

EXTENDED TO MAY 15, 2025

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.**2023**Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

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

C Name of organization**GOOD SAMARITAN HOSPITAL, INC.**Doing business as **SEE SCHEDULE O**

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

5401 LAKE OCONEE PARKWAY

Room/suite

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

GREENSBORO, GA 30642-4232**F** Name and address of principal officer: **STONISH PIERCE****SAME AS C ABOVE****D** Employer identification number**26-1720984****E** Telephone number**706-453-7331****G** Gross receipts \$ **41,974,684.****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.STMARYSHEALTHCARESISTEM.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2008** **M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTH CARE AND HOSPITAL SERVICES
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 11
	4	Number of independent voting members of the governing body (Part VI, line 1b) 9
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 305
	6	Total number of volunteers (estimate if necessary) 93
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 2,252,984.
	9	Program service revenue (Part VIII, line 2g) 32,987,425.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 625,087.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,582,322.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 37,447,818.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,741,754.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19,353,340.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 33,107,244.
19	Revenue less expenses. Subtract line 18 from line 12 4,340,574.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 71,394,351.
	21	Total liabilities (Part X, line 26) 41,022,946.
	22	Net assets or fund balances. Subtract line 21 from line 20 30,371,405.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MICHAEL GUSHO, TREASURER				
Paid Preparer Use Only	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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

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

WE, TRINITY HEALTH GEORGIA AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES.

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

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 \$ **28,817,262.** including grants of \$ **8,050.**) (Revenue \$ **41,176,388.**)

GOOD SAMARITAN HOSPITAL WAS ESTABLISHED TO SERVE THE HEALTH CARE NEEDS OF THE PEOPLE OF GREENSBORO AND THE GREATER GREENE COUNTY AREAS OF EAST GEORGIA. GOOD SAMARITAN HOSPITAL OPERATES A 25-BED CRITICAL ACCESS HOSPITAL FOR THE COMMUNITY, INCLUDING GENERAL SURGERY, A 24-HOUR EMERGENCY DEPARTMENT AND MOST ANCILLARY SERVICES ASSOCIATED WITH A MODERN HEALTH CARE FACILITY. GOOD SAMARITAN HOSPITAL PROVIDES THESE SERVICES ALONG WITH OTHER WELLNESS AND EDUCATIONAL PROGRAMS TO THE COMMUNITY AT REDUCED COST, OR IN SOME CASES NO CHARGE, BASED ON THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

PLEASE VISIT OUR WEBSITE FOR ADDITIONAL INFORMATION ABOUT PROGRAMS AND SERVICES: WWW.STMARYSHEALTHCARESISTEM.ORG

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 **28,817,262.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	70
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 305		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	11			
b Enter the number of voting members included on line 1a, above, who are independent		9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 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
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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
PAUL HUCKLE - 706-389-3000
1230 BAXTER STREET, ATHENS, GA 30606

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 FORMER OFFICER; TH OF NE PRES & CEO	0.00 55.00						X	0.	1,367,293.	270,752.
(2) MICHAEL GUSHO TREAS AT 2/24; CFO SVC AREA SOUTH	1.00 49.00			X				0.	936,965.	65,232.
(3) DAVID SPIVEY FORMER OFF; PRES SAINT AGNES THR 1/24	0.00 55.00						X	0.	916,565.	48,533.
(4) STONISH PIERCE DIRECTOR, PRESIDENT & CEO	2.00 53.00	X		X				0.	778,059.	138,719.
(5) TANYA ADCOCK FORMER OFFICER	0.00 0.00						X	0.	287,104.	129,613.
(6) JANICE DUNN TREASURER & CFO THROUGH 2/24	2.00 48.00			X				0.	350,886.	43,784.
(7) JASON SMITH, MD FORMER KEY EMPLOYEE	0.00 0.00						X	0.	322,529.	23,013.
(8) JEFFREY BROWN SENIOR VICE PRESIDENT, OPERATIONS	5.00 45.00				X			0.	304,425.	32,859.
(9) ELIZABETH SCHOEN SECRETARY; ASSOCIATE COUNSEL	2.00 48.00			X				0.	250,579.	42,423.
(10) KIMBERLY TYLER ASSOCIATE CHIEF NURSE OFFICER	50.00 0.00					X		186,096.	0.	31,260.
(11) JOSEPH HANCOCK PHARMACIST	45.00 0.00					X		140,783.	0.	37,308.
(12) CYNTHIA DAVIS MANAGER, REHABILITATION	45.00 0.00					X		122,757.	0.	38,147.
(13) DONALD SOUTHARD NURSING SUPERVISOR	45.00 0.00					X		135,825.	0.	18,018.
(14) CASEY ALLEN-HAYES MANAGER, PHARMACY	45.00 0.00					X		123,307.	0.	2,096.
(15) JOHN FOOS DIRECTOR; CHAIR	1.00 1.00	X		X				0.	0.	0.
(16) JOAN ANTONE DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) JACK BROWN DIRECTOR THROUGH 12/23	1.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) WALTER CHANNELL DIRECTOR THROUGH 12/23	1.00 0.00	X						0.	0.	0.
(19) DONNIE HARRISON, JR. DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) KRISTINE HOPKINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JEAN MEYER DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) ROBERT MOORE, JR. DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) JAMES PARKS DIRECTOR AS OF 1/24	1.00 2.00	X						0.	0.	0.
(24) ELIZABETH STRICKLAND THOMAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) JUNE TOMPKINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) GARY USRY DIRECTOR AS OF 1/24	1.00 0.00	X						0.	0.	0.
1b Subtotal								708,768.	5,514,405.	921,757.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								708,768.	5,514,405.	921,757.

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

12

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
3	X	
4	X	
5		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
LAKE COUNTRY ANESTHESIA LLC, 2601 EXPERIMENT STN RD, WATKINSVILLE, GA 30677	CONTRACTED CRNA SERVICES	519,775.
OCONEE VALLEY HEALTHCARE INC 803 S MAIN ST, GREENSBORO, GA 30642	HOSPITALISTS SERVICES	438,000.
HALLMARK HEALTH CARE SOLUTIONS INC PO BOX 22937, NEW YORK, NY 10087	HEALTH CARE STAFFING SERVICES	322,625.
ATHENS CLARKE MEDICAL ENTERPRISES LLC PO BOX 9605, DAYTONA BEACH, FL 32120	CONTRACTED EMERGENCY SERVICES	280,000.
HOLLANDSWORTH CONSTRUCTION LLC 128 E HIGHLAND AVE, MONROE, GA 30655	CONSTRUCTION SERVICES	230,362.

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

6

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	66,715.				
	e Government grants (contributions)	1e	3,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a NET PATIENT SERVICE REVENUE	Business Code	622110	37,187,721.	37187721.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			37,187,721.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			417,356.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b	162,028. 0.				
c Gain or (loss)		7c	162,028.				
d Net gain or (loss)			162,028.				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	24,988.					
b Less: cost of goods sold	10b	10,835.					
c Net income or (loss) from sales of inventory		14,153.					
Miscellaneous Revenue	11 a OTHER RELATED REVENUE	Business Code	622110	3,688,667.	3,688,667.		
	b GOVERNMENT SUBSIDY		622110	300,000.	300,000.		
	c CAFETERIA REVENUE		722514	124,209.		124,209.	
	d All other revenue						
	e Total. Add lines 11a-11d			4,112,876.			
	12 Total revenue. See instructions			41,963,849.	41176388.	0.	717,746.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,050.	8,050.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	415,264.	124,872.	290,392.	
7 Other salaries and wages	12,550,661.	12,550,661.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,835,243.	1,824,827.	10,416.	
10 Payroll taxes	925,702.	906,889.	18,813.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,262.		26,262.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,363,516.	2,354,544.	3,008,972.	
12 Advertising and promotion	101,344.	7,642.	93,702.	
13 Office expenses	339,627.	211,918.	127,709.	
14 Information technology	107,428.	107,428.		
15 Royalties				
16 Occupancy	827,153.	821,529.	5,624.	
17 Travel	5,406.	2,031.	3,375.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,487.	2,012.	1,475.	
20 Interest	1,306,749.	1,306,749.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,914,429.	1,904,284.	10,145.	
23 Insurance				
24 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.)				
a MEDICAL SUPPLIES EXP	3,742,329.	3,742,329.		
b BAD DEBT EXPENSE	2,018,948.	2,018,948.		
c I/C PURCHASE SERVICES	1,054,587.	211,836.	842,751.	
d EQUIPMENT MAINTENANCE	686,853.	686,583.	270.	
e All other expenses	60,195.	24,130.	36,065.	
25 Total functional expenses. Add lines 1 through 24e	33,293,233.	28,817,262.	4,475,971.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	172,377.	1	360,490.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,283,335.	4	6,366,925.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	658,886.	8	702,803.
	9 Prepaid expenses and deferred charges	88,204.	9	54,519.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,920,191.		
	b Less: accumulated depreciation	10b 22,952,759.		
	11 Investments - publicly traded securities	28,484,652.	10c	26,967,432.
	12 Investments - other securities. See Part IV, line 11	17,919,166.	11	30,003,332.
	13 Investments - program-related. See Part IV, line 11	13,908,838.	12	12,858,570.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	4,878,893.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	71,394,351.	15	236,069.	
17 Accounts payable and accrued expenses	3,557,068.	16	77,550,140.	
18 Grants payable		17	2,905,704.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 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		21		
23 Secured mortgages and notes payable to unrelated third parties	196,211.	22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,269,667.	24		
26 Total liabilities. Add lines 17 through 25	41,022,946.	25	33,753,667.	
27 Net assets without donor restrictions	30,371,405.	26	36,659,371.	
28 Net assets with donor restrictions		27	40,890,769.	
29 Capital stock or trust principal, or current funds		28		
30 Paid-in or capital surplus, or land, building, or equipment fund		29		
31 Retained earnings, endowment, accumulated income, or other funds		30		
32 Total net assets or fund balances	30,371,405.	31		
33 Total liabilities and net assets/fund balances	71,394,351.	32	40,890,769.	
33 Total liabilities and net assets/fund balances	71,394,351.	33	77,550,140.	

Form 990 (2023)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,963,849.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,293,233.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,670,616.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,371,405.
5	Net unrealized gains (losses) on investments	5	1,618,705.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	230,043.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	40,890,769.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a 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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<input checked="" type="checkbox"/>	
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 _____	<input checked="" type="checkbox"/>	

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2023

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

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 foundation

Check 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), 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), 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).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
GOOD SAMARITAN HOSPITAL, INC.	26-1720984

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 GOOD SAMARITAN FOUNDATION, INC. 1230 BAXTER STREET ATHENS, GA 30606	\$ 66,715.	Person <input checked="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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

26-1720984

Part II

[illegible]

Name of organization	Employer identification number
GOOD SAMARITAN HOSPITAL, INC.	26-1720984

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)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

**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

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

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) 2023

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
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		5,805.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			5,805.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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 expenditures next year?	4	
5 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:

GOOD SAMARITAN HOSPITAL 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 GOOD SAMARITAN HOSPITAL 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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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) 2023

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:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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		2,741,571.		2,741,571.
b Buildings		29,847,546.	10,357,193.	19,490,353.
c Leasehold improvements				
d Equipment		17,326,033.	12,595,566.	4,730,467.
e Other		5,041.		5,041.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				26,967,432.

Schedule D (Form 990) 2023

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	3,000,333.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	1,285,857.	END-OF-YEAR MARKET VALUE
(D) EQUITY METHOD INVESTMENTS	8,572,380.	COST
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	12,858,570.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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 NOTES PAYABLE	32,245,856.
(3) INTERCOMPANY ACCOUNTS PAYABLE	1,339,926.
(4) OTHER CURRENT LIABILITIES	80,186.
(5) OTHER LT LIABILITIES	87,699.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	33,753,667.

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 D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII	Supplemental Information
------------------	---------------------------------

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

**SCHEDULE H
(Form 990)**Department of the Treasury
Internal Revenue Service**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			1029062.	300,000.	729,062.	2.33%
b Medicaid (from Worksheet 3, column a)			1669992.	2917767.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			2699054.	3217767.	729,062.	2.33%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	1,330	179,108.		179,108.	.57%
f Health professions education (from Worksheet 5)	3	87	28,157.		28,157.	.09%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	1,630	8,059.		8,059.	.03%
j Total. Other Benefits	13	3,047	215,324.		215,324.	.69%
k Total. Add lines 7d and 7j	13	3,047	2914378.	3217767.	944,386.	3.02%

Part V	Facility Information
---------------	-----------------------------

Section A. Hospital Facilities

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

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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>21</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>21</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: GOOD SAMARITAN HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 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 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)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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)		
16 Was widely publicized within the community served by the hospital facility?	16 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) 2023

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN HOSPITAL

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input 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			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input 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

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

Schedule H (Form 990) 2023

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: GOOD SAMARITAN 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
23		X
24		X

Schedule H (Form 990) 2023

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.

GOOD SAMARITAN HOSPITAL:

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

PART V, SECTION B, LINE 3E:

GOOD SAMARITAN HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS. THROUGH FURTHER PRIORITIZATION AND IDENTIFICATION OF EXISTING COMMUNITY RESOURCES AND ASSETS, THE FOLLOWING FOUR PRIORITY COMMUNITY HEALTH NEEDS WERE DEEMED MOST SIGNIFICANT:

1. ACCESS TO HEALTH CARE
2. ADDRESSING SOCIAL NEEDS
3. BEHAVIORAL AND MENTAL HEALTH
4. CHRONIC DISEASE PREVENTION AND MANAGEMENT

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 5: COMMUNITY INPUT FOR THE GOOD SAMARITAN HOSPITAL CHNA WAS OBTAINED THROUGH FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS HELD BETWEEN DECEMBER 2021 AND FEBRUARY 2022. THE HOSPITAL ENGAGED STATE, LOCAL, AND REGIONAL HEALTH DEPARTMENTS; REPRESENTATIVES OF THOSE WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR MEMBERS OF MINORITY POPULATIONS; AND INTERNAL STAKEHOLDERS TO PROVIDE FEEDBACK ON IDENTIFYING AND PRIORITIZING SIGNIFICANT NEEDS.

THE CHNA USED A COMPREHENSIVE MIXED-METHODS APPROACH, WHICH INCLUDED A COMBINATION OF QUALITATIVE AND QUANTITATIVE DATA AND ANALYSES, TO IDENTIFY

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.

AND PRIORITIZE COMMUNITY HEALTH NEEDS. THIS APPROACH ALLOWS FOR MORE
CONFIDENCE IN THE FINDINGS OF THE CHNA AND ENSURES ROBUSTNESS IN
IDENTIFICATION OF HEALTH NEEDS. THE QUALITATIVE METHODS USED TO SOLICIT
INPUT FROM PRIMARY SOURCES INCLUDED FOCUS GROUPS AND STAKEHOLDER
DISCUSSIONS; THE QUANTITATIVE METHODS UTILIZED SECONDARY DATA SOURCES SUCH
AS THE TRINITY HEALTH DATA HUB FOR SERVICE AREA DATA AND THE EMERGENCY
DEPARTMENT FOR HOSPITAL-SPECIFIC DATA.

THE PRIMARY DATA COLLECTED INCLUDED INPUT FROM PERSONS WHO REPRESENTED THE
BROAD INTERESTS OF THE COMMUNITY AND THOSE WITH SPECIAL KNOWLEDGE OF OR
EXPERTISE IN PUBLIC HEALTH; FEDERAL, REGIONAL, STATE, AND LOCAL HEALTH OR
OTHER DEPARTMENTS OR AGENCIES WITH CURRENT DATA OR OTHER INFORMATION
RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED; LEADERS,
REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND
MINORITY POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY; AND
INPUT FROM OTHER PERSONS LOCATED IN AND/OR SERVING THE COMMUNITY.
INFORMATION WAS GATHERED BY CONDUCTING FOCUS GROUPS AND STAKEHOLDER
INTERVIEWS WITH INDIVIDUALS REPRESENTING COMMUNITY HEALTH AND PUBLIC
SERVICE ORGANIZATIONS, MEDICAL PROFESSIONALS, HOSPITAL ADMINISTRATION, AND
OTHER HOSPITAL STAFF MEMBERS.

THE SECONDARY DATA SOURCES WERE USED TO GATHER DEMOGRAPHIC AND HEALTH
INDICATOR DATA. THE DATA ANALYSIS GENERATED BY THE TRINITY HEALTH DATA HUB
IS BASED ON EACH HOSPITAL'S SERVICE AREA AND PROVIDED COMPREHENSIVE
REPORTS ON THE FOLLOWING INDICATORS: HEALTH CARE ACCESS, ECONOMIC
STABILITY, EDUCATION, SOCIAL SUPPORT AND COMMUNITY CONTEXT, NEIGHBORHOOD
AND PHYSICAL ENVIRONMENT, AND HEALTH OUTCOMES AND BEHAVIORS. SEVERAL

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.

INDICATORS ARE CALCULATED USING AREAL WEIGHTED INTERPOLATION TO ESTIMATE THE VALUES FOR EACH CENSUS TRACT WHICH OVERLAPS WITH THE SERVICE AREAS, AND THE TRACT-LEVEL ESTIMATES ARE AGGREGATED FOR THE HOSPITAL REGIONS. A RULE HAS BEEN IMPLEMENTED TO ENSURE THE TOTAL PERCENTAGE OF ALL SELECTED HOSPITAL SERVICE AREAS DOES NOT EXCEED 100% FOR ANY CENSUS TRACT. EACH HOSPITAL REPORT INCLUDES DATA FROM THE MOST UPDATED AND NATIONALLY RECOGNIZED SOURCES SUCH AS THE U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, AND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM.

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 11: THE FOLLOWING COMMUNITY HEALTH NEEDS WERE RECOGNIZED AS THE MOST SIGNIFICANT ISSUES THAT MUST BE ADDRESSED TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITY. THESE NEEDS WERE ADDRESSED IN FISCAL YEAR 2024:

ACCESS TO HEALTH CARE:

GOOD SAMARITAN HOSPITAL CONTINUED ITS SUPPORT FOR OCONEE VALLEY HEALTHCARE, THE ONLY FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN THE AREA, ENHANCING ACCESS TO PRIMARY CARE SERVICES. THIS COLLABORATION, ALONG WITH ST. MARY'S MEDICAL GROUP, OFFERED EXPANDED OPPORTUNITIES FOR PRIMARY CARE PHYSICIANS TO SERVE IN RURAL COMMUNITIES. ADDITIONALLY, THE HOSPITAL PARTNERED WITH AUGUSTA UNIVERSITY/UNIVERSITY OF GEORGIA MEDICAL SCHOOL TO PROVIDE A RURAL ROTATION FOR RESIDENT PHYSICIANS, INTEGRATING THEM INTO HOSPITAL PRACTICES AND OCONEE VALLEY HEALTHCARE, THEREBY EXPANDING RURAL HEALTH CARE CAPACITY.

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.

PROVIDING INCREASED ACCESS TO LIFE-SAVING CARE, GOOD SAMARITAN HOSPITAL ESTABLISHED A COMMUNITY-BASED CPR TRAINING AND CERTIFICATION PROGRAM, CERTIFYING 17 COMMUNITY MEMBERS IN FISCAL YEAR 2024. THE HOSPITAL ALSO SUPPORTED THE SEXUAL ASSAULT NURSE EXAMINERS (SANE) PROGRAM THROUGH CHARITABLE CONTRIBUTIONS, PROVIDING SPECIALIZED CARE TO SEXUAL ASSAULT VICTIMS.

GOOD SAMARITAN HOSPITAL PARTNERED WITH FIRSTSOURCE, A PATIENT FINANCIAL SERVICES PROVIDER, TO ASSIST UNSERVED AND UNDERSERVED PATIENTS NAVIGATE MEDICAID AND FINANCIAL ASSISTANCE PROGRAMS, REDUCING FINANCIAL BARRIERS TO NECESSARY HEALTH CARE SERVICES. THE HOSPITAL ALSO OFFERED CLINICAL TRAINING HOURS FOR STUDENTS, SUPPORTING THE FUTURE HEALTH CARE WORKFORCE.

ADDRESSING SOCIAL NEEDS:

GOOD SAMARITAN HOSPITAL TOOK THESE PROACTIVE STEPS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH BY SUPPORTING COMMUNITY ORGANIZATIONS:

- COLLABORATED WITH THE GREENE COUNTY FOOD PANTRY AND SECOND HARVEST, INC. TO EXPAND ACCESS TO NUTRITIOUS FOOD, ENSURING EFFICIENT FOOD DISTRIBUTION TO RESIDENTS IN NEED AND MINIMIZING DUPLICATIVE EFFORTS.
- SUPPORTED GREENE COUNTY FAMILY CONNECTIONS AND THE BOYS AND GIRLS CLUB, CONTRIBUTING TO PROGRAMS THAT ADDRESS FAMILY SUPPORT, YOUTH DEVELOPMENT, AND SOCIAL SERVICES.
- CONTRIBUTED TO VICTORY TRAIN, A CHILDHOOD LITERACY PROGRAM LED BY ATLAS MINISTRY, INC., RECOGNIZING THE LONG-TERM HEALTH AND SOCIOECONOMIC BENEFITS OF IMPROVED EDUCATION.

- PROVIDED CHARITABLE SUPPORT TO UNITED WAY AND CONTRIBUTED TO ECONOMIC DEVELOPMENT INITIATIVES WITH THE ROTARY CLUB OF GREENE AND PUTNAM COUNTIES

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.

AND THE GREENE COUNTY CHAMBER OF COMMERCE TO STRENGTHEN COMMUNITY

RESILIENCE AND PROSPERITY.

BEHAVIORAL AND MENTAL HEALTH:

IN RESPONSE TO THE GROWING NEED FOR MENTAL HEALTH SERVICES, GOOD SAMARITAN HOSPITAL PROVIDED FINANCIAL CONTRIBUTIONS TO ADVANTAGE BEHAVIORAL HEALTH, WHICH SUPPORTS INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITIES, AND THOSE RECOVERING FROM ADDICTION. THESE CONTRIBUTIONS HELPED BRIDGE FUNDING GAPS, ENSURING CRITICAL MENTAL HEALTH SERVICES REMAIN ACCESSIBLE TO THE COMMUNITY.

CHRONIC DISEASE PREVENTION AND MANAGEMENT:

THE HOSPITAL PROVIDED NO-COST MAMMOGRAMS TO UNINSURED AND UNDERINSURED PATIENTS YEAR-ROUND, PROMOTING EARLY DETECTION OF BREAST CANCER. IN COLLABORATION WITH THE GREENE COUNTY SENIOR CENTER, THE HOSPITAL DELIVERED QUARTERLY EDUCATIONAL PROGRAMS ON NUTRITION, PHYSICAL THERAPY, MENTAL HEALTH, AND BREAST CANCER AWARENESS, SPECIFICALLY TAILORED TO THE NEEDS OF SENIOR CITIZENS.

THROUGH THESE COMPREHENSIVE EFFORTS, GOOD SAMARITAN HOSPITAL DEMONSTRATED ITS COMMITMENT TO IMPROVING COMMUNITY HEALTH, ADDRESSING BOTH MEDICAL AND SOCIAL NEEDS, AND FOSTERING LONG-TERM HEALTH OUTCOMES IN RURAL AND UNDERSERVED POPULATIONS.

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS

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.

ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, 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 RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE 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 ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 7A:

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

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.

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 9:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S
IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE
FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE
TO THE PUBLIC.

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 10A:

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

GOOD SAMARITAN HOSPITAL:

PART V, LINE 16A, FAP WEBSITE:

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

GOOD SAMARITAN HOSPITAL:

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

GOOD SAMARITAN HOSPITAL:

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

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 (for example, 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:

GOOD SAMARITAN 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.

GOOD SAMARITAN HOSPITAL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED
SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT
WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

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

Part VI Supplemental Information (Continuation)

MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE 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, \$2,018,948, 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 II, COMMUNITY BUILDING ACTIVITIES:

GOOD SAMARITAN HOSPITAL ENGAGES IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES THAT STRENGTHEN THE CAPACITY OF THE COMMUNITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS. THESE ACTIVITIES AIM AT IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND ADVANCING KNOWLEDGE. GOOD SAMARITAN HOSPITAL PARTICIPATED IN THE FOLLOWING ACTIVITIES IN FISCAL YEAR 2024:

COALITION BUILDING - GOOD SAMARITAN HOSPITAL'S STAFF ACTIVELY SERVE ON THE ROTARY CLUB OF GREENE AND PUTNAM COUNTIES, GREENE COUNTY CHAMBER OF COMMERCE, GREENE COUNTY FAMILY CONNECTIONS, AND THE GREENE COUNTY HOUSING AND HOMELESS COMMITTEE. THE HOSPITAL'S INVOLVEMENT IN THESE ORGANIZATIONS DEMONSTRATES ITS COMMITMENT TO FOSTERING COLLABORATION AND COMMUNITY ENGAGEMENT TO ADDRESS PRESSING SOCIAL ISSUES.

Part VI Supplemental Information (Continuation)

THROUGH PARTICIPATION IN THE ROTARY CLUB OF GREENE AND PUTNAM COUNTIES, THE HOSPITAL SUPPORTS LOCAL INITIATIVES THAT ENHANCE COMMUNITY WELL-BEING AND SERVICE PROJECTS AIMED AT IMPROVING QUALITY OF LIFE FOR RESIDENTS. COLLABORATING WITH THE GREENE COUNTY CHAMBER OF COMMERCE HELPS THE HOSPITAL ADVOCATE FOR ECONOMIC DEVELOPMENT AND BUSINESS GROWTH, WHICH IN TURN SUPPORTS THE HEALTH OF THE COMMUNITY. BY ENGAGING WITH GREENE COUNTY FAMILY CONNECTIONS, THE HOSPITAL CONTRIBUTES TO REDUCING BARRIERS, SERVICE GAPS, AND INEFFICIENCIES THAT IMPEDE PROGRESS AND POSITIVE OUTCOMES FOR CHILDREN, FAMILIES, AND COMMUNITIES. FURTHERMORE, INVOLVEMENT IN THE GREENE COUNTY HOUSING AND HOMELESS COMMITTEE ALLOWS THE HOSPITAL TO ADDRESS HOUSING INSECURITY, ENSURING THAT ALL RESIDENTS HAVE ACCESS TO SAFE AND STABLE LIVING CONDITIONS, WHICH ARE ESSENTIAL FOR OVERALL HEALTH.

THE HOSPITAL PARTICIPATED IN MEETINGS WITH THE GEORGIA HOSPITAL ASSOCIATION (GHA), INCLUDING THE GHA RURAL HEALTH CARE SUMMIT. GOOD SAMARITAN HOSPITAL'S CHIEF ASSOCIATE NURSING OFFICER ALSO TOOK PART IN THE OCONEE VALLEY HEALTHCARE BOARD MEETING AND THE OCONEE HEALTHCARE BRUNCH, WHICH BROUGHT TOGETHER 15 LEADERS AND PROVIDERS WITHIN THE GREENE COUNTY AREA. THESE ENGAGEMENTS FOSTERED COLLABORATION AND DIALOGUE AROUND IMPROVING HEALTH CARE DELIVERY AND ECONOMIC SUSTAINABILITY IN THE REGION.

WORKFORCE DEVELOPMENT - GOOD SAMARITAN HOSPITAL ACTIVELY COLLABORATED WITH GREENE COUNTY HIGH SCHOOL AND GREENE COUNTY YOUTH LEADERSHIP ON WORKFORCE DEVELOPMENT PROGRAMMING AND HEALTH CARE CAREER PATHWAYS FOR HIGH SCHOOL STUDENTS. THIS PARTNERSHIP AIMED TO INSPIRE AND PREPARE THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS, PROVIDING STUDENTS WITH INSIGHTS INTO VARIOUS CAREERS WITHIN THE HEALTH CARE FIELD. BY PROMOTING HEALTH CARE CAREER AWARENESS AND EDUCATIONAL OPPORTUNITIES, THE HOSPITAL IS

Part VI Supplemental Information (Continuation)

ADDRESSING LOCAL WORKFORCE SHORTAGES WHILE CONTRIBUTING TO THE COMMUNITY'S OVERALL HEALTH.

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:

GOOD SAMARITAN HOSPITAL 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, GOOD SAMARITAN HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, GOOD SAMARITAN 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:

GOOD SAMARITAN HOSPITAL 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

Part VI Supplemental Information (Continuation)

THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 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. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

Part VI Supplemental Information (Continuation)

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

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 26, 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. 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 - GOOD SAMARITAN HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS, 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 CARE NEEDS OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, SOLICIT INPUT FROM FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS, AND UTILIZE SECONDARY DATA SOURCES SUCH AS THE TRINITY HEALTH DATA HUB FOR SERVICE AREA DATA AND THE EMERGENCY DEPARTMENT FOR HOSPITAL-SPECIFIC DATA.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - GOOD SAMARITAN HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE 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 FOR FINANCIAL SUPPORT PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

GOOD SAMARITAN HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, 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 AND GOVERNMENT 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.

PART VI, LINE 4:

COMMUNITY INFORMATION - THE GEOGRAPHIC SERVICE AREA WAS DEFINED AT THE COUNTY-LEVEL FOR THE PURPOSES OF THE 2022 CHNA. THE SERVICE AREA WAS DETERMINED BY COUNTING THE NUMBER OF PATIENT VISITS BY COUNTY OF RESIDENCE. FIVE COUNTIES ARE DEFINED AS THE SERVICE AREA FOR GOOD SAMARITAN HOSPITAL: GREEN, HANCOCK, MORGAN, PUTNAM AND TALIAFERRO. THE TOTAL POPULATION IN THE SERVICE AREA IS 117,760. GOOD SAMARITAN HOSPITAL IS THE ONLY HOSPITAL IN GREENE COUNTY AND THERE IS ONE FEDERALLY QUALIFIED HEALTH CENTER, OCONEE VALLEY HEALTHCARE.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - GOOD SAMARITAN HOSPITAL IS GUIDED BY THE ST. MARY'S HEALTH CARE SYSTEM MISSION OF IMPROVING THE HEALTH OF THE PEOPLE OF OUR COMMUNITIES. GOOD SAMARITAN HOSPITAL IS A 25-BED CRITICAL ACCESS HOSPITAL ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF

Part VI Supplemental Information (Continuation)

HEALTH CARE ORGANIZATIONS. THE HOSPITAL OFFERS A WIDE RANGE OF SERVICES, INCLUDING GENERAL SURGERY AND A 24-HOUR EMERGENCY DEPARTMENT SERVING ALL WHO NEED EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY. AS A ST. MARY'S HEALTH CARE SYSTEM HOSPITAL, WE BRING SPECIALTY SERVICES CONVENIENTLY LOCATED CLOSE TO HOME TO COMMUNITY MEMBERS, PROVIDED BY A NETWORK OF PHYSICIANS. WE ALSO PROVIDE COMMUNITY MEMBERS ACCESS TO EXPERTS AND SPECIALTY SERVICES AT ST. MARY'S HOSPITAL IN ATHENS WHEN THEY REQUIRE CARE NOT AVAILABLE LOCALLY.

COMMUNITY BENEFIT IS THE WAY THAT GOOD SAMARITAN HOSPITAL CARRIES OUT ITS MISSION AND DEMONSTRATES A COMMITMENT TO OUR CORE VALUES, REFLECTING HOW WE SERVE OUR COMMUNITY AS A NOT-FOR-PROFIT ORGANIZATION. GOOD SAMARITAN HOSPITAL OFFERS MANY PROGRAMS AND SERVICES TO ENSURE THE BEST QUALITY OF CARE IS GIVEN TO OUR PATIENTS, AS WELL AS HELPING THOSE IN NEED IN THE COMMUNITY WHO MAY NEVER ENTER OUR FACILITIES. THROUGH OUR HEALTH EDUCATION PROGRAMS, HEALTH CARE SUPPORT SERVICES, VALUED COMMUNITY PARTNERSHIPS, AND CHARITY CARE PROVISIONS, GOOD SAMARITAN HOSPITAL IS IMPROVING THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES THAT MAKE UP OUR COMMUNITY.

EACH YEAR, GOOD SAMARITAN HOSPITAL WELCOMES STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES WHO ARE STUDYING TO BECOME THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS. THE STAFF OF GOOD SAMARITAN HOSPITAL MENTOR AND EDUCATE THESE STUDENTS IN THE UNIQUE SETTINGS OF A HEALTH CARE FACILITY. THE EXPERIENCE AND KNOWLEDGE GAINED THROUGH THESE PROGRAMS IS INVALUABLE TO THE STUDENTS' FUTURE CAREERS, WHILE BENEFITING THE HEALTH CARE FIELD AND THE COMMUNITY.

IN FISCAL YEAR 2024, GOOD SAMARITAN HOSPITAL STRENGTHENED ITS COMMUNITY

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

ENGAGEMENT BY PARTICIPATING IN NUMEROUS COMMITTEES, COALITIONS, AND ADVISORY GROUPS. HOSPITAL LEADERSHIP AND STAFF WERE ACTIVE MEMBERS OF THE GREENE COUNTY CHAMBERS OF COMMERCE, REFLECTING THE HOSPITAL'S COMMITMENT TO ADDRESSING COMMUNITY HEALTH AND SOCIOECONOMIC CHALLENGES.

GOOD SAMARITAN HOSPITAL ALSO CONTINUES ITS ACTIVE INVOLVEMENT IN COMMUNITY EVENTS AND HEALTH FAIRS ACROSS GREENE AND PUTNAM COUNTIES, OFFERING FREE HEALTH EDUCATIONAL RESOURCES TO RESIDENTS OF ALL AGES. THESE INITIATIVES INCREASE PUBLIC AWARENESS OF HEALTH ISSUES AND PROVIDE DIRECT SUPPORT TO COMMUNITY MEMBERS, ESPECIALLY THOSE IN UNDERSERVED POPULATIONS.

IN FISCAL YEAR 2024, ST. MARY'S HEALTH CARE SYSTEM ADVOCATED FOR AND ADVANCED THE ROLE OF COMMUNITY HEALTH WORKERS (CHW'S) ACROSS GEORGIA, IN A COMMITMENT TO ADDRESS HEALTH DISPARITIES AND IMPROVE ACCESS TO CARE FOR THOSE WHO ARE UNDERSERVED. GEORGIA WATCH, A CONSUMER ADVOCACY ORGANIZATION, HOSPITAL LEADERSHIP AND THE COMMUNITY HEALTH AND WELL-BEING DEPARTMENT WORKED WITH STATE LEGISLATORS TO SUPPORT LEGISLATION THAT WOULD ESTABLISH A FORMAL LICENSURE PROCESS FOR CHW'S. THIS LEGISLATION AIMED TO ENSURE STANDARDIZED TRAINING, CERTIFICATION, AND PROFESSIONAL RECOGNITION OF CHW'S THROUGHOUT THE STATE, WHILE ALSO ENABLING REIMBURSEMENT THROUGH MEDICAID AND OTHER PAYERS. THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS, THE HOSPITAL EDUCATED THE PUBLIC AND POLICYMAKERS ON THE IMPORTANCE OF EXPANDING THE CHW WORKFORCE TO ADDRESS HEALTH INEQUITIES, PARTICULARLY IN RURAL AND UNDERSERVED AREAS.

IN FISCAL YEAR 2024, GOOD SAMARITAN HOSPITAL MADE THE FOLLOWING EFFORTS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH WITHIN THE COMMUNITY AS PART OF THE HOSPITAL'S BROADER COMMITMENT TO IMPROVING HEALTH OUTCOMES:

Part VI Supplemental Information (Continuation)

FOOD SECURITY - UNDERSTANDING THE CRITICAL LINK BETWEEN NUTRITION AND HEALTH, GOOD SAMARITAN HOSPITAL PARTNERED WITH LOCAL ORGANIZATIONS LIKE THE SECOND HARVEST, INC. AND THE GREENE COUNTY FOOD PANTRY TO EXPAND ACCESS TO NUTRITIOUS FOOD FOR UNDERSERVED POPULATIONS.

CHW-LED SOCIAL CARE NAVIGATION - ST. MARY'S HEALTH CARE SYSTEM CONTINUED THE CHW PROGRAM IN RURAL AREAS TO ASSESS PATIENT'S SOCIAL NEEDS SUCH AS EMPLOYMENT, HOUSING, FOOD ACCESS, AND TRANSPORTATION. THE CHW PROGRAM CONNECTS PATIENTS TO COMMUNITY RESOURCES AND SERVICES, WHILE ALSO ASSISTING THEM IN NAVIGATING SOCIAL SYSTEMS THAT COULD IMPROVE THEIR ECONOMIC AND SOCIAL CONDITIONS. THIS HOLISTIC APPROACH HELPS ADDRESS UNDERLYING SOCIAL INFLUENCERS THAT OFTEN GO UNRECOGNIZED DURING STANDARD HEALTH CARE INTERACTIONS.

COMMUNITY TRAINING AND EDUCATION - MEMBERS OF THE GREENE COUNTY RECREATION DEPARTMENT AND DEL WEBB SENIOR LIVING WERE OFFERED CPR CERTIFICATION. THIS PROGRAM PROVIDED ESSENTIAL TRAINING ON CPR TECHNIQUES AND EMERGENCY RESPONSE SKILLS, EMPOWERING COMMUNITY MEMBERS TO ACT CONFIDENTLY IN LIFE-THREATENING SITUATIONS, ENHANCING COMMUNITY SAFETY AND RESILIENCE, AND FOSTERING A CULTURE OF PREPAREDNESS FOR HEALTH EMERGENCIES.

FINANCIAL ASSISTANCE - GOOD SAMARITAN HOSPITAL EXPANDED ITS OUTREACH EFFORTS FOR FINANCIAL ASSISTANCE PROGRAMS TO ENSURE THAT UNINSURED AND UNDERINSURED PATIENTS ARE AWARE OF THE SUPPORT AVAILABLE FOR MEDICAL BILLS, IMPROVING ACCESS TO TIMELY CARE AND SUPPORTING THE OVERALL WELL-BEING OF THE COMMUNITY. THE HOSPITAL PARTNERED WITH FIRSTSOURCE, A PATIENT FINANCIAL SERVICES PROVIDER, TO ASSIST PATIENTS IN NAVIGATING AND

Part VI Supplemental Information (Continuation)

APPLYING FOR MEDICAID AND OTHER FINANCIAL ASSISTANCE OPTIONS. THIS COLLABORATION WITH FIRSTSOURCE ALLEVIATED ECONOMIC BARRIERS AND ENSURED THAT MORE PATIENTS RECEIVED THE HEALTH CARE SERVICES THEY NEEDED WITHOUT WORRYING ABOUT FINANCIAL HARDSHIP.

IN FISCAL YEAR 2024, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

ST. MARY'S HEALTH CARE SYSTEM'S COMMUNITY IMPACT IN FISCAL YEAR 2024 TOTALED \$34.3 MILLION.

PART VI, LINE 6:

GOOD SAMARITAN HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO THIS BY:

1. ADDRESSING PATIENT SOCIAL NEEDS,

Part VI Supplemental Information (Continuation)

2. INVESTING IN OUR COMMUNITIES, AND

3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE AIM TO DISMANTLE OPPRESSIVE SYSTEMS AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

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 WE 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 2024 (FY24), TRINITY HEALTH CONTRIBUTED NEARLY \$1.3 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$900 MILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.2 BILLION IN FY24.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY24 WITH MORE THAN

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

\$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN PARTNERSHIP WITH 31 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$931.5 MILLION IN INVESTMENTS, WITH APPROXIMATELY 80% (\$749.3 MILLION) OF THESE FUNDS SUPPORTING HIGH PRIORITY ZIP CODES WITHIN TRINITY HEALTH'S SERVICE AREAS (DEFINED AS RACIALLY/ETHNICALLY-DIVERSE COMMUNITIES WITH HIGH LEVELS OF POVERTY). BETWEEN 2018 AND APRIL 2024, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- CREATING AT LEAST 1,100 CHILDCARE; 7,000 KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION; AND 1,500 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPING AT LEAST 7.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE.
- PROVIDING 872 STUDENTS NEARLY \$2.5 MILLION IN SCHOLARSHIPS TO PURSUE CAREERS IN THE HEALTH PROFESSIONS.
- SUPPORTING 10,800 FULL- AND PART-TIME POSITIONS INVOLVED IN THE CREATION OF THESE PROJECTS.
- CREATING 12,100 UNITS OF AFFORDABLE HOUSING OVER THE LAST FIVE YEARS (INCLUDING 360 SUPPORTIVE HOUSING BEDS).

ACROSS THE TRINITY HEALTH SYSTEM, OVER 875,000 (ABOUT 80%) OF THE PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. ABOUT 28% OF THOSE SCREENED IDENTIFIED AT LEAST ONE SOCIAL NEED. THE TOP THREE NEEDS IDENTIFIED INCLUDED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (CRD), COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER SOCIAL CARE PROFESSIONALS. THE CRD (FINDHELP) YIELDED OVER 88,600 SEARCHES, WITH NEARLY 7,000 REFERRALS MADE AND NEARLY 400 ORGANIZATIONS ENGAGED THROUGH

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

OUTREACH, TRAININGS, ONE-ON-ONE ENGAGEMENTS, AND COLLABORATIVES.

CHW'S ARE FRONTLINE HEALTH PROFESSIONALS WHO ARE TRUSTED MEMBERS OF AND/OR HAVE A DEEP UNDERSTANDING OF THE COMMUNITY SERVED. BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING, CHW'S PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S FULFILL MANY SKILLS AND FUNCTIONS INCLUDING OUTREACH, CONDUCTING ASSESSMENTS LIKE A SOCIAL NEEDS SCREENING OR A HEALTH ASSESSMENT, RESOURCE CONNECTION, SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY, AND SUPPORT. IN PRACTICE, SOME EXAMPLES ARE A CHW HELPING A PATIENT CONNECT WITH THEIR PRIMARY CARE DOCTOR, ASSISTING WITH A MEDICAID INSURANCE APPLICATION OR UNDERSTANDING THEIR BASIC INSURANCE BENEFITS, OR EMPOWERING A PATIENT TO ASK CLARIFYING QUESTIONS ABOUT THEIR MEDICATIONS OR PLAN OF CARE AT THEIR NEXT DOCTOR'S APPOINTMENT. IN FY24, CHW'S SUCCESSFULLY ADDRESSED NEARLY 16,000 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO SUCCESSFULLY CLOSE, WHICH MEANS THE NEED HAS BEEN FULLY MET AND IS NO LONGER IDENTIFIED AS A NEED.

TRINITY HEALTH RECEIVED A NEW CENTER FOR DISEASE CONTROL AND PREVENTION GRANT (5-YEAR, \$12.5 MILLION AWARD) IN JUNE 2024. SINCE ITS LAUNCH, WE HAVE CREATED 21 NEW MULTI-SECTOR PARTNERSHIPS ACROSS 16 STATES TO ACCELERATE HEALTH EQUITY IN DIABETES PREVENTION. THIS PAST FISCAL YEAR, OUR HUB ENROLLED NEARLY 700 PARTICIPANTS INTO THE 12-MONTH, EVIDENCE-BASED LIFESTYLE CHANGE PROGRAM (60% REPRESENTING BLACK, LATINX AND/OR 65+ POPULATIONS), REACHED OUT TO NEARLY 20,350 PATIENTS AT RISK FOR TYPE 2 DIABETES, RECEIVED OVER 1,350 POINT OF CARE REFERRALS FROM PHYSICIANS, AND SCREENED NEARLY 1,500 POTENTIAL PARTICIPANTS FOR HEALTH-RELATED SOCIAL

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

NEEDS - PROVIDING CHW INTERVENTIONS WHEN REQUESTED.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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 and/or 1099-NEC 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.
FORMER OFFICER; TH OF NE PRES & CEO	(ii)	820,976.	371,250.	175,067.	233,475.	37,277.	1,638,045.	73,095.
(2) MICHAEL GUSHO	(i)	0.	0.	0.	0.	0.	0.	0.
TREAS AT 2/24; CFO SVC AREA SOUTH	(ii)	650,389.	166,250.	120,326.	24,750.	40,482.	1,002,197.	0.
(3) DAVID SPIVEY	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFF; PRES SAINT AGNES THR 1/24	(ii)	699,276.	75,000.	142,289.	24,750.	23,783.	965,098.	0.
(4) STONISH PIERCE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR, PRESIDENT & CEO	(ii)	473,856.	223,750.	80,453.	109,787.	28,932.	916,778.	0.
(5) TANYA ADCOCK	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	126,155.	0.	160,949.	127,973.	1,640.	416,717.	0.
(6) JANICE DUNN	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER & CFO THROUGH 2/24	(ii)	340,370.	0.	10,516.	14,850.	28,934.	394,670.	0.
(7) JASON SMITH, MD	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	117,999.	0.	204,530.	1,863.	21,150.	345,542.	3,549.
(8) JEFFREY BROWN	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR VICE PRESIDENT, OPERATIONS	(ii)	247,460.	54,000.	2,965.	18,274.	14,585.	337,284.	0.
(9) ELIZABETH SCHOEN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY; ASSOCIATE COUNSEL	(ii)	225,447.	23,633.	1,499.	11,785.	30,638.	293,002.	0.
(10) KIMBERLY TYLER	(i)	162,479.	20,073.	3,544.	8,273.	22,987.	217,356.	0.
ASSOCIATE CHIEF NURSE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOSEPH HANCOCK	(i)	140,489.	0.	294.	6,743.	30,565.	178,091.	0.
PHARMACIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CYNTHIA DAVIS	(i)	122,611.	0.	146.	7,824.	30,323.	160,904.	0.
MANAGER, REHABILITATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DONALD SOUTHARD	(i)	133,595.	0.	2,230.	6,243.	11,775.	153,843.	0.
NURSING SUPERVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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:

GOOD SAMARITAN HOSPITAL IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. GOOD SAMARITAN HOSPITAL'S PRESIDENT IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF GOOD SAMARITAN HOSPITAL'S PRESIDENT:

- 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 2023. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

TANYA ADCOCK - \$159,280

JASON SMITH, MD - \$188,433

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.

IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING

SEVERANCE AMOUNT, WHICH WAS UNPAID AS OF 12/31/23:

TANYA ADCOCK - \$126,325 (PAID IN 2024)

THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2023. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. PARTICIPANTS' VESTED BENEFITS WERE PAID OUT IN 2023, AND THEIR NON-VESTED BENEFITS FOR 2023 WERE ACCRUED.

THE FOLLOWING PAYOUTS FOR 2023 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

D. MONTEZ CARTER - \$73,923

MICHAEL GUSHO - \$99,937

DAVID SPIVEY - \$137,761

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

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 ACCRUALS FOR 2023 ARE INCLUDED IN COLUMN C OF SCHEDULE J,

PART II:

D. MONTEZ CARTER - \$213,675

STONISH PIERCE - \$94,937

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 (\$330,000 FOR 2023). THE FOLLOWING PAYOUTS FOR 2023 FOR THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

TANYA ADCOCK - \$1,080

JANICE DUNN - \$3,129

STONISH PIERCE - \$0

JASON SMITH, MD - \$7,580

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

SCHEDULE L
(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

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
(1) REBECCA HOPKINS	FAMILY MEMBER OF KR	124,872.	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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: REBECCA HOPKINS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KRISTINE HOPKINS, BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 124,872.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT ARRANGEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

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

GOOD SAMARITAN HOSPITAL IS A MEMBER OF TRINITY HEALTH GEORGIA AND
TRINITY HEALTH.

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

THE SOLE MEMBER OF GOOD SAMARITAN HOSPITAL IS TRINITY HEALTH GEORGIA. SEE
LINE 7 FOR ADDITIONAL INFORMATION.

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

TRINITY HEALTH GEORGIA IS THE SOLE MEMBER OF GOOD SAMARITAN HOSPITAL.

TRINITY HEALTH GEORGIA HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF
DIRECTORS OF GOOD SAMARITAN HOSPITAL.

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

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

AS THE PARENT OF THE NATIONAL TRINITY HEALTH SYSTEM, CERTAIN POWERS ARE
RESERVED TO TRINITY HEALTH CORPORATION. THESE INCLUDE THE AUTHORITY TO
ADOPT OR MODIFY THE ORGANIZATION'S GOVERNING DOCUMENTS, TO APPROVE MAJOR
CHANGES SUCH AS A MERGER OR DISSOLUTION, AND TO APPROVE SIGNIFICANT FINANCE
MATTERS IN EXCESS OF CERTAIN LIMITS ESTABLISHED BY TRINITY HEALTH
CORPORATION.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

FORM 990, PART VI, SECTION A, LINE 8B:

LINE 8B IS ANSWERED "NO" BECAUSE GOOD SAMARITAN HOSPITAL HAD NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

PRIOR TO FILING, THE FORM 990 FOR GOOD SAMARITAN HOSPITAL 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 REVENUE SERVICE.

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

GOOD SAMARITAN HOSPITAL 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 GOOD SAMARITAN HOSPITAL, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, AND KEY EMPLOYEES. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF GOOD SAMARITAN HOSPITAL 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, WHO COLLABORATES WITH INTERNAL LEGAL COUNSEL TO ASSESS THE CONFLICT AND IDENTIFY A CONFLICT MANAGEMENT PLAN WHEN

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

NECESSARY. ADDITIONALLY, THE INTEGRITY AND COMPLIANCE OFFICER ALONG WITH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF GOOD SAMARITAN HOSPITAL ON A YEARLY BASIS.

INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO GOOD SAMARITAN HOSPITAL OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF GOOD SAMARITAN HOSPITAL IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF GOOD SAMARITAN HOSPITAL. 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 GOOD SAMARITAN HOSPITAL IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING SYSTEM 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 SYSTEM CEO AND CFO OF GOOD SAMARITAN HOSPITAL ARE REVIEWED

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

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.

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:

GOOD SAMARITAN HOSPITAL 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, GOOD SAMARITAN HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE.

GOOD SAMARITAN HOSPITAL'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES 118,577.

MANAGEMENT AND GENERAL EXPENSES 0.

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	118,577.
----------------	----------

MEDICAL SPECIALIST FEES:

PROGRAM SERVICE EXPENSES	1,428,741.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	1,428,741.
----------------	------------

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	1,581.
--------------------------	--------

MANAGEMENT AND GENERAL EXPENSES	1,400.
---------------------------------	--------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	2,981.
----------------	--------

LAUNDRY AND LINEN SERVICES:

PROGRAM SERVICE EXPENSES	142,653.
--------------------------	----------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	142,653.
----------------	----------

MISCELLANEOUS PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	293,620.
--------------------------	----------

MANAGEMENT AND GENERAL EXPENSES	3,007,572.
---------------------------------	------------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	3,301,192.
----------------	------------

MEDICAL SERVICES:

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number

26-1720984

PROGRAM SERVICE EXPENSES 369,372.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 369,372.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,363,516.

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

EQUITY TRANSFERS FROM AFFILIATES 230,043.

FORM 990, PART XII, LINE 2:

GOOD SAMARITAN HOSPITAL'S FINANCIAL STATEMENTS WERE INCLUDED IN THE
FY24 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE
AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

FORM 990, PAGE 1, PART C, DOING BUSINESS AS NAMES:

ST. MARY'S GOOD SAMARITAN HOSPITAL

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 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

GOOD SAMARITAN HOSPITAL, INC.

Employer identification number
26-1720984

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, 200 JEFFERSON AVE 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 801 5TH STREET SIOUX CITY, IA 51101	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) 2023

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, 801 5TH STREET, SIOUX CITY, IA 51101	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 INITIATIVES - IOWA CORP - 42-0680448, 1111 6TH AVENUE, DES MOINES, IA 50314	HEALTH CARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	MERCY HEALTH NETWORK, INC.	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
CENTRAL COMMUNITY HOSPITAL - 42-0818642 901 DAVIDSON ST. NW ELKADER, IA 52043	HEALTH CARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	MERCY COMMUNITY HOSPITAL GROUP, LLC	X	
COVENANT FOUNDATION, INC. - 42-1295784 3421 WEST NINTH STREET WATERLOO, IA 50702	FOUNDATION	IOWA	501(C)(3)	LINE 7	COVENANT MEDICAL CENTER, INC.	X	
COVENANT MEDICAL CENTER, INC. - 42-1264647 3421 WEST NINTH STREET WATERLOO, IA 50702	HEALTH CARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	WHEATON FRANCISCAN HEALTHCARE-IOWA	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
DILEY RIDGE MEDICAL CENTER - 34-2032340 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219	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	
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 P.O. BOX 9184 FARMINGTON HILLS, MI 48333	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	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	
GENESIS HEALTH SERVICES FOUNDATION - 42-1421670, 1227 E. RUSHOLME STREET, DAVENPORT, IA 52803	FOUNDATION	IOWA	501(C)(3)	LINE 7	GENESIS HEALTH SYSTEM	X	
GENESIS HEALTH SYSTEM - 42-1418847 1227 E. RUSHOLME STREET DAVENPORT, IA 52803	HEALTH CARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	MERCY HEALTH NETWORK, INC.	X	
GENESIS HEALTH SYSTEM (IL) - 36-3616314 801 ILLINI DRIVE SILVIS, IL 61282	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	MERCY HEALTH NETWORK, INC.	X	
GENESIS HEALTH SYSTEM WORKERS' COMPENSATION PLAN AND TRUST - 39-1905171, 1227 E. RUSHOLME STREET, DAVENPORT, IA 52803	EMPLOYEE BENEFIT TRUST	IOWA	501(C)(3)	LINE 12A, I	GENESIS HEALTH SYSTEM	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
GENESIS MEDICAL CENTER, ALEDO - 45-4475683 409 NW 9TH AVENUE ALEDO, IL 61231	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	GENESIS HEALTH SYSTEM (IL)	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	TRINITY HEALTH GEORGIA, 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
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	
HEARTWOOD LODGE TRINITY HEALTH - 38-2602971 PO BOX 530009 LIVONIA, MI 48152	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	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	

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
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 530009 LIVONIA, 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	
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 NORTH OTTAWA COMMUNITY, INC. - 38-2370192, PO BOX 532020, LIVONIA, MI 48153	HOSPICE SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	X	
HOUSE OF MERCY - 42-1323808 1111 6TH AVENUE DES MOINES, IA 50314	HEALTH CARE SERVICES	IOWA	501(C)(3)	LINE 7	CATHOLIC HEALTH INITIATIVES - IOWA, CORP.	X	
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48105	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	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
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	
LIFE AT LOURDES, INC. - 26-1854750 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
LIFE AT ST. FRANCIS HEALTHCARE, INC. - 45-2569214, 1072 JUSTISON STREET, WILMINGTON, DE 19801	PACE PROGRAM	DELAWARE	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
LIFE ST. JOSEPH OF THE PINES, INC. - 27-2159847, 4900 RAEFORD ROAD, FAYETTEVILLE, NC 28304	PACE PROGRAM	NORTH CAROLINA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
LIFE ST. MARY - 26-2976184 2500 NORTHGATE ROAD TREVOSE, PA 19053	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	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	
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 12C, III-FI	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	

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
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	
MEDIC EMS - 42-1186903 1204 E. HIGH STREET DAVENPORT, IA 52803	AMBULANCE TRANSFERS	IOWA	501(C)(3)	LINE 12C, III-FI	N/A		X
MERCY AUXILARY - 42-1348035 814 13TH AVE N, UNIT 6A CLINTON, IA 53732	VOLUNTEER SERVICE AUXILIARY	IOWA	501(C)(3)	LINE 12A, I	N/A		X
MERCY AUXILIARY OF CENTRAL IOWA - 42-6076069 1111 6TH AVENUE DES MOINES, IA 50314	VOLUNTEER SERVICE AUXILIARY	IOWA	501(C)(3)	LINE 12A, I	MERCY FOUNDATION OF DES MOINES, IOWA	X	
MERCY CARE CENTER - 85-3904921 3753 SOUTH COTTAGE GROVE AVE CHICAGO, IL 60653	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	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, 3805 W CHESTER PIKE, STE 100, NEWTOWN SQUARE, PA	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
MERCY CLINICS, INC. - 42-1193699 1111 6TH AVENUE DES MOINES, IA 50314	HEALTH CARE SERVICES	IOWA	501(C)(3)	LINE 10	CATHOLIC HEALTH INITIATIVES - IOWA, CORP	X	
MERCY COLLEGE OF HEALTH SCIENCES - 42-1511682, 928 6TH AVENUE, DES MOINES, IA 50309	COLLEGE OF HEALTH SCIENCE	IOWA	501(C)(3)	LINE 2	CATHOLIC HEALTH INITIATIVES - IOWA, CORP	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 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	X	
MERCY FOUNDATION OF DES MOINES, IOWA - 23-7358794, 1111 6TH AVENUE, DES MOINES, IA 50314	FOUNDATION	IOWA	501(C)(3)	LINE 7	CATHOLIC HEALTH INITIATIVES - IOWA, CORP	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 FOUNDATION, INC. - 36-3227350 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	FOUNDATION	ILLINOIS	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, PO BOX 532020, LIVONIA, MI 48153	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	X	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA - 23-2829864, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
MERCY HEALTH NETWORK, INC. - 42-1478417 411 LAUREL STREET, SUITE 200 DES MOINES, IA 50314	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DELAWARE	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	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 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	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 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	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 PO BOX 532020 LIVONIA, MI 48153	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	X	
MERCY HOME HEALTH SERVICES - 23-2325058 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	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, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	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 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	
MERCY HOSPITAL OF FRANCISCAN SISTERS, INC. - 42-1178403, 201 8TH AVENUE SE, OELWEIN, IA 50662	HEALTH CARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	WHEATON FRANCISCAN HEALTHCARE-IOWA	X	
MERCY LIFE - 23-2840137 1930 SOUTH BROAD STREET PHILADELPHIA, PA 19145	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
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 10	TRINITY HEALTH PACE	X	
MERCY LIFE, INC. - 45-3086711 200 HILLSIDE CIRCLE WEST SPRINGFIELD, MA 01089	PACE PROGRAM	MASSACHUSETTS	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA - 23-2627944, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
MERCY MEDICAL CENTER - CENTERVILLE - 42-0680308, 1 ST. JOSEPH'S DRIVE, CENTERVILLE, IA 52544	HEALTH CARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES - IOWA, CORP	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 - NEWTON - 42-1470935 204 N 4TH AVE E NEWTON, IA 50208	HEALTH CARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	CATHOLIC HEALTH INITIATIVES - IOWA, CORP.	X	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51101	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	

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 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 SENIOR CARE, INC. - 58-1366508 424 DECATUR STREET ATLANTA, GA 30312							
MERCY SERVICES DOWNTOWN, INC. - 27-2046353 424 DECATUR STREET ATLANTA, GA 30312							
MERCY SERVICES FOR AGING NONPROFIT HOUSING CORPORATION - 38-2719605, PO BOX 530009, LIVONIA, MI 48152	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							
MERCY SERVICES FOR AGING NONPROFIT HOUSING CORPORATION - 38-2719605, PO BOX 530009, LIVONIA, MI 48152							
MERCY SPECIALIST PHYSICIANS, INC. - 26-4033168, 114 WOODLAND STREET, HARTFORD, CT 06105	TITLE HOLDING COMPANY	GEORGIA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SUBURBAN HOSPITAL - 23-1396763 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073							
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN OF CONNECTICUT, INC. - 87-3948434, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN OF IDAHO, INC. - 83-1422704, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
MOUNT CARMEL HEALTH PLAN OF NEW YORK, INC. - 83-3278543, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219							
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219	COLLEGE OF NURSING	OHIO	501(C)(3)	LINE 2	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN OF CONNECTICUT, INC. - 87-3948434, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN OF IDAHO, INC. - 83-1422704, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH PLAN OF NEW YORK, INC. - 83-3278543, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219							
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219	MEDICARE HMO	CONNECTICUT	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN, INC.	X	
MOUNT CARMEL HEALTH PLAN OF IDAHO, INC. - 83-1422704, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN OF NEW YORK, INC. - 83-3278543, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219	MEDICARE HMO	IDAHO	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN, INC.	X	
MOUNT CARMEL HEALTH PLAN OF NEW YORK, INC. - 83-3278543, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219							
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219	MEDICARE HMO	NEW YORK	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN, INC.	X	
MOUNT CARMEL HEALTH PLAN OF IDAHO, INC. - 83-1422704, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219							
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219	MEDICARE HMO	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							
MOUNT CARMEL HEALTH PLAN OF CONNECTICUT, INC. - 87-3948434, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219							

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 CARMEL HEALTH SYSTEM - 31-1439334 3100 EASTON SQUARE PL, STE 300 COLUMBUS, OH 43219	HEALTH CARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219	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
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 20555 VICTOR PARKWAY LIVONIA, MI 48152	LONG TERM CARE	MAINE	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.	X	
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 1675 LEAHY ST. SUITE 210, MUSKEGON, MI 49442	COMMUNITY OUTREACH	MICHIGAN	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	X	
NAZARETH HOSPITAL - 23-2794121 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	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, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
NORTH OTTAWA HOSPITAL AUXILIARY, INC. - 38-6088836, 1309 SHELDON ROAD, GRAND HAVEN, MI 49417	FUNDRAISING	MICHIGAN	501(C)(3)	LINE 12D, III-O	N/A		X
NORTHEAST IOWA REAL ESTATE INVESTMENTS, LTD. - 42-1207432, 3421 WEST NINTH STREET, WATERLOO, IA 50702	TITLE HOLDING COMPANY	IOWA	501(C)(2)	N/A	WHEATON FRANCISCAN HEALTHCARE-IOWA	X	
OAKLAND MERCY HOSPITAL - 20-8072234 PO BOX 203 SIOUX CITY, IA 51102	HEALTH CARE AND HOSPITAL SERVICES	NEBRASKA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, PO BOX 203, SIOUX CITY, IA 51102	FOUNDATION	NEBRASKA	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	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
OSU/MOUNT CARMEL HEALTH ALLIANCE - 31-1654603, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219	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	LTC (EDDY), INC.	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	
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 ROAD, 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, 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 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, INC.	X	
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 NORTH 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, INC.	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	
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, INC.	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 ROAD, 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	

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 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, 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	
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 10	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 530009 LIVONIA, MI 48152	SENIOR LIVING COMMUNITY	INDIANA	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES-INDIANA	X	
SAINT 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	
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, PO BOX 532020, LIVONIA, MI 48153	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 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	

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
SAMARITAN HOSPITAL AND THE EDDY FOUNDATION - 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	
SARTORI HEALTH CARE FOUNDATION, INC. - 42-1240996, 3421 WEST NINTH STREET, WATERLOO, IA 50702	FOUNDATION	IOWA	501(C)(3)	LINE 7	SARTORI MEMORIAL HOSPITAL, INC.	X	
SARTORI MEMORIAL HOSPITAL, INC. - 42-0758901 515 COLLEGE STREET CEDAR FALLS, IA 50613	HEALTH CARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	WHEATON FRANCISCAN HEALTHCARE-IOWA	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
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. 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. 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 10	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	

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 AT HOME, INC. - 87-1012253, PO BOX 532020, LIVONIA, MI 48152	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	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	
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 12B, II	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, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTH CARE SERVICES	NEW YORK	501(C)(3)	LINE 12A, I	ST. PETER'S HEALTH PARTNERS	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 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 12B, II	TRINITY HEALTH GEORGIA, INC.	X	
ST. MARY'S GOOD SAMARITAN FOUNDATION, INC. - 81-1660088, 1230 BAXTER STREET, ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH GEORGIA, 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. MARY'S HIGHLAND HILLS, INC. - 02-0576648 1230 BAXTER STREET ATHENS, GA 30606	SENIOR LIVING COMMUNITY	GEORGIA	501(C)(3)	LINE 10	TRINITY HEALTH GEORGIA, INC.	X	
ST. MARY'S HOSPITAL, INC. - 58-0566223 1230 BAXTER STREET ATHENS, GA 30606	HEALTH CARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	TRINITY HEALTH GEORGIA, 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	TRINITY HEALTH GEORGIA, 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	TRINITY HEALTH GEORGIA, 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 12C, III-FI	ST. JOSEPH'S HOSPITAL HLTH CTR FOUNDATION, INC.	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 WOMEN'S AUXILIARY OF ST FRANCIS HOSPITAL & MEDICAL CENTER - 06-0660403, 114 WOODLAND STREET, HARTFORD, CT 06105	VOLUNTEER SERVICE AUXILIARY	CONNECTICUT	501(C)(3)	LINE 12B, II	N/A		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 530009, LIVONIA, MI 48152	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	X	
TRINITY CONTINUING CARE SERVICES - INDIANA - 93-0907047, PO BOX 530009, LIVONIA, MI 48152	LONG TERM CARE	INDIANA	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
TRINITY CONTINUING CARE SERVICES - MASSACHUSETTS - 82-4005577, PO BOX 530009, LIVONIA, MI 48152	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
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	

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 GEORGIA, INC. - 88-0878641 1230 BAXTER STREET ATHENS, GA 30606	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GEORGIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH GRAND HAVEN HOSPITAL (F/K/A NORTH OTTAWA COMMUNITY HOSPITAL), 1309 SHELDON ROAD, GRAND HAVEN, MI 49417	HEALTH CARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	MERCY HEALTH PARTNERS	X	
TRINITY HEALTH LIFE PENNSYLVANIA, INC. - 47-5244984, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
TRINITY HEALTH MID-ATLANTIC MEDICAL GROUP - 23-2571699, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH PACE - 47-3073124 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH PACE ALEXANDRIA, INC. - 92-3433625, 3403 GOVERNMENT STREET, ALEXANDRIA, LA 71302	PACE PROGRAM	LOUISIANA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
TRINITY HEALTH PACE OF MONTGOMERY COUNTY, INC. - 92-3450659, 200 PERRY PARKWAY, GAITHERSBURG, MD 20877	PACE PROGRAM	MARYLAND	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
TRINITY HEALTH PACE OF PENSACOLA, INC. - 92-2940854, 5020 COMMERCE PARK CIRCLE, PENSACOLA, FL 32505	PACE PROGRAM	FLORIDA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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, 625 KENMOOR AVE SE, SUITE 100, GRAND RAPIDS, MI 49546	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 48213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINAL SERVICES	MI	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	
DES MOINES MEDICAL CENTER, INC - 42-0837382 1111 6TH AVENUE DES MOINES, IA 50314	REAL ESTATE	IA	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	

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	
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
GENGASTRO, LLC - 56-2315623 2222 53RD AVENUE BETTENDORF, IA 52722	AMBULATORY SURGERY CENTER	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GENRAD IMAGING ILLINOIS, LLC - 47-3785124, 1970 E. 53RD STREET, DAVENPORT, IA 52807	DIAGNOSTIC IMAGING CENTER	IL	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GENRAD IMAGING, LLC - 45-3571628, 1970 E. 53RD STREET, DAVENPORT, IA 52807	DIAGNOSTIC IMAGING CENTER	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HAWARDEN REGIONAL HEALTH CLINICS, LLC - 20-1444339, 1111 11TH ST, HAWARDEN, IA 51023	MEDICAL CLINIC	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	
HEALTHRISE BUSINESS INTELLIGENCE, LLC - 84-5053960, 18000 W 9 MILE, FL 10, SOUTHFIELD, MI 48075	REVENUE CYCLE MANAGEMENT	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HURON GASTRO ENDOSCOPY CENTER, LLC - 85-3580801, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	MEDICAL SERVICES	MI	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
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
LANGHORNE MOB PARTNERS, LP - 23-2622772, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	MEDICAL OFFICE BUILDING RENTAL	PA	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
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, LP - 36-4119522, 1 WESTBROOK CORP CTR, WESTCHESTER, IL 60154	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
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

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	
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 3100 EASTON SQUARE PL, SUITE 300, COLUMBUS, OH 43219	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 REHABILITATION HOSPITAL, LLC - 81-4437201, 330 SEVEN SPRINGS WAY, BRENTWOOD, TN 37027	HEALTH CARE 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
MERCYONE - HPH HOME MEDICAL SHOP, LLC - 85-4007472, 1000 4TH STREET SW, MASON CITY, IA 50401	MEDICAL EQUIPMENT SALES	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MERCYONE - KRHC HOME MEDICAL SHOP, LLC - 92-3276114, 1515 S PHILLIPS STREET, SUITE 1, ALGONA, IA 50511	MEDICAL EQUIPMENT SALES	IA	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
NUCO HEALTH, LLC - 46-0951661 18000 W 9 MILE, FLOOR 10 SOUTHFIELD, MI 48075	REVENUE CYCLE MANAGEMENT	DE	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 60153	OFFICE BUILDING RENTAL	IL	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, 14201 DALLAS PARKWAY, DALLAS, TX 75254	OUTPATIENT SURGERY	CA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
SAINT AGNES/USP SURGERY CENTERS LLC - 36-4896811, 14201 DALLAS PARKWAY, DALLAS, TX 75254	MEDICAL SERVICES	CA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
SAINT ALPHONSUS CALDWELL CANCER CENTER, 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

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	HEALTH CARE 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. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 3100 EASTON SQUARE PLACE, SUITE 300, ST. JOSEPH'S IMAGING ASSOCIATES, PLLC - 16-1104293, 104 UNION AVE, SUITE 905, SYRACUSE, NY	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. MARY REHABILITATION HOSPITAL, LLP - 27-3938747, 330 SEVEN SPRINGS WAY, BRENTWOOD, TN 37027	HEALTH CARE SERVICES	NY	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 AVE, #201, ALBANY, NY 12206	OUTPATIENT SURGERY	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
TAYLOR STATION SURGICAL CENTER - 31-1459910, 3100 EASTON SQUARE PL, SUITE 300, COLUMBUS, OH 43219	OUTPATIENT SURGERY	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A
TEN MILE SURGERY CENTER, LLC - 84-5119941, 875 S. VANGUARD WAY, STE 120, MERIDIAN, ID 83642	OUTPATIENT SURGERY	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
		ID	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 HEALTH SUPPORT, INC. - 16-1236354 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN MANAGEMENT SERVICES, INC. - 16-1351193, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214									
FRANKLIN MEDICAL GROUP, PC - 06-1470493 114 WOODLAND STREET HARTFORD, CT 06105									
GENESIS HEART INSTITUTE OWNER'S ASSOCIATION, INC. - 86-3949369, 1227 E. RUSHOLME STREET, DAVENPORT, IA 52803	PROPERTY MANAGEMENT SUPPORT SERVICES/PROPERTY MANAGEMENT	IA	N/A	C CORP	N/A	N/A	N/A	X	
GENVENTURES, INC. - 42-1269171 1227 E. RUSHOLME STREET DAVENPORT, IA 52803									
HACKLEY HEALTH VENTURES, INC. - 38-2589959 318 RIVER RIDGE DR. NW, SUITE 100 WALKER, MI 49544									
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									
HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR. ANN ARBOR, MI 48106									
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									
LANGHORNE SERVICES, INC. - 23-2625981 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047									

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
MACNEAL HEALTH PROVIDERS, INC. - 36-3361297 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	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	
MAXIS HEALTH TRENTON, INC. - 88-4267557 20555 VICTOR PKWY LIVONIA, MI 48152	PROPERTY HOLDINGS	NJ	N/A	C CORP	N/A	N/A	N/A	X	
MCMC EASTWICK, INC. - 23-2184261 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	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	
MISERICORDIA ASSURANCE COMPANY, LTD. - 98-0457943, PO BOX 1051, GRAND CAYMAN, GRAND CAYMAN, CAYMAN ISLANDS	SELF-INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
MOB 1 OWNERS' ASSOCIATION - 27-0865075 1227 E. RUSHOLME STREET DAVENPORT, IA 52803	PROPERTY MANAGEMENT	IA	N/A	C CORP	N/A	N/A	N/A	X	
MOUNT CARMEL HEALTHPROVIDERS, INC. - 31-1382442, 3100 EASTON SQUARE PL, STE 300, COLUMBUS, OH 43219	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	
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	

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
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	
SAINT JOSEPH'S MCAULEY PARK I, LLC - 88-0592157, 424 DECATUR ST, ATLANTA, GA 30312	PROPERTY MANAGEMENT	GA	N/A	C CORP	N/A	N/A	N/A	X	
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	
SCOVILL STREET MEDICAL BUILDING ASSOCIATION, INC. - 06-1232868, 114 WOODLAND STREET, HARTFORD, CT 06105	PROPERTY MANAGEMENT	CT	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	
SYNANON, INC - 38-2715568 1309 SHELDON ROAD GRAND HAVEN, MI 49417	URGENT CARE	MI	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	

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

[illegible]

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST. MARY'S GOOD SAMARITAN FOUNDATION, INC.	C	66,715.	PER BOOKS
(2) ST. MARY'S HOSPITAL	C	207,301.	PER BOOKS
(3) ST. MARY'S MEDICAL GROUP, INC.	M	814,349.	PER BOOKS
(4) TRINITY HEALTH - MICHIGAN	M	97,609.	PER BOOKS
(5) TRINITY HEALTH CORPORATION	M	811,903.	PER BOOKS
(6) TRINITY HEALTH CORPORATION	P	196,736.	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) TRINITY HEALTH CORPORATION	R	1,318,110.	PER BOOKS
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

[illegible]

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