DUBUQUE MERCY HEALTH FOUNDATION - 26-2227941 250 MERCY DRIVE DUBUQUE, IA 52001	FOUNDATION	IOWA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	FOUNDATION	IOWA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
EAST NORRITON PHYSICIANS SERVICES, INC. - 23-2515999, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
EDDY LICENSED HOME CARE AGENCY - 14-1818568 433 RIVER ST SUITE 3000 TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 3	LTC (EDDY), INC.	X	
EMBRACING AGE, INC. - 46-1051881 333 BUTTERNUT DRIVE DEWITT, NY 13214	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 12B, II	ST. JOSEPH'S HEALTH, INC.	X	
EMPIRE HOME INFUSION SERVICE, INC. - 14-1795732, 10 BLACKSMITH DRIVE, MALTA, NY 12020	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 10	HOME AIDE SERVICE OF EASTERN NEW YORK, INC.	X	
FARREN CARE CENTER, INC. - 04-2501711 114 WOODLAND STREET HARTFORD, CT 06105	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
FRANCISCAN ELDERCARE CORPORATION - 22-3008680, P.O. BOX 2500, WILMINGTON, DE 19805	LONG TERM CARE (INACTIVE)	DELAWARE	501(C)(3)	LINE 10	ST. FRANCIS HOSPITAL, INC.	X	
GLACIER HILLS FOUNDATION - 20-8072723 1200 EARHART RD ANN ARBOR, MI 48105	FOUNDATION	MICHIGAN	501(C)(3)	LINE 12A, I	GLACIER HILLS, INC.	X	
GLACIER HILLS, INC - 38-1891500 1200 EARHART RD ANN ARBOR, MI 48105	SENIOR LIVING COMMUNITY	MICHIGAN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
GLEN EDDY, INC. - 14-1794150 1 GLEN EDDY DRIVE NISKAYUNA, NY 12309	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
GLOBAL HEALTH MINISTRY - 42-1253527 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
GOOD SAMARITAN HOSPITAL, INC. - 26-1720984 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642	HEALTH CARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION - 36-3332852, 701 W. NORTH AVE., MELROSE PARK, IL 60160	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
GOTTLIEB MEMORIAL FOUNDATION - 74-3260011 701 WEST NORTH AVENUE MELROSE PARK, IL 60160	FOUNDATION	ILLINOIS	501(C)(3)	LINE 12D, III-O	N/A		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649 701 W. NORTH AVE. MELROSE PARK, IL 60160	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
HAWTHORNE RIDGE, INC. - 80-0102840 30 COMMUNITY WAY EAST GREENBUSH, NY 12061	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
HEART CENTER OF GREATER WATERBURY, INC. - 83-0416893, 114 WOODLAND STREET, HARTFORD, CT 06105	MANAGEMENT	CONNECTICUT	501(C)(3)	LINE 12A, I	N/A		X
HERITAGE HOUSE NURSING CENTER, INC. - 14-1725101, 2920 TIBBITS AVE, TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48152	LONG TERM CARE	MARYLAND	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
HOLY CROSS HEALTH FOUNDATION, INC. - 20-8428450, 1500 FOREST GLEN ROAD, SILVER SPRING, MD 20910	FOUNDATION	MARYLAND	501(C)(3)	LINE 7	HOLY CROSS HEALTH, INC.	X	
HOLY CROSS HEALTH, INC. - 52-0738041 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	HEALTH CARE AND HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
HOLY CROSS HOSPITAL, INC. - 59-0791028 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTH CARE AND HOSPITAL SERVICES	FLORIDA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
HOLY CROSS OUTPATIENT SERVICES, INC. - 46-5421068, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	HEALTH CARE SERVICES	FLORIDA	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL, INC.	X	
HOLY CROSS PRIMARY CARE, INC. - 81-2531495 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTH CARE SERVICES	FLORIDA	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL, INC.	X	
HOLY CROSS SENIOR SERVICES, INC. - 83-2256461, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	HEALTH CARE SERVICES	FLORIDA	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL, INC.	X	
HOME AIDE SERVICE OF EASTERN NEW YORK, INC. - 14-1514867, 433 RIVER ST SUITE 3000, TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA, CORP.	X	
HOSPICE OF SIOUXLAND - 38-3320710 4300 HAMILTON BLVD. SIOUX CITY, IA 51104	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 12A, I	N/A		X
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	X	
JOHNSON MEMORIAL HOSPITAL, INC. - 47-5676956 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
LANGHORNE MRI, INC. - 23-2519529 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTH CARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 10	ST. MARY MEDICAL CENTER	X	
LANGHORNE PHYSICIAN SERVICES, INC. - 23-2571699, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	ST. MARY MEDICAL CENTER	X	
LIFE AT LOURDES, INC. - 26-1854750 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
LIFE AT ST. FRANCIS HEALTHCARE, INC. - 45-2569214, 7TH AND CLAYTON STREETS, WILMINGTON, DE 19805	PACE PROGRAM	DELAWARE	501(C)(3)	LINE 10	ST. FRANCIS HOSPITAL, INC.	X	
LIFE ST. FRANCIS CORPORATION - 22-2797282 7500 K. JOHNSON BOULEVARD BORDENTOWN, NJ 08505	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 10	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
LIFE ST. JOSEPH OF THE PINES, INC. - 27-2159847, 4900 RAEFORD ROAD, FAYETTEVILLE, NC 28304	PACE PROGRAM	NORTH CAROLINA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
LIFE ST. MARY - 26-2976184 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 10	ST. MARY MEDICAL CENTER	X	
LOYOLA MEDICINE TRANSPORT LLC - 47-4147171 905 W. NORTH AVE. MELROSE PARK, IL 60160	TRANSPORTATION SERVICES	ILLINOIS	501(C)(3)	LINE 10	LOYOLA UNIVERSITY MEDICAL CENTER	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
LOYOLA UNIVERSITY MEDICAL CENTER - 36-4015560, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
LTC (EDDY), INC. - 22-2564710 2212 BURDETT AVE. TROY, NY 12180	MANAGEMENT SERVICES FOR LONG TERM CARE	NEW YORK	501(C)(3)	LINE 12B, II	ST. PETER'S HEALTH PARTNERS	X	
MAXIS HEALTH SYSTEM - 91-1940902 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
MCAULEY CENTER, INC. - 06-1058086 275 STEELE ROAD WEST HARTFORD, CT 06117	SENIOR LIVING COMMUNITY	CONNECTICUT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH, INC.	X	
MCAULEY MINISTRIES - 94-3436142 3333 FIFTH AVENUE PITTSBURGH, PA 15213	GRANT MAKING	PENNSYLVANIA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM, INC.	X	
MERCY CARE CENTER - 85-3904921 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTH CARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MERCY CARE FOUNDATION, INC. - 58-1448522 424 DECATUR STREET ATLANTA, GA 30312	FOUNDATION	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
MERCY COMMUNITY HEALTH, INC. - 06-1492707 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	X	
MERCY FAMILY SUPPORT - 23-2325059 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	X	
MERCY FOUNDATION, INC. - 36-3227350 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	FOUNDATION	ILLINOIS	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 888 TERRACE STREET, MUSKEGON, MI 49440	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	X	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA - 23-2829864, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
MERCY HEALTH NETWORK, INC. - 42-1478417 1449 NW 128TH ST, BLDG 5 CLIVE, IA 50325	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DELAWARE	501(C)(3)	LINE 12C, III-FI	N/A		X
MERCY HEALTH PARTNERS - 38-2589966 1500 E. SHERMAN BLVD. MUSKEGON, MI 49444	HEALTH CARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
MERCY HEALTH PLAN - 22-2483605 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	MEDICAID MANAGED CARE PLAN	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTH CARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
MERCY HEALTHCARE FOUNDATION - CLINTON - 42-1316126, 1410 N. 4TH ST., CLINTON, IA 52732	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY MEDICAL CENTER - CLINTON, INC.	X	
MERCY HOME HEALTH - 23-1352099 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	X	
MERCY HOME HEALTH SERVICES - 23-2325058 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	MANAGEMENT SERVICES FOR HOME HEALTH	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
MERCY HOSPITAL AND MEDICAL CENTER - 36-2170152, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY HOSPITAL CADILLAC FOUNDATION - 20-3357131, 318 RIVER RIDGE DR. NW SUITE 100, WALKER, MI 49544	FOUNDATION	MICHIGAN	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MERCY LIFE CENTER CORPORATION - 25-1604115 1200 REEDSDALE STREET PITTSBURGH, PA 15233	COMMUNITY OUTREACH	PENNSYLVANIA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM, INC.	X	
MERCY LIFE OF ALABAMA - 27-3163002 P.O. BOX 7957 MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
MERCY LIFE, INC. - 45-3086711 200 HILLSIDE CIRCLE WEST SPRINGFIELD, MA 01089	PACE PROGRAM	MASSACHUSETTS	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA - 23-2627944, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732	HEALTH CARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CORPORATION - 63-6002215 P.O. BOX 7957 MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	X	
MERCY MEDICAL GROUP, INC. - 45-4884805 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
MERCY PHYSICIAN NETWORK - 46-1187365 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
MERCY SENIOR CARE, INC. - 58-1366508 424 DECATUR STREET ATLANTA, GA 30312	COMMUNITY OUTREACH	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SERVICES DOWNTOWN, INC. - 27-2046353 424 DECATUR STREET ATLANTA, GA 30312	TITLE HOLDING COMPANY	GEORGIA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MERCY SERVICES FOR AGING NONPROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
MERCY SPECIALIST PHYSICIANS, INC. - 26-4033168, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
MERCY SUBURBAN HOSPITAL - 23-1396763 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
MISSION HEALTH CORPORATION - 38-3181557 37595 SEVEN MILE ROAD LIVONIA, MI 48152	BUILDING MANAGEMENT SERVICES	DELAWARE	501(C)(3)	LINE 12A, I	N/A		X
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH PLAN OF IDAHO, INC. - 83-1422704, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICARE HMO	IDAHO	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN, INC.	X	
MOUNT CARMEL HEALTH PLAN OF NEW YORK, INC. - 83-3278543, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICARE HMO	NEW YORK	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN, INC.	X	
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTH CARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	FOUNDATION	OHIO	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT SINAI HOSPITAL FOUNDATION, INC. - 22-2584082, 114 WOODLAND STREET, HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 12C, III-FI	N/A		X



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MOUNT SINAI REHABILITATION HOSPITAL, INC. - 06-1422973, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
MOUNT ST. JOSEPH - 01-0274998 7 HIGHTOWER STREET WATERVILLE, ME 04901	LONG TERM CARE	MAINE	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.	X	
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	COMMUNITY OUTREACH	MICHIGAN	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	X	
NAZARETH HOSPITAL - 23-2794121 2601 HOLME AVENUE PHILADELPHIA, PA 19152	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
NAZARETH PHYSICIAN SERVICES, INC. - 20-3261266, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
NE PHYSICIAN SERVICES INC. - 23-2497355 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTH CARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTH CARE AND HOSPITAL SERVICES	NEBRASKA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, 601 E. 2ND STREET, OAKLAND, NE 68045	FOUNDATION	NEBRASKA	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	X	
OSU/MOUNT CARMEL HEALTH ALLIANCE - 31-1654603, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OHIO	501(C)(3)	LINE 12A, I	N/A		X
OUR LADY OF MERCY LIFE CENTER - 14-1743506 2 MERCYCARE LANE GUILDERLAND, NY 12084	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL	X	
PIONEER VALLEY CARDIOLOGY ASSOCIATES, INC. - 45-4208896, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
PITTSBURGH MERCY HEALTH SYSTEM, INC. - 25-1464211, 3333 5TH AVENUE, PITTSBURGH, PA 15213	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROBILITY THERAPY SERVICES - 20-2020239 2058 S. STATE STREET ANN ARBOR, MI 48104	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	X	
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	X	
RIVERBEND MEDICAL GROUP, INC. - 81-1807730 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
S.J. MANAGEMENT COMPANY OF SYRACUSE, INC. - 27-1763712, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 12A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTH CARE AND HOSPITAL SERVICES	CALIFORNIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
SAINT AGNES MEDICAL FOUNDATION - 94-2839324 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTH CARE SERVICES	CALIFORNIA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	X	
SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTH CARE SYSTEM SUPPORT	IDAHO	501(C)(3)	LINE 12A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	X	
SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC. - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	X	
SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	VOLUNTEER SERVICE AUXILIARY	OREGON	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY, INC. - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	HEALTH CARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION, INC. - 26-1737256, 4300 E. FLAMINGO AVENUE, NAMPA, ID 83687	FOUNDATION	IDAHO	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC. - 82-0200896, 4300 E. FLAMINGO AVENUE, NAMPA, ID 83687	HEALTH CARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC. - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	HEALTH CARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC. - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTH CARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. - 45-1994612, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	CONNECTICUT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO, INC.	X	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - 06-0646813, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. - 06-1008255, 114 WOODLAND STREET, HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	X	
SAINT JOSEPH PACE INC. - 47-3129127 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	INDIANA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, PO BOX 670, PLYMOUTH, IN 46563	HEALTH CARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTH CARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY, INC. - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	VOLUNTEER SERVICE AUXILIARY	INDIANA	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SAINT JOSEPH'S HEALTH SYSTEM, INC. - 58-1744848, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GEORGIA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	X	
SAINT JOSEPH'S MERCY CARE SERVICES, INC. - 58-1752700, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTH CARE SERVICES	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY	INDIANA	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES -	X	
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, STE 120, GRAND RAPIDS, MI 49505	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	X	
SAINT MARY'S FOUNDATION - 38-1779602 200 JEFFERSON ST., SE GRAND RAPIDS, MI 49503	FOUNDATION	MICHIGAN	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	X	
SAINT MARY'S HOSPITAL FOUNDATION, INC. - 22-2528400, 114 WOODLAND STREET, HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL, INC.	X	
SAINT MARY'S HOSPITAL, INC. - 06-0646844 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
SAMARITAN CHILD CARE CENTER, INC. - 14-1710225, 2215 BURDETT AVE., TROY, NY 12180	CHILD CARE SERVICES	NEW YORK	501(C)(3)	LINE 10	ST. PETER'S HEALTH PARTNERS	X	
SAMARITAN HOSPITAL - 14-1338544 2215 BURDETT AVE. TROY, NY 12180	HEALTH CARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SENIOR CARE CONNECTION, INC. - 14-1708754 1938 CURRY ROAD SCHENECTADY, NY 12303	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE - 14-1756230, ONE ABELE BLVD., CLIFTON PARK, NY 12065	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
SIOUXLAND PARAMEDICS, INC - 42-1185707 P.O. BOX 3349 SIOUX CITY, IA 51102	MEDICAL TRANSPORTATION SERVICES	IOWA	501(C)(3)	LINE 12A, I	N/A		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SISTERS OF PROVIDENCE CARE CENTERS, INC. - 22-2541103, 114 WOODLAND STREET, HARTFORD, CT 06105	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
SJHS/JOC HOLDINGS, INC. - 47-2299757 424 DECATUR STREET ATLANTA, GA 30312	HEALTH CARE SYSTEM SUPPORT	GEORGIA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
ST. AGNES CONTINUING CARE CENTER - 23-2840137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
ST. FRANCIS HOSPITAL, INC. - 51-0064326 P.O. BOX 2500 WILMINGTON, DE 19805	HEALTH CARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
ST. FRANCIS MEDICAL ASSOCIATES, P.A. - 83-2199054, 601 HAMILTON AVENUE, TRENTON, NJ 08629	HEALTH CARE SERVICES	NEW JERSEY	501(C)(3)	LINE 3	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
ST. FRANCIS MEDICAL CENTER FOUNDATION, INC. - 52-1025476, 601 HAMILTON AVENUE, TRENTON, NJ 08629	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
ST. FRANCIS MEDICAL CENTER TRENTON NJ - 22-3431049, 601 HAMILTON AVENUE, TRENTON, NJ 08629	HEALTH CARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	X	
ST. JAMES MERCY HEALTH SYSTEM, INC. - 22-3127184, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NEW YORK	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
ST. JOSEPH MERCY CHELSEA, INC. - 82-4757260 775 SOUTH MAIN ST CHELSEA, MI 48118	HEALTH CARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
ST. JOSEPH OF THE PINES, INC. - 56-0694200 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	LONG TERM CARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	X	
ST. JOSEPH'S COLLEGE OF NURSING AT ST. JOSEPH'S HOSPITAL HEALTH CENTER - 20-, 206 PROSPECT AVENUE, SYRACUSE, NY 13203	COLLEGE OF NURSING	NEW YORK	501(C)(3)	LINE 2	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC. - 23-7219294, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	BUILDING MANAGEMENT SERVICES	NEW YORK	501(C)(3)	LINE 12B, II	ST. JOSEPH'S HEALTH, INC.	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. JOSEPH'S HEALTH, INC. - 47-4754987 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	X	
ST. JOSEPH'S HOSPITAL HEALTH CENTER - 15-0532254, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTH CARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION, INC. - 22-2149775, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	FOUNDATION	NEW YORK	501(C)(3)	LINE 12B, II	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S MEDICAL, P.C. - 27-3899821 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTH CARE SERVICES	NEW YORK	501(C)(3)	LINE 12A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. JOSEPH'S PHYSICIAN HEALTH, P.C. - 16-1516863, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTH CARE SERVICES	NEW YORK	501(C)(3)	LINE 12A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. MARY BUILDING AND DEVELOPMENT - 46-1827502, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)	N/A	ST. MARY MEDICAL CENTER	X	
ST. MARY EMERGENCY MEDICAL SERVICES - 46-5354512, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	ST. MARY MEDICAL CENTER	X	
ST. MARY HOME, INCORPORATED - 06-0646843 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.	X	
ST. MARY MEDICAL CENTER - 23-1913910 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
ST. MARY'S FOUNDATION, INC. - 58-2544232 1230 BAXTER STREET ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 12A, I	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S GOOD SAMARITAN FOUNDATION, INC. - 81-1660088, 1230 BAXTER STREET, ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 12A, I	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S HEALTH CARE SYSTEM, INC. - 58-0566223, 1230 BAXTER STREET, ATHENS, GA 30606	HEALTH CARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. MARY'S HIGHLAND HILLS, INC. - 02-0576648 1230 BAXTER STREET ATHENS, GA 30606	SENIOR LIVING COMMUNITY	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S MEDICAL GROUP, INC. - 26-1858563 1230 BAXTER STREET ATHENS, GA 30606	HEALTH CARE SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S SACRED HEART HOSPITAL, INC. - 47-3752176, 367 CLEAR CREEK PARKWAY, LAVONIA, GA 30553	HEALTH CARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. PETER'S HEALTH PARTNERS - 45-3570715 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES, P.C. - 46-1177336, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTH CARE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL - 14-1348692 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTH CARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL FOUNDATION, INC. - 22-2262982, 310 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER - 14-1338386, 1270 BELMONT AVENUE, SCHENECTADY, NY 12308	HEALTH CARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUNDATION, INC. - 22-2505127, 1270 BELMONT AVE., SCHENECTADY, NY 12308	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	SUNNYVIEW HOSPITAL AND REHABILITATION	X	
THE AUXILIARY OF ST. JOSEPH'S HOSPITAL HEALTH CENTER, INC. - 20-3018640, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	VOLUNTEER SERVICE AUXILIARY	NEW YORK	501(C)(3)	LINE 10	ST. JOSEPH'S HOSPITAL HEALTH CTR FOUNDATION,	X	
THE BURDETT CARE CENTER, INC - 27-2153849 2215 BURDETT AVE. TROY, NY 12180	HEALTH CARE SERVICES	NEW YORK	501(C)(3)	LINE 3	SAMARITAN HOSPITAL	X	
THE COMMUNITY HOSPICE FOUNDATION, INC. - 22-2692940, 445 NEW KARNER RD., ALBANY, NY 12205	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE, INC.	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
THE COMMUNITY HOSPICE, INC. - 14-1608921 445 NEW KARNER RD. ALBANY, NY 12205	HOSPICE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1654543, 707 EAST CEDAR STREET, STE 100, SOUTH BEND, IN 46617	FOUNDATION	INDIANA	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC. - 22-2570478, 2256 BURDETT AVE., TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
THE MARJORIE DOYLE ROCKWELL CENTER, INC. - 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
THE MERCY HOSPITAL, INC. - 04-3398280 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE AND HOSPITAL SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
THE NORTHEAST HEALTH FOUNDATION, INC. - 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. - 0, 114 WOODLAND STREET, HARTFORD, CT 06105	VOLUNTEER SERVICE AUXILIARY	CONNECTICUT	501(C)(3)	LINE 12B, II	N/A		X
THHS OAKLAND F/K/A CRANBROOK HOSPICE CARE - 38-3320699, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	HOSPICE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	X	
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES - 38-2485700, 309 GRAND RIVER, PORT HURON, MI 48060	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 12A, I	N/A		X
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	X	
TRINITY CONTINUING CARE SERVICES - INDIANA - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	INDIANA	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
TRINITY CONTINUING CARE SERVICES - MASSACHUSETTS - 82-4005577, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
TRINITY HEALTH - MICHIGAN - 38-2113393 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTH CARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH CORPORATION - 35-1443425 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 12B, II	CATHOLIC HEALTH MINISTRIES	X	
TRINITY HEALTH LIFE PENNSYLVANIA, INC. - 47-5244984, P.O. BOX 9184, FARMINGTON HILLS, MI 48333	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. - 06-1491191, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH OF NEW ENGLAND EMERGENCY MEDICAL SERVICES, INC - 83-3546613, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	CONNECTICUT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATION, INC. - 06-1450, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
TRINITY HEALTH OF THE MID-ATLANTIC REGION - 23-2212638, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH PACE - 47-3073124 P.O. BOX 9184 FARMINGTON HILLS, MI 48333	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH WELFARE BENEFIT TRUST - 20-8151733, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MICHIGAN	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	X	
TRINITY HOME HEALTH SERVICES - 38-2621935 P.O. BOX 9184 FARMINGTON HILLS, MI 48333	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	X	
VILLA MARY IMMACULATE - 14-1438749 301 HACKETT BLVD ALBANY, NY 12208	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVENT REHABILITATION LLC - 38-3306673, 607 DEWEY AVENUE, SUITE 300, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	N/A	N/A		X	N/A	X		N/A
BH VENTURE ONE LP - 38-4098074, 905 WATSON STREET, PITTSBURGH, PA 15219	REAL ESTATE	PA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
CATHERINE HORAN BUILDING ASSOCIATES LP - 04-2723429, 1221 MAIN STREET, SUITE 105, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	N/A	N/A	N/A		X	N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CATHERINE HORAN BUILDING CORPORATION - 04-2938160, 114 WOODLAND STREET, HARTFORD, CT 06105	BUILDING MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	X	
CENTRAL VALLEY HEALTH PLAN, INC. - 61-1846844, 1303 E. HERNDON AVE, FRESNO, CA 93720	HEALTH INSURANCE	CA	N/A	C CORP	N/A	N/A	N/A	X	
FHS SERVICES, INC. - 27-2995699 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN ASSOCIATES, INC. - 20-2991688 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN HEALTH SUPPORT, INC. - 16-1236354 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINA SERVICES	MI	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CENTRAL NEW JERSEY HEART SERVICES, LLC - 20-8525458, 45 SAPPHIRE DRIVE, PRINCETON, NJ 08550	CARDIAC PROGRAM	NJ	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CLINTON IMAGING SERVICES, LLC - 41-2044739, 1410 N 4TH STREET, CLINTON, IA 52732	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CONVENIENT CARE, LLC - 72-1439481, 10319 JEFFERSON HIGHWAY, BATON ROUGE, LA 70809	URGENT CARE CENTER	LA	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	N/A
EVERETT ROAD ASC, LLC - 83-3542382, 30 CENTURY HILL DRIVE, LATHAM, NY 12110	MEDICAL SERVICES	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY	MI	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GATEWAY HEALTH PLAN, LP - 25-1691945, 444 LIBERTY AVE, SUITE 2100, PITTSBURGH, PA 15222	MEDICAID & MEDICARE/SPECIA NEEDS MANAGED CARE	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GREATER HARTFORD LITHOTRIPTY, LLC - 06-1578891, 114 WOODLAND STREET, HARTFORD, CT 06105	LITHOTRIPTY SERVICES	CT	N/A	N/A	N/A	N/A		X	N/A	X		N/A
HAWARDEN REGIONAL HEALTH CLINICS, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
INTERMOUNTAIN MEDICAL IMAGING LLC - 82-0514422, 877 WEST MAIN ST, STE 603, BOISE, ID 83702	IMAGING CENTER	ID	N/A	N/A	N/A	N/A		X	N/A	X		N/A
HEART INSTITUTE OF ST. MARY LLC - 45-4903701, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	CARDIOVASCULAR SERVICES	PA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
LAKE CHARLES URGENT CARE, LLC - 27-2272979, 10319 JEFFERSON HIGHWAY, BATON ROUGE, LA 70809	URGENT CARE CENTER	LA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
LCMC URGENT CARE, LLC - 30-0951534, 10319 JEFFERSON HIGHWAY, BATON ROUGE, LA 70809	URGENT CARE CENTER	DE	N/A	N/A	N/A	N/A		X	N/A	X		N/A
LOURDES AFTER HOURS, LLC - 20-1367299, 7777 HENNESSY BLVD., SUITE 1004-202, BATON ROUGE, LA 70809	URGENT CARE CENTER	LA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, LP - 36-4119522, 569 BROOKWOOD VILLAGE, SUITE 901,	SURGICAL SERVICES	IL	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	MRI SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY-SAME DAY	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MEDILUCENT MOB I - 20-4911370 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MEDWORKS, LLC - 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	CT	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MERCY/MANOR PARTNERSHIP - 52-1931012, PO BOX 10086, TOLEDO, OH 43699	NURSING HOME	PA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MERCY/USP HEALTH VENTURES, LLC - 47-1290300, 14201 DALLAS PARKWAY, DALLAS, TX 75254	OUTPATIENT SURGERY	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
NAUGATUCK VALLEY MRI, LLC - 06-1239526, 385 MAIN STREET SOUTH, SOUTHURY, CT 06488	IMAGING CENTER	CT	N/A	N/A	N/A	N/A		X	N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP - 23-2388040, 2601 HOLME AVE, PHILADELPHIA, PA 19152	MEDICAL OFFICE BUILDING	PA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
OSWEGO HEALTH HOME CARE, LLC - 47-2463736, 113 SCHUYLER STREET, FULTON, NY 13069	HOME HEALTH CARE	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
PHYSICIANS OUTPATIENT SURGERY CENTER, LLC - 35-2325646, 1000 NE 56TH STREET, OAKLAND PARK, FL 33334	AMBULATORY SURGERY CENTER	FL	N/A	N/A	N/A	N/A		X	N/A	X		N/A
PREMIER HEALTH HOLDINGS, LLC - 47-2665226, 10319 JEFFERSON HIGHWAY, BATON ROUGE, LA 70809	URGENT CARE CENTERS	DE	N/A	N/A	N/A	N/A		X	N/A	X		N/A
PRIMARY CARE PHYSICIAN CENTER, LLC - 36-4038505, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 75202	OFFICE BUILDING RENTAL	IL	N/A	N/A	N/A	N/A		X	N/A	X		N/A
RADISSON SJH PROPERTIES, LLC - 46-1892799, 100 MADISON STREET, SUITE 1200, SYRACUSE, NY 13202	MEDICAL OFFICE BUILDING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
RAPIDES AFTER HOURS CLINIC, LLC - 45-1772383, 10319 JEFFERSON HIGHWAY, BATON ROUGE, LA 70809	URGENT CARE CENTER	LA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
SAINT AGNES/DIGNITY/USP SURGERY CENTERS, LLC - 84-3522377, 15305 DALLAS PARKWAY, STE 1600, ADDISON, SAINT AGNES/USP SURGERY CENTERS LLC - 36-4896811, 14201 DALLAS PARKWAY, DALLAS, TX 75254	OUTPATIENT SURGERY MEDICAL SERVICES	CA CA	N/A N/A	N/A N/A	N/A N/A	N/A N/A		X X	N/A N/A	X X		N/A N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SJLS, LLC - 20-1796650 920 WINTER ST WALTHAM, MA 02451	DIALYSIS SERVICES	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SMMC MOB II, LP - 36-4559869 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. AGNES LONG-TERM INTENSIVE CARE, LLP - 20-0984882, C/O MHS, ONE WEST ELM ST, STE 100, CONSHOHOCKEN, PA 19428	LONG TERM INTENSIVE CARE	PA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	HEALTH CARE SERVICES	ID	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. JOSEPH'S IMAGING ASSOCIATES, PLLC - 16-1104293, 104 UNION AVE, SUITE 905, SYRACUSE, NY	RADIOLOGY SERVICES	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. MARY REHABILITATION HOSPITAL, LLP - 27-3938747, 680 SOUTH FOURTH STREET, LOUISVILLE, KY 40202	HEALTH CARE SERVICES	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. PETER'S AMBULATORY SURGERY CENTER, LLC - 46-0463892, 1375 WASHINGTON AVENUE, STE. 201, ALBANY, NY	OUTPATIENT SURGERY	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A

[illegible]



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FRANCISCAN MANAGEMENT SERVICES, INC. - 16-1351193, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANKLIN MEDICAL GROUP, PC - 06-1470493 114 WOODLAND STREET HARTFORD, CT 06105	PHYSICIAN OFFICE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GOTTLIEB MANAGEMENT SERVICES, INC. - 36-3330529, 701 W. NORTH AVE., MELROSE PARK, IL 60160	MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH VENTURES, INC. - 38-2589959 318 RIVER RIDGE DR. NW, SUITE 100 WALKER, MI 49544	OTHER MEDICAL SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY PROFESSIONAL PHARMACY, INC. - 38-2447870, 318 RIVER RIDGE DR. NW, SUITE 100, WALKER, MI 49544	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A	X	
HEALTH CARE MANAGEMENT ADMINISTRATORS, INC. - 16-1450960, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	HEALTH CARE MANAGEMENT	NY	N/A	C CORP	N/A	N/A	N/A	X	
HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR. ANN ARBOR, MI 48106	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	N/A	N/A	N/A	X	
IHA AFFILIATION CORPORATION - 38-3188895 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES II, INC. - 26-3795549 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES, INC. - 23-2625981 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C CORP	N/A	N/A	N/A	X	
MACNEAL HEALTH PROVIDERS, INC. - 36-3361297 750 PASQUINELLI DRIVE, SUITE 216 WESTMONT, IL 60059	MEDICAL SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X	
MARYLAND CARE GROUP, INC. - 52-1815313 1500 FOREST GLEN RD. SILVER SPRING, MD 20910	HEALTH CARE HOLDING	MD	N/A	C CORP	N/A	N/A	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MCMC EASTWICK, INC. - 23-2184261 C/O MHS ONE WEST ELM STREET, STE 100 CONSHOHOCKEN, PA 19428	MEDICAL OFFICE BUILDINGS	PA	N/A	C CORP	N/A	N/A	N/A	X	
MEDNOW, INC. - 82-0389927 4300 E. FLAMINGO AVE NAMPA, ID 83687	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	X	
MERCY INPATIENT MEDICAL ASSOCIATES, INC. - 04-3029929, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101	PRIMARY CARE PHYSICIANS	IA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY SERVICES CORPORATION - 36-3227348 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	DORMANT	IL	N/A	C CORP	N/A	N/A	N/A	X	
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	N/A	N/A	N/A	X	
NURSING NETWORK, INC - 59-1145192 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	MEDICAL SERVICES	FL	N/A	C CORP	N/A	N/A	N/A	X	
PROVIDENCE HOMECARE, INC. - 04-3317426 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS HEALTH ALLIANCE, INC. - 82-0524649, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP, PC - 06-1384686, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
SAINT FRANCIS CARE MEDICAL GROUP, PC - 06-1432373, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
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 20555 VICTOR PARKWAY LIVONIA, MI 48152	PROPERTY HOLDINGS	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJPE PRACTICE MANAGEMENT SERVICES, INC. - 45-4164964, 301 PROSPECT AVE, SYRACUSE, NY 13203	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJPMC HOLDINGS, INC. - 47-4763735 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	PROPERTY HOLDINGS	IN	N/A	C CORP	N/A	N/A	N/A	X	
ST. ELIZABETH HEALTH SUPPORT SERVICES, INC. - 16-1540486, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
SYSTEM COORDINATED SERVICES, INC. - 04-2938161, 114 WOODLAND STREET, HARTFORD, CT 06105	LAB SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
THRE SERVICES, LLC - 45-2603654 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY ASSURANCE, LTD. - 98-0453602 PO BOX 1159, GRAND CAYMAN GRAND CAYMAN, CAYMAN ISLANDS	SELF-INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH ACO, INC. - 47-3794666 20555 VICTOR PARKWAY LIVONIA, MI 48152	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	GRANTOR TRUST	MI	N/A	TRUST	N/A	N/A	N/A	X	
TRINITY SENIOR SERVICES MANAGEMENT, INC. - 37-1572595, P.O. BOX 9184, FARMINGTON HILLS, MI 48333	SENIOR SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	X	
WORKPLACE HEALTH OF GRAND HAVEN, INC. - 38-3112035, 318 RIVER RIDGE DR. NW, SUITE 100, WALKER, MI 49544	OCCUPATIONAL HEALTH	MI	N/A	C CORP	N/A	N/A	N/A	X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GOOD SAMARITAN HOSPITAL, INC.	B	24,535,410.	PER BOOKS
(2) ST. MARY'S HIGHLAND HILLS, INC.	C	361,891.	PER BOOKS
(3) ST. MARY'S GOOD SAMARITAN FOUNDATION, INC.	C	94,694.	PER BOOKS
(4) ST. MARY'S FOUNDATION, INC.	B	359,657.	PER BOOKS
(5) ST. MARY'S FOUNDATION, INC.	C	696,696.	PER BOOKS
(6) ST. MARY'S MEDICAL GROUP, INC.	B	15,048,791.	PER BOOKS

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ST. MARY'S SACRED HEART HOSPITAL, INC.	B	14,021,725.	PER BOOKS
(8) TRINITY HEALTH - MICHIGAN	M	443,388.	PER BOOKS
(9) TRINITY HEALTH CORPORATION	B	4,585,703.	PER BOOKS
(10) TRINITY HEALTH CORPORATION	M	18,188,079.	PER BOOKS
(11) TRINITY HEALTH CORPORATION	P	10,523,951.	PER BOOKS
(12) TRINITY HEALTH CORPORATION	Q	2,094,607.	PER BOOKS
(13) TRINITY HEALTH CORPORATION	R	587,048.	PER BOOKS
(14) TRINITY HEALTH CORPORATION	S	202,823.	PER BOOKS
(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.

[illegible]

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