

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning 10/01, 2015, and ending 09/30, 20 16

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879e](http://www.irs.gov/form8879e).

# 2015

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

ST. MARY'S HOSPITAL, INC.

Name and title of officer

Employer identification number

06-0646844

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

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

- 1a Form 990 check here ▶  **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . **1b** 287344504.
- 2a Form 990-EZ check here ▶  **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . **2b** \_\_\_\_\_
- 3a Form 1120-POL check here ▶  **b Total tax** (Form 1120-POL, line 22) . . . . . **3b** \_\_\_\_\_
- 4a Form 990-PF check here ▶  **b Tax based on investment income** (Form 990-PF, Part VI, line 5). **4b** \_\_\_\_\_
- 5a Form 8868 check here ▶  **b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . **5b** \_\_\_\_\_

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize KPMG LLP to enter my PIN 08041 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

## Part III Certification and Authentication

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

06014446844  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Mary-Culgan-Antonetti Date ▶ 8/11/2017

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

# Return of Organization Exempt From Income Tax

**2015**

**Open to Public Inspection**

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.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** 10/01, 2015, and ending 09/30, 2016

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ST. MARY'S HOSPITAL, INC. Doing business as			<b>D Employer identification number</b> 06-0646844	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b> (203) 709-6111	
	City or town, state or province, country, and ZIP or foreign postal code WATERBURY, CT 06706-1281			<b>G Gross receipts \$</b> 293,989,757.	
	<b>F Name and address of principal officer:</b> CHAD WABLE 56 FRANKLIN STREET WATERBURY, CT 06706-1281			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ WWW.STMH.ORG					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
<b>L Year of formation:</b> 1907				<b>M State of legal domicile:</b> CT	
<b>H(c) Group exemption number</b> ▶ 0928					

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: WE, TRINITY HEALTH AND SAINT MARY'S HOSPITAL, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES		
	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)	<b>3</b>	15.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	2,044.
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	142.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	545,334.
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g)	2,576,451.	3,017,948.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	260,100,707.	277,097,992.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,042,838.	1,131,590.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,040,929.	6,096,974.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	272,760,925.	287,344,504.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	116,354,894.	120,033,157.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	134,590,128.	136,021,658.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	250,945,022.	256,054,815.	
19	Revenue less expenses. Subtract line 18 from line 12	21,815,903.	31,289,689.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21	Total liabilities (Part X, line 26)	183,715,192.	211,055,898.
	22	Net assets or fund balances. Subtract line 21 from line 20	138,551,489.	130,375,645.
			45,163,703.	80,680,253.

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer		Date		
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY-EVELYN ANTONETTI	<i>Mary Evelyn Antonetti</i>	8/11/2017		P00431862
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 860-522-3200	
	Firm's address ▶ ONE FINANCIAL PLAZA HARTFORD, CT 06103-2608				

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

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

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

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST. MARY'S HOSPITAL, INC.	Employer identification number (EIN) or 06-0646844
	Number, street, and room or suite no. If a P.O. box, see instructions. 56 FRANKLIN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WATERBURY, CT 06706-1281	

Enter the Return code for the return that this application is for (file a separate application for each return)

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

KYLE JURCZYK

- The books are in the care of ► 56 FRANKLIN STREET WATERBURY, CT 06706-1281

Telephone No. ► 203 709-6111 FAX No. ► 203 709-5215

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20\_\_ or

►  tax year beginning 10/01, 2015, and ending 09/30, 2016.

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

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>SAINT MARY'S HOSPITAL, INC</b>	<b>Enter filer's identifying number, see instructions</b> Employer identification number (EIN) or <b>06-0646844</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>56 FRANKLIN ST</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WATERBURY, CT 06706</b>	

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

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **KYLE JURCZYK, 56 FRANKLIN ST, WATERBURY, CT 06706**  
Telephone No. **203-709-6111** Fax No. **203-709-5215**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0928**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **AUGUST 15**, 20 **17**.
- For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1**, 20 **15**, and ending **SEPT 30**, 20 **16**.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **Chief of Accounting** Date **5/12/17**  
Form **8868** (Rev. 1-2014)

Part III Statement of Program Service Accomplishments

Check 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 AND SAINT MARY'S HOSPITAL, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES. SEE SCHEDULE O.

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 [X] No

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

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 \$ 100,896,631. including grants of \$ ) (Revenue \$ 142,560,860. )

INPATIENT - SAINT MARY'S REMAINS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE FOR OUR PATIENTS. THE HOSPITAL PROVIDED INPATIENT TREATMENT FOR 11,715 INPATIENTS IN 2016. PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION ABOUT SAINT MARY'S INPATIENT SERVICES PROGRAM.

4b (Code: ) (Expenses \$ 97,934,392. including grants of \$ ) (Revenue \$ 138,816,390. )

OUTPATIENT - SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, CHESHIRE, SOUTHURY AND PROSPECT. IN 2016, 253,992 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE. PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION ABOUT THE OUTPATIENT SERVICES PROGRAM.

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

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

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

4e Total program service expenses 198,831,023.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions about organizational activities and financial reporting.

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.



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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KYLE JURCZYK 56 FRANKLIN STREET WATERBURY, CT 06706-1281 203-709-6111

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHAD WABLE PRESIDENT	40.00 10.00	X		X				898,573.	0.	197,623.
(2) JOSEPH CARLSON, II TREASURER (THRU 7/31/2016)	4.00 4.00	X		X				0.	0.	0.
(3) ROBERT MAZAIKA CHAIRMAN (THRU 7/31/2016)	2.00 2.00	X		X				0.	0.	0.
(4) REV. MONSIGNOR JAMES COLEMAN VICE CHAIRMAN (THRU 7/31/2016)	1.00 4.00	X		X				0.	0.	0.
(5) STEPHEN R. GRIFFIN, ESQ. SECRETARY (THRU 7/31/2016)	4.00 4.00	X		X				0.	0.	0.
(6) JOSEPH MENGACCI, ESQ. CHAIRMAN	4.00 2.00	X		X				0.	0.	0.
(7) ROBERT ROSCOE TREASURER	1.00 1.00	X		X				0.	0.	0.
(8) ANGELA MATTIE SECRETARY	1.00 1.00	X		X				0.	0.	0.
(9) RICHARD PUGH VICE CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(10) S. MARK ALBINI, M.D. DIRECTOR	1.00 2.00	X						49,000.	0.	0.
(11) GARRETT CASEY DIRECTOR (THRU 7/31/2016)	4.00 2.00	X						0.	0.	0.
(12) CHRISTOPHER M. DADLEZ DIRECTOR (SINCE 8/1/2016)	1.00 62.40	X						0.	1,715,289.	807,101.
(13) SISTER DOLORES LAHR DIRECTOR (THRU 12/31/2015)	2.00 2.00	X						31,836.	0.	271.
(14) MICHAEL O'BRIEN DIRECTOR (THRU 7/31/2016)	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JAMES C. SMITH DIRECTOR (THRU 7/31/2016)	4.00 1.00	X						0.	0.	0.
16) CHRISTINE SULLIVAN, ESQ. DIRECTOR	1.00 4.00	X						0.	0.	0.
17) JAMES UBERTI, M.D. DIRECTOR (THRU 7/31/2016)	1.00 40.00	X						0.	179,186.	8,260.
18) MICHAEL KARNASIEWICZ, M.D. DIRECTOR (THRU 7/31/2016)	1.00 1.00	X						0.	0.	0.
19) ERIC ALBERT DIRECTOR	1.00 1.00	X						0.	0.	0.
20) ROBERT GUMBARDO, M.D. DIRECTOR	4.00 2.00	X						72,000.	0.	0.
21) FELIX RODRIQUEZ DIRECTOR	1.00 1.00	X						0.	0.	0.
22) LAURA ST. JOHN DIRECTOR (THRU 12/31/2015)	1.00 1.00	X						0.	0.	0.
23) THERESA M. BACHHUBER DIRECTOR (SINCE 8/1/2016)	1.00 1.00	X						0.	0.	0.
24) FATHER CHRISTOPHER M. FORD DIRECTOR (SINCE 8/1/2016)	1.00 1.00	X						0.	0.	0.
25) DAVID A. ROER, M.D. DIRECTOR (SINCE 8/1/2016)	1.00 1.00	X						121,387.	0.	1,214.
<b>1b Sub-total</b>								979,409.	1,715,289.	1,004,995.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,021,765.	179,186.	314,924.
<b>d Total (add lines 1b and 1c)</b>								4,001,174.	1,894,475.	1,319,919.

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 **113**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **62**

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) KARA J. SUMMA, ESQ. ----- DIRECTOR (SINCE 8/1/2016)	1.00 ----- 1.00	X						0.	0.	0.
( 27) LINDA WIHBEY, ESQ. ----- DIRECTOR (SINCE 8/1/2016)	1.00 ----- 1.00	X						0.	0.	0.
( 28) MICHAEL NOVAK ----- VP OPERATIONS	40.00 ----- 0.				X			333,800.	0.	41,993.
( 29) RALPH BECKER ----- VP CFO	40.00 ----- 0.				X			375,143.	0.	45,608.
( 30) CHARLES FLINN ----- VP COO	40.00 ----- 0.				X			385,236.	0.	30,841.
( 31) M. CLARK KEARNEY ----- VP HUMAN RESOURCES	40.00 ----- 0.					X		269,974.	0.	28,206.
( 32) JOSEPH CONNOLLY ----- CHIEF MARKETING OFFICER	40.00 ----- 0.					X		246,306.	0.	42,088.
( 33) STEPHEN SCHNEIDER, MD ----- CMO	40.00 ----- 10.00					X		495,720.	0.	50,698.
( 34) DAN SULLIVAN ----- DIRECTOR OF PHARMACY	40.00 ----- 0.					X		184,772.	0.	31,267.
( 35) JAMES TUCKER ----- VP AND CHIEF NURSING OFFICER	40.00 ----- 0.					X		253,198.	0.	34,749.
( 36) ELIZABETH BOZZUTO ----- VP SURGICAL SERVICES	40.00 ----- 0.						X	284,229.	0.	0.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 ► 113

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	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 . . . . .	X	
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 . . . . .		X

**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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	151,521.				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	730,873.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	2,135,554.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .			3,017,948.			
<b>Program Service Revenue</b>	<b>2a</b> <u>NET PATIENT REVENUE</u>			<b>Business Code</b>			
				900099	277,097,992.	277,097,992.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .				277,097,992.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). <u>ATTACHMENT 2</u> . . . . .				1,252,755.		1,252,755.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				0.		
	<b>5</b> Royalties . . . . .				0.		
				(i) Real	(ii) Personal		
	<b>6a</b> Gross rents . . . . .			1,315,605.			
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .			1,315,605.			
	<b>d</b> Net rental income or (loss) . . . . .				1,315,605.	43,223.	1,272,382.
				(i) Securities	(ii) Other		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .			6,524,088.			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			6,645,253.			
	<b>c</b> Gain or (loss) . . . . .			-121,165.			
	<b>d</b> Net gain or (loss) . . . . .				-121,165.		-121,165.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .			<b>a</b>			
	<b>b</b> Less: direct expenses . . . . .			<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events . . . . .				0.		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .			<b>a</b>			
	<b>b</b> Less: direct expenses . . . . .			<b>b</b>			
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .			<b>a</b>				
<b>b</b> Less: cost of goods sold . . . . .			<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> <u>CAFETERIA &amp; DIETARY</u>			900099	1,260,116.	1,260,116.		
<b>b</b> <u>MEANINGFUL USE</u>			900099	1,042,518.	1,042,518.		
<b>c</b> <u>PARKING</u>			812930	214,989.	214,989.		
<b>d</b> All other revenue . . . . .			624410	2,263,746.	1,761,635.	502,111.	
<b>e Total.</b> Add lines 11a-11d . . . . .				4,781,369.			
<b>12 Total revenue.</b> See instructions. . . . .				287,344,504.	281,377,250.	545,334.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,901,673.	1,960,542.	1,941,131.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	48,384.		48,384.	
7 Other salaries and wages . . . . .	88,730,893.	75,623,406.	13,107,487.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,765,805.	6,500,816.	1,264,989.	
9 Other employee benefits . . . . .	12,887,176.	10,787,956.	2,099,220.	
10 Payroll taxes . . . . .	6,699,226.	5,607,974.	1,091,252.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	1,048,196.	284,549.	763,647.	
c Accounting . . . . .	295,339.	73,835.	221,504.	
d Lobbying . . . . .	122,847.		122,847.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <b>ATCH 3</b>	30,559,319.	18,887,735.	11,671,584.	
12 Advertising and promotion . . . . .	834,665.	625,999.	208,666.	
13 Office expenses . . . . .	7,716,763.	5,239,656.	2,477,107.	
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	13,164,224.	7,790,709.	5,373,515.	
17 Travel . . . . .	177,225.	106,335.	70,890.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	333,405.	200,043.	133,362.	
20 Interest . . . . .	197,037.	49,259.	147,778.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	12,141,411.	3,035,353.	9,106,058.	
23 Insurance . . . . .	1,428,495.	857,097.	571,398.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL SUPPLIES</u> . . . . .	41,303,763.	37,173,387.	4,130,376.	
b <u>HOSPITAL PROVIDER TAX</u> . . . . .	12,695,446.	12,695,446.		
c <u>BAD DEBT</u> . . . . .	6,835,415.	6,835,415.		
d <u>CONSULTING</u> . . . . .	5,049,453.	3,029,672.	2,019,781.	
e All other expenses . . . . .	2,118,655.	1,465,839.	652,816.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	256,054,815.	198,831,023.	57,223,792.	
<b>26 Joint costs.</b> 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) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	13,310,208.	<b>1</b>	20,571,971.
	<b>2</b> Savings and temporary cash investments	17,133.	<b>2</b>	23,431.
	<b>3</b> Pledges and grants receivable, net	42,586.	<b>3</b>	60,153.
	<b>4</b> Accounts receivable, net	28,547,867.	<b>4</b>	26,297,578.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	3,610,061.	<b>7</b>	3,053,474.
	<b>8</b> Inventories for sale or use	3,701,277.	<b>8</b>	3,888,644.
	<b>9</b> Prepaid expenses and deferred charges	3,439,691.	<b>9</b>	2,929,793.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 99,137,870.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,656,299.	65,421,309.	<b>10c</b> 96,481,571.
	<b>11</b> Investments - publicly traded securities	<b>ATCH 4</b>	20,283,883.	<b>11</b> 10,973,276.
	<b>12</b> Investments - other securities. See Part IV, line 11		45,341,177.	<b>12</b> 46,776,007.
	<b>13</b> Investments - program-related. See Part IV, line 11		0.	<b>13</b> 0.
	<b>14</b> Intangible assets		0.	<b>14</b> 0.
	<b>15</b> Other assets. See Part IV, line 11		0.	<b>15</b> 0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		183,715,192.	<b>16</b> 211,055,898.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	39,988,745.	<b>17</b>	36,466,049.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	13,500,000.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	85,062,744.	<b>25</b>	93,909,596.
	<b>26 Total liabilities.</b> Add lines 17 through 25		138,551,489.	<b>26</b> 130,375,645.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	27,410,639.	<b>27</b>	62,162,609.
	<b>28</b> Temporarily restricted net assets	1,921,975.	<b>28</b>	1,969,933.
	<b>29</b> Permanently restricted net assets	15,831,089.	<b>29</b>	16,547,711.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	45,163,703.	<b>33</b>	80,680,253.
	<b>34</b> Total liabilities and net assets/fund balances		183,715,192.	<b>34</b> 211,055,898.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	287,344,504.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	256,054,815.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	31,289,689.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	45,163,703.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,279,000.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	2,947,861.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	80,680,253.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>	X	
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2015)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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**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 11, 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 or 990-EZ).)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. 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

19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 3b.

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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**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 expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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)).

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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 expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I

OTHER ACTIVITIES

\$1,255 - THE CATHOLIC HEALTH ASSOCIATION - ANNUAL MEMBERSHIP DUES

\$90,000 - LEGAL FEES RELATED TO LOBBYING

\$31,592 - CONNECTICUT HOSPITAL ASSOCIATION - PORTION OF MEMBERSHIP DUES  
EXPENDED ON LOBBYING

\$19,411 - COMPENSATION OF CHIEF MARKETING OFFICER ATTRIBUTABLE TO  
LOBBYING (APPROXIMATELY 7% OF OFFICER TIME SPENT ON LOBBYING ACTIVITIES)

TOTAL OTHER LOBBYING ACTIVITIES: \$142,258

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

ST. MARY'S HOSPITAL, INC.

06-0646844

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	16,240,000.	17,138,000.	16,630,000.	15,567,000.	13,783,000.
<b>b</b> Contributions		83,000.			
<b>c</b> Net investment earnings, gains, and losses	1,346,000.	-248,000.	1,264,000.	1,768,000.	2,426,000.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	620,000.	733,000.	756,000.	705,000.	642,000.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	16,966,000.	16,240,000.	17,138,000.	16,630,000.	15,567,000.

**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  2.4700 %
- c** Temporarily restricted endowment  97.5300 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		1,517,200.		1,517,200.
<b>b</b> Buildings		68,168,452.	357,676.	67,810,776.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		29,452,218.	2,298,623.	27,153,595.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				96,481,571.

**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 . . . . .	5,549,465.	ATTACHMENT 1
(3) Other		
(A) DONOR & HELD IN TRUST BY OTHER	15,480,332.	FMV
(B) MISCELLANEOUS FUNDS	6,088.	FMV
(C) INVESTMENTS IN JOINT VENTURES	25,740,122.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	46,776,007.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO REIMBURSEMENT AGENCIES	1,262,489.
(3) SELF INSURANCE LIABILITY	3,700,758.
(4) PENSION LIABILITY	83,306,027.
(5) OTHER LONG TERM LIABILITIES	41,925.
(6) RAC AND OTHER RESERVES	1,726,972.
(7) ASBESTOS LIABILITY	1,217,894.
(8) WORKERS COMPENSATION RESERVE	1,537,936.
(9) DEFERRED REVENUE	1,115,595.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	93,909,596.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

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

SEE PAGE 5



**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS

THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO USE THE INCOME GENERATED TO SUPPORT THE MISSION OF THE HOSPITAL. THE HOSPITAL ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. THE HOSPITAL FOLLOWS A POLICY OF SPENDING AN AMOUNT THAT APPROXIMATES THE INVESTMENT INCOME EARNED, IN ADDITION TO SPECIFIC PURCHASES OF CAPITAL EQUIPMENT. ACCORDINGLY, THE HOSPITAL EXPECTS ITS SPENDING POLICY WILL ALLOW ITS ENDOWMENT FUNDS TO BE MAINTAINED IN PERPETUITY BY GROWING AT A RATE AT LEAST EQUAL TO THE PLANNED PAYOUTS. ADDITIONAL REAL ENDOWMENT GROWTH WILL BE PROVIDED THROUGH NEW GIFTS AND ANY EXCESS INVESTMENT RETURN.

SCHEDULE D, PART X, LINE 2

FOOTNOTE 3(L) OF THE REVIEWED NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR SAINT MARY'S HEALTH SYSTEM, INC. FOR THE PERIOD ENDED JULY 31, 2016.

THE SYSTEM, HOSPITAL AND FOUNDATION ARE TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAXES. THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE BASIS THAT ITS TAX-EXEMPT STATUS WILL BE MAINTAINED.

THE SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME

**Part XIII** Supplemental Information (continued)

TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN RECOGNITION IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE SYSTEM DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS FOR THE 10-MONTH PERIOD ENDED JULY 31, 2016.

THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF TRINITY HEALTH OF NEW ENGLAND THAT INCLUDE THE REMAINING TWO MONTHS OF ST. MARY'S HOSPITAL FOUNDATION FINANCIAL INFORMATION DID NOT CONTAIN A FIN48 (ASC 740) FOOTNOTE.

ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
NET INTEREST IN FOUNDATION	5,549,465.	FMV
TOTALS	<u>5,549,465.</u>	

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>200.0000</u> %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			2,222,091.	16,065.	2,206,026.	.89
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			73,986,564.	53,511,080.	20,475,484.	8.22
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			76,208,655.	53,527,145.	22,681,510.	9.11
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			225,257.		225,257.	.09
<b>f</b> Health professions education (from Worksheet 5) . . . . .			14,913,438.	9,512,041.	5,401,397.	2.17
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			2,748,121.	1,854,289.	2,478,121.	.25
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			72,372.		72,372.	.03
<b>j Total.</b> Other Benefits . . . . .			17,959,188.	11,366,330.	8,177,147.	2.54
<b>k Total.</b> Add lines 7d and 7j. . . . .			94,167,843.	64,893,475.	30,858,657.	11.65

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

Schedule H (Form 990) 2015

JSA 5E1284 1.000

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			403.		403.	
2 Economic development						
3 Community support			13,032.		13,032.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			13,357.		13,357.	
7 Community health improvement advocacy						
8 Workforce development			152,950.		152,950.	
9 Other						
10 Total			179,742.		179,742.	

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	94,004,076.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	83,890,597.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	10,113,479.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	X	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1H. L. CANCER CTR	OUTPATIENT CANCER TREATMENT	50.0000		
2HEART CTR OF FW	CARDIAC SERVICES MSO	50.0000		
3SM INDEMNITY GROUP	INSURANCE COMPANY	100.0000		
4FRANKLIN MEDICAL	PRIMARY CARE PHYSICIAN PRACT			100.0000
5DIAGNOSTIC IMAGING	OUTPATIENT IMAGING CENTER	60.0000		
6NAUGATUCK VALLEY MRI	MAGNETIC IMAGING	78.3000		21.7000
7SM PHYSICIAN PTRS.	ACCOUNTABLE CARE ORG.	100.0000		
8				
9				
10				
11				
12				
13				

**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)

1 SAINT MARY'S HOSPITAL INCORPORATED  
 56 FRANKLIN STREET  
 WATERBURY CT 06706

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X		X			X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SAINT MARY'S HOSPITAL INCORPORATED

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding hospital licensing, CHNA, and excise taxes.

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group SAINT MARY'S HOSPITAL INCORPORATED

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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):	X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.STMH.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.STMH.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.STMH.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group SAINT MARY'S HOSPITAL INCORPORATED

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

<b>22</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	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? . . . . .		X
If "Yes," explain in Section C.			
<b>24</b>	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? . . . . .		X
If "Yes," explain in Section C.			



**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

SCHEDULE H, PART V, SECTION B, LINE 5

SAINT MARY'S HOSPITAL PUBLISHED ITS FIRST FEDERAL MANDATED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2013 IN COLLABORATION WITH CONTRACTED RESEARCH AND CONSULTING FIRM, HOLLERAN, AN INDEPENDENT RESEARCH AND CONSULTING FIRM AND THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP. IN 2015, SAINT MARY'S COMPLETED THE CHNA IN COLLABORATION WITH THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) USING QUALITATIVE AND QUANTITATIVE DATA. SAINT MARY'S OBTAINED QUALITATIVE DATA FROM KEY COMMUNITY STAKEHOLDERS REGARDING THE HEALTH NEEDS OF THE COMMUNITY. INTERVIEWS AND INFORMAL DISCUSSIONS WITH COMMUNITY LEADERS IN THE GREATER WATERBURY AREA WERE ALSO USED TO EXPAND THE KNOWLEDGE OF THE ISSUES AFFECTING THE SERVICE AREA. SOME IF NOT MOST OF THE COMMUNITY LEADERS THAT WERE INVOLVED IN DISCUSSIONS GREW UP IN THE AREA AND REPRESENTED BROAD INTERESTS IN OUR COMMUNITY INCLUDING: LEADERS OF MEDICALLY UNDERSERVED AND LOW-INCOME POPULATIONS, PERSONS WITH EXPERTISE OR SPECIAL KNOWLEDGE IN PUBLIC HEALTH, AND PERSONS WHO LEAD LOCAL HEALTH AGENCIES. IN ADDITION, A COMPREHENSIVE COMMUNITY EXECUTIVE MEETING WAS HELD IN JUNE 2016 AND INFORMAL DISCUSSIONS WITH KEY INFORMANTS IN REGARDS TO SAINT MARY'S SERVICE AREA WERE COMPLETED. IN ORDER TO OBTAIN QUANTITATIVE DATA, SAINT MARY'S HOSPITAL AND THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP PARTNERED WITH DATAHAVEN, A NONPROFIT PUBLIC SERVICE ORGANIZATION SPECIALIZING IN DATA COLLECTION AND INTERPRETATION. IN THE 2015 DATAHAVEN COMMUNITY HEALTH AND WELL-BEING SURVEY, DATAHAVEN, DESIGNED AND CONDUCTED A RANDOM DIGIT DIALING TELEPHONE SURVEY THAT COLLECTED INFORMATION FROM A SAMPLING OF 16,820 RESIDENTS OF ALL 169

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

CONNECTICUT TOWNS AND SEVERAL ZIP CODES IN NEW YORK. THE TELEPHONE SURVEY QUESTIONS DERIVED FROM MANY STANDARD SURVEYS INCLUDING THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) STUDY DEVELOPED BY THE CENTERS FOR DISEASE CONTROL (CDC). THE QUESTIONS YIELDED DATA ON RESIDENTS' PERCEPTIONS OF THEIR WELL-BEING, QUALITY OF LIFE, NEIGHBORHOOD, EMPLOYMENT AND PUBLIC HEALTH. IN ADDITION TO THE DATAHAVEN SURVEY, SECONDARY DATA WERE ALSO ANALYZED AS PART OF THE CHNA.

SCHEDULE H, PART V, SECTION B, LINE 11

IN JUNE 2016, THE PARTNERSHIP HELD AN EXECUTIVE SESSION THAT INCLUDED INDIVIDUALS REPRESENTING LOCAL HEALTH AND HUMAN SERVICE AGENCIES, AREA NON-PROFIT ORGANIZATIONS, HEALTH PROVIDERS AND PUBLIC HEALTH REPRESENTATIVES. THE OBJECTIVES OF THE EXECUTIVE SESSION WERE TO REVIEW THE THREE-YEAR ACCOMPLISHMENTS OF THE PARTNERSHIP AND REVIEW COMPILED COMMUNITY HEALTH DATA TO PLAN FOR THE NEXT THREE-YEAR CYCLE.

THE RESULTS OF THE MEETING INCLUDED FOCUSING ON THE TOP FIVE PRIORITY AREAS. THE SELECTED PRIORITIES ARE (1) ACCESS TO CARE; (2) MENTAL HEALTH AND SUBSTANCE ABUSE; (3) CHRONIC DISEASE; (4) TOBACCO USE AND ASTHMA; AND (5) HEALTH COMMUNICATIONS.

THE 2016 ASSESSMENT WILL SERVE AS A STARTING POINT FOR DATA-BASED GOALS AND STRATEGIES ON HOW TO ADDRESS THE NEEDS THAT HAVE BEEN IDENTIFIED. THE HEALTH NEEDS ACKNOWLEDGED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT HAVE BE INTEGRATED INTO A THREE-YEAR COMMUNITY OUTREACH PLAN AND

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

IMPLEMENTATION STRATEGY. BY UTILIZING EXISTING RESOURCES, STRENGTHENING PARTNERSHIPS AND CREATING INNOVATIVE PROGRAMS ON BOTH THE HOSPITAL CAMPUS AND WITHIN THE COMMUNITY, SAINT MARY'S HOSPITAL HOPES TO MAKE A POSITIVE IMPACT ON THESE IDENTIFIED NEEDS.

SCHEDULE H, PART V, SECTION B, LINE 6A & 6B

IN 2012, SAINT MARY'S HOSPITAL JOINED A TEAM OF COMMUNITY LEADERS TO FORM THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP. THE PARTNERSHIP CONSISTED OF LOCAL NON-PROFIT ORGANIZATIONS INCLUDING SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL, THE WATERBURY DEPARTMENT OF PUBLIC HEALTH, THE CITY OF WATERBURY, THE STAYWELL HEALTH CENTER, THE CONNECTICUT COMMUNITY FOUNDATION, THE UNITED WAY OF GREATER WATERBURY. THE PARTNERSHIP COMMISSIONED AN EXTENSIVE STUDY OF THE HEALTH NEEDS AND PRIORITIES OF THE PEOPLE OF WATERBURY AND THE SURROUNDING TOWNS, AND THE FINDINGS WERE COMPILED IN THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT. IN 2016, AGAIN IN COLLABORATION WITH THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP, SAINT MARY'S HOSPITAL LED A COMPREHENSIVE STUDY OF THE HEALTH NEEDS AND PRIORITIES OF AREA RESIDENTS IN PREPARATION FOR THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT. SINCE ITS INCEPTION, SAINT MARY'S HAS CONTINUED TO FULLY PARTICIPATE IN THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP, WHICH CREATES OPPORTUNITIES FOR COLLECTIVE IMPACT, FOSTERS GREATER COLLABORATION COMMUNITYWIDE, AND HELPS MAKE BETTER USE OF RESOURCES BY ELIMINATING DUPLICATION OF EFFORT WHEREVER POSSIBLE.

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

SCHEDULE H, PART V, SECTION B, LINE 22D

FREE CARE IS PROVIDED FOR UNINSURED INDIVIDUALS WHOSE INCOME IS BELOW  
200% OF THE FEDERAL POVERTY INCOME LEVELS. FOR SELF-PAY ACCOUNTS WHOSE  
INCOME ARE BETWEEN 200% AND 400% OF THE FEDERAL POVERTY INCOME LEVELS,  
SAINT MARY'S WILL REDUCE THEIR BILL BY SLIDING SCALE DISCOUNT FOR AN  
ADDITIONAL CHARITY CARE REDUCTION OF 25% OFF OF THEIR REMAINING  
ACCOUNT(S) BALANCE(S) FOR A TOTAL DISCOUNT OF UP TO 65%.

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
<b>1</b> NAUGATUCK VALLEY SURGICAL CENTER 160 ROBBINS STREET, SUITE 1 WATERBURY CT 06708	SURGICAL CENTER
<b>2</b> THE HAROLD LEEVER CANCER CENTER 1075 CHASE PARKWAY WATERBURY CT 06708	CANCER CENTER
<b>3</b> SAINT MARY'S MEDICAL IMAGING CENTER 475 CHASE PARKWAY WATERBURY CT 06708	MRI SERVICES
<b>4</b> SLEEP DISORDER CENTER 1312 WEST MAIN STREET WATERBURY CT 06708	SLEEP CARE
<b>5</b> OCCPUATION HEALTH & DIAG. CENTER 146 HIGHLAND AVENUE WATERBURY CT 06708	OCCUPATIONAL HEALTH, OCCUPATIONAL THERAPY, PHYSICAL THERAPY
<b>6</b> HEART CENTER OF GREATER WATERBURY 1075 CHASE PARKWAY WATERBURY CT 06708	CARDIAC CARE
<b>7</b> ST. MARY'S HOSP. URGENT CARE - NAUGATUCK 799 NEW HAVEN ROAD NAUGATUCK CT 06770	LAB, RADIOLOGY, URGENT CARE
<b>8</b> ST. MARY'S HOSP. URGENT CARE - WOLCOTT 503 WOLCOTT ROAD WOLCOTT CT 06716	LAB, RADIOLOGY, URGENT CARE
<b>9</b> ST. MARY'S HOSP. URGENT CARE - CHESHIRE 1154 HIGHLAND AVE CHESHIRE CT 06410	LAB, RADIOLOGY, URGENT CARE
<b>10</b> ST. MARY'S MEDICAL ONCOLOGY CENTER 1075 CHASE PARKWAY WATERBURY CT 06708	ONCOLOGY

Schedule H (Form 990) 2015

**Part VI** Supplemental Information

Provide the following information.

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

SCHEDULE H, PART I, LINE 3C

OUTSTANDING PATIENT ACCOUNT BALANCES LABELED AS SELF PAY, MAY BE SENT TO AN OUTSIDE VENDOR FOR CREDIT CHECKS. PATIENTS THAT MEET CERTAIN CRITERIA WILL BE WRITTEN OFF TO CHARITY CARE.

SCHEDULE H, PART I, LINE 6A

SAINT MARY'S HOSPITAL COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING THE FISCAL YEAR ENDED 9/30/2016. THE COMMUNITY HEALTH NEEDS ASSESSMENT IS ACCESSIBLE ON THE SAINT MARY'S WEBSITE AT WWW.STMH.ORG.

SCHEDULE H, PART I, LINE 7, COLUMN F

THE PERCENT OF TOTAL EXPENSE IN PART 1, LINE 7, COLUMN (F) IS CALCULATED BY DIVIDING COLUMN (E), NET COMMUNITY BENEFIT EXPENSE, BY TOTAL EXPENSE. THE BAD DEBT EXPENSE OF \$6,835,415 WAS SUBTRACTED FROM THE TOTAL EXPENSE VALUE USED TO CALCULATE THE PERCENTAGES IN PART 1, LINE 7, COLUMN (F).

**Part VI Supplemental Information**

Provide the following information.

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

SCHEDULE H, PART I, LINE 7

FOR PART 1, LINE 7 SECTIONS (A) CHARITY CARE AT COST, (B) UNREIMBURSED MEDICAID, (C) UNREIMBURSED COSTS-OTHER MEANS-TESTED GOVERNMENT PROGRAMS THE COSTING METHODOLOGY USED WAS THE COST-TO-CHARGE RATIO USING THE INCOME STATEMENT METHOD. THE COST-TO-CHARGE RATIO WAS DERIVED FROM THE YEAR-END GENERAL LEDGER, CALCULATED BY DIVIDING GROSS EXPENSE (LESS BAD DEBT) MINUS OTHER OPERATING REVENUE BY GROSS PATIENT CHARGES AND APPLIED BY CHARGE LINE APPROPRIATELY. SECTIONS (E) COMMUNITY HEALTH IMPROVEMENT; PORTIONS OF (F) HEALTH PROFESSIONS EDUCATION, (G) SUBSIDIZED HEALTH SERVICES, (H) RESEARCH, AND (I) CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS ARE COMPRISED (EXCEPT FOR CASH DONATIONS AND IN-KIND MATERIAL DONATIONS) OF 1) SUPPLY EXPENSES; 2) PURCHASED SERVICES; 3) TUITION WAIVERS; AND 4) THE DIRECT SALARY COSTS FOR STAFF COMPENSATED BY THE HOSPITAL AND SPENT TIME PARTICIPATING IN ACTIVITIES THAT QUALIFY AS COMMUNITY BENEFITS.

THE INTERN, RESIDENT AND FELLOW PORTION OF SECTION (F) HEALTH PROFESSIONS EDUCATION ALSO INCLUDES THE SALARIES, FRINGE BENEFITS AND OTHER EXPENSES

**Part VI Supplemental Information**

Provide the following information.

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

OF THE RESIDENCY PROGRAM DERIVED FROM THE GENERAL LEDGER. INDIRECT COSTS WERE ALSO APPLIED. THE COST ACCOUNTING METHODOLOGY WAS USED TO DETERMINE NET COMMUNITY BENEFIT EXPENSE FOR (G) SUBSIDIZED HEALTH SERVICES, WHICH INCLUDE IP AND OP PSYCHIATRY SERVICE LINES AND SERIES/RECURRING.

SCHEDULE H, PART III, LINE 4

THE REVIEW FINANCIAL STATEMENTS FOR THE 10-MONTH PERIOD ENDING JULY 31, 2016 DO NOT HAVE A FOOTNOTE FOR BAD DEBT EXPENSE BUT BELOW IS THE FOOTNOTE FOR THE ALLOWANCE FOR BAD DEBTS.

THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THEIR FINANCIAL ASSISTANCE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN THEIR ESTABLISHED RATES. BECAUSE THE HOSPITAL DOES NOT ANTICIPATE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE. THE HOSPITAL GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY ARRANGEMENTS. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ARE MADE BY MEANS OF THE FOR BAD DEBTS. ACCOUNTS WRITTEN OFF AS



**Part VI Supplemental Information**

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UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED. THE AMOUNT OF THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS.

SCHEDULE H, PART III, SECTION A, LINES 2 & 3

THE HOSPITAL USED A COST TO CHARGE RATIO TO CALCULATE THE AMOUNTS RECORDED IN LINES 2 AND 3. WE REASONABLY ESTIMATED THE AMOUNT OF BAD DEBTS THAT WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY, IF THE PATIENTS WOULD HAVE APPLIED OR PROVIDED SUFFICIENT INFORMATION. WE DID NOT INCLUDE THIS AMOUNT IN THE COMMUNITY BENEFIT.

SCHEDULE H, PART III, LINE 8

THERE IS NO SHORTFALL REPORTED IN LINE 7, THEREFORE, WE DID NOT INCLUDE IN COMMUNITY BENEFIT. WE UTILIZED THE COST TO CHARGE RATIO TO ESTIMATE THE MEDICARE ALLOWABLE COSTS OF CARE.

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SCHEDULE H, PART III, LINE 9B

A PATIENT MAY REQUEST CHARITY CARE AT ANY TIME IN THE BILLING AND COLLECTION PROCESS. IF THE HOSPITAL, ITS COLLECTION AGENT, OR ITS ATTORNEY BECOMES AWARE THAT THE PATIENT OR GUARANTOR REQUESTS CHARITY CARE, THE COLLECTION PROCESS WILL BE PROMPTLY DISCONTINUED WHILE THE ELIGIBILITY STATUS OF THE PATIENT OR GUARANTOR REQUESTING ASSISTANCE IS DETERMINED. WHENEVER IT IS DETERMINED THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE FINANCIAL COUNSELOR WILL ADJUST THE BALANCE BY THE APPROPRIATE AMOUNT, AND ANY RESULTING BALANCE WILL BECOME THE PATIENT'S RESPONSIBILITY.

SCHEDULE H, PART VI, LINE 2

SAINT MARY'S WORKS WITH TRINITY HEALTH OF NEW ENGLAND TO ACCOMPLISH NATIONAL INITIATIVES TO IMPROVE HEALTH AND WELL-BEING. THIS PROCESS BEGINS EACH YEAR ON JULY 1 WITH SEVERAL KEY PRIORITIES THAT ARE STRATEGICALLY CHOSEN TO MOVE THE NEEDLE ON HEALTH AND WELL-BEING ACROSS TRINITY HEALTH HOSPITAL SYSTEM'S COMMUNITIES. THESE INITIATIVES DEPLOY

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MEASURABLE STRATEGIES THAT GO ABOVE AND BEYOND WHAT IS IDENTIFIED IN THE  
CHNA AND ADDRESS MANY UNMET NEEDS.

SAINT MARY'S HOSPITAL INDIVIDUAL COMMUNITY BENEFIT PROGRAMS HAVE BEEN  
DESIGNED TO MEET THE LONG-STANDING NEEDS OF INDIVIDUALS LIVING IN THE  
SERVICE AREA. TO IDENTIFY NEED, SAINT MARY'S HAS RELIED ON EXISTING LOCAL  
AND REGIONAL NEEDS ASSESSMENTS INCLUDING: UNITED WAY'S TEN-YEAR PLAN TO  
END HOMELESSNESS (2013); THE CENTERS FOR DISEASE CONTROL AND PREVENTION  
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (2015); CONNECTICUT DEPARTMENT  
OF PUBLIC HEALTH STATE HEALTH ASSESSMENT (2014); AND THE CONNECTICUT  
HEALTH CARE SURVEY (2013) BY THE CONNECTICUT HEALTH FOUNDATION.

IN ADDITION, THE HOSPITAL USES CONNECTICUT HOSPITAL ASSOCIATION (CHA)  
ONLINE TOOLS WHICH INCLUDE THE CHIME DECISION SUPPORT TOOL AND CHIME MAPS  
TO UNDERSTAND SERVICE AREA NEEDS. THE HOSPITAL USES THE CENSUS BUREAU  
DATABASES AS WELL AS DEMOGRAPHIC REPORTS AVAILABLE THROUGH CLARITAS  
DATABASES.

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SCHEDULE H, PART VI, LINE 3

THERE ARE BROCHURES AND SIGNAGE IN FOUR LANGUAGES INDICATING THAT FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFIED PATIENTS AND THEIR FAMILIES. SIGNAGE IS LOCATED IN REGISTRATION, EMERGENCY DEPARTMENT, ALL SOCIAL SERVICES DEPARTMENTS, CASHIER'S OFFICE, PATIENT FINANCIAL SERVICES AND THE LOBBY. THE SIGNAGE EXPLAINS THE POLICY AND HOW TO APPLY. IN ADDITION, FINANCIAL COUNSELORS ARE AVAILABLE TO MEET WITH INDIVIDUAL PATIENTS TO ASSIST DURING THE PROCESS.

ALL FAMILIES OF ELIGIBLE CHILDREN, REGARDLESS OF INCOME, RECEIVE CARE COORDINATION SERVICES IN PARTNERSHIP WITH THEIR CHILD'S MEDICAL HOME UNDER THE SAINT MARY'S PROGRAM. FAMILY AND COMMUNITY REFERRALS, DIRECT SERVICES, ADVOCACY AND LINKS TO PARENT SUPPORT SERVICES ARE ALSO PROVIDED. A LIMITED NUMBER OF FAMILIES RECEIVE RESPITE AND CAMP FUNDS. UNINSURED OR UNDERINSURED FAMILIES WHO FALL WITHIN THE TITLE V EXTENDED SERVICE FUNDS ELIGIBILITY GUIDELINES CAN ALSO BENEFIT FROM PAYMENT FOR EXTENDED SERVICES (I.E. DURABLE MEDICAL EQUIPMENT, PRESCRIPTIONS, SPECIALTY VISITS, THERAPIES AND SPECIAL NUTRITIONAL FORMULAS).

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PATIENT FINANCIAL AID SAINT MARY'S HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO QUALIFY FOR THE HOSPITAL'S "BED FUND" OR OTHER FINANCIAL ASSISTANCE PROGRAMS.

IF A PATIENT IS UNINSURED OR OTHERWISE UNABLE TO PAY HIS OR HER MEDICAL BILLS, HE OR SHE MAY QUALIFY FOR THE HOSPITAL BED FUND. IN ORDER TO QUALIFY, A PATIENT MUST MEET CERTAIN CRITERIA, INCLUDING HAVING A HOUSEHOLD INCOME AT OR BELOW 400% OF THE FEDERAL POVERTY LIMITS. IF A PATIENT QUALIFIES FOR THE "BED FUND," OR ANY OTHER FINANCIAL ASSISTANCE PROGRAMS, THE PATIENT WILL BE NOTIFIED WITHIN THIRTY (30) DAYS OF RECEIPT OF APPLICATION. IF A PATIENT'S APPLICATION IS DENIED, AN EXPLANATION WILL BE PROVIDED. THE PATIENT MAY REAPPLY AT ANY TIME AND THE APPLICATION WILL BE REASSESSED BASED ON THE AVAILABILITY OF ADDITIONAL FUNDS OR A CHANGE IN THE PATIENT'S FINANCIAL STATUS.

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SCHEDULE H, PART VI, LINE 4

SAINT MARY'S TOTAL SERVICE AREA IS COMPRISED OF 35 ZIP CODES, WHICH INCLUDE THE CITY OF WATERBURY AND 17 SURROUNDING TOWNS. THE PRIMARY SERVICE AREA (WHICH INCLUDES WATERBURY, NAUGATUCK, PROSPECT AND WOLCOTT, CT) HAS A POPULATION OF APPROXIMATELY 168,000. THE SECONDARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 153,000. THE MAJORITY OF SAINT MARY'S HOSPITAL PATIENTS LIVE IN THE CITY OF WATERBURY WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS \$40,467, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY \$70,000.

THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IN SEPTEMBER 2016 WAS 9.3%. THIS IS HIGHER THAN THE STATE OF CONNECTICUT UNEMPLOYMENT RATE OF 5.6%. OVER 30% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. IN ADDITION, 25.1% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 10.5% IN CONNECTICUT.

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CENTRAL WATERBURY HAS BEEN DESIGNATED A MEDICALLY UNDERSERVED AREA (MUA) AND MEDICALLY UNDERSERVED POPULATION (MUP) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). HRSA HAS ALSO DESIGNATED CENTRAL WATERBURY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE, DENTAL CARE AND MENTAL HEALTH.

SCHEDULE H, PART II AND PART VI, LINE 5

SAINT MARY'S COMMUNITY BUILDING ACTIVITIES INCLUDE SOME THE FOLLOWING: EMERGENCY PREPAREDNESS, BOARD SUPPORT FOR ORGANIZATIONS THAT ADDRESS SPECIFIC SOCIAL PROBLEMS SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL ISSUES, INCLUDING GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP), WORKFORCE DEVELOPMENT AND RECRUITING TO MINORITIES AND DIVERSE LANGUAGES, PARTICIPATION IN SEVERAL CONNECTICUT HOSPITAL ASSOCIATION (CHA) COLLABORATIVE EFFORTS, UNITED WAY OF GREATER WATERBURY DAY OF ACTION, AND PUBLIC COMMUNITY LANDSCAPING. THESE ACTIVITIES PROMOTE HEALTH IN MANY WAYS. THE EFFORTS OF OUR DISASTER PREPAREDNESS COMMITTEE GO ABOVE AND BEYOND WHAT IS REQUIRED OF THEM HELPS TO PREPARE OUR STAFF AND

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COORDINATE PLANS WITH OTHER LOCAL AGENCIES (FIRE, POLICE, ETC) IN THE EVENT THAT A LOCAL DISASTER WOULD OCCUR. A VARIETY OF SAINT MARY'S HOSPITAL STAFF ADVOCATE FOR HEALTHCARE REFORM BOTH LOCALLY AND AT THE STATE LEVEL IN AN EFFORT TO IMPROVE ACCESS TO HEALTHCARE AND PUBLIC HEALTH. THE VARIOUS WORKFORCE DEVELOPMENT INITIATIVES ASSURE ACCESS TO HEALTHCARE SERVICES IN OUR COMMUNITY WHILE MAINTAINING HUMAN RESOURCES. BOTH THE UNITED WAY DAY OF CARING AND PUBLIC LANDSCAPE ENHANCEMENT CLEAN UP OUR COMMUNITIES TO PROVIDE A SAFE AND HEALTHY ENVIRONMENT FOR EVERYONE TO WORK, PLAY AND LIVE.

SCHEDULE H, PART II AND PART VI, LINE 5 (CONT.)

SAINT MARY'S HOSPITAL OFFERS A VARIETY OF FREE PROGRAMS AND SERVICES THAT ARE SUBSIDIZED BY THE HOSPITAL. FROM MEDICAL AND SURGICAL SERVICES FOR THE UNINSURED AND UNDERINSURED TO HEALTH EDUCATION, SUPPORT GROUPS AND COMMUNITY OUTREACH PROGRAMS, SAINT MARY'S PLAYS AN INTEGRAL ROLE IN THE COMMUNITY WHILE RESPONDING TO THE UNIQUE HEALTHCARE NEEDS OF THE RESIDENTS OF GREATER WATERBURY.



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AN EXAMPLE OF ONE OF THE SEVERAL SAINT MARY'S MANY COMMUNITY BENEFIT SERVICES INCLUDE THE EARLY DETECTION AND WISEWOMAN PROGRAM FOR BREAST, CERVICAL, AND COLORECTAL CANCER. AS THE ONLY HOSPITAL IN WATERBURY OFFERING THIS PROGRAM, IT HAS ASSISTED AND SCREENED MORE THAN 3,200 UNINSURED OR UNDERINSURED WOMEN AND MEN SINCE THE PROGRAM BEGAN IN 1995. PATIENTS RECEIVE FREE SCREENING AND DIAGNOSTIC SERVICES AND WORK DIRECTLY WITH A NURSE CASE MANAGER TO ADDRESS BARRIERS TO CARE IF FACED WITH A HIGH RISK OR CANCER DIAGNOSIS. TO DATE, OVER 75 WOMEN HAVE BEEN DIAGNOSED WITH BREAST OR CERVICAL CANCER THROUGH OUR PROGRAM. THESE WOMEN HAVE RECEIVED APPROPRIATE AND TIMELY FOLLOW-UP CARE AND TREATMENT. AFTER OVER TWO DECADES OF SERVICE, THE EARLY DETECTION PROGRAM CONTINUES TO IMPACT THE LIVES OF WOMEN AND THEIR FAMILIES. THE PROGRAM IS OFFERED THROUGH THE SAINT MARY'S FAMILY HEALTH CENTER.

OTHER EXAMPLES OF SAINT MARY'S COMMUNITY BENEFIT PROGRAMS AND SERVICES INCLUDE SUPPORT GROUPS THAT ARE HOSTED AND SUPPORTED BY THE HOSPITAL. THE BARIATRIC SUPPORT GROUP AT SAINT MARY'S IS HELD ON A MONTHLY BASIS AND TYPICALLY ASSISTS 40 PATIENTS PER MONTH TO PROVIDE PROFESSIONAL,

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COMPASSIONATE SUPPORT BEFORE, DURING AND AFTER PATIENTS WEIGHT LOSS SURGERY.

IN ADDITION, SAINT MARY'S HAS JOINED THE SPIRIT OF WOMEN NETWORK, A NATIONAL ORGANIZATION WHICH ENGAGES, EDUCATES, AND MOTIVATES WOMEN TO TAKE ACTION FOR BETTER HEALTH FOR THEMSELVES AND THEIR FAMILIES THROUGH INSPIRING EXPERIENCES, EVENTS, AND HEALTHCARE COMMUNICATIONS. SINCE THE PROGRAMS INCEPTION IN 2015, MORE THAN 1,300 WOMEN ATTENDED FIVE EVENTS THAT WERE HELD AT LOCAL COMMUNITY VENUES.

IN ADDITION, ONE OF THE PROGRAMS THAT HAS HAD AN INCREDIBLE IMPACT IS CALLED THE PUMP CLUB (WHICH STANDS FOR PRESERVING UTMOST MUSCLE POWER), AN INITIATIVE STARTED BY THE AMERICAN COLLEGE OF CARDIOLOGY'S PATIENT NAVIGATOR PROGRAM. THIS PROGRAM HELPS CARDIAC PATIENTS OVERCOME CHALLENGES IN THE WEEKS FOLLOWING THEIR HOSPITAL DISCHARGE AND HELPS THEM AVOID READMISSION. PUMP CLUB MEMBERS COME TO THE HOSPITAL FOR POST-DISCHARGE EDUCATION, HELP MANAGING THEIR MEDICATIONS, IV THERAPY, AND OTHER TREATMENT. DURING EACH VISIT, THE STAFF GO BEYOND THE CLINICAL

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NEEDS OF PATIENTS TO ADDRESS THEIR SOCIOECONOMIC NEEDS AND ELIMINATE BARRIERS TO CARE. WITHOUT THE PUMP CLUB, MANY PATIENTS WOULD STRUGGLE TO MANAGE THEIR HEART FAILURE AND INEVITABLY SEEK CARE IN THE EMERGENCY DEPARTMENT. WITH OVER 60 MEMBERS, THE TEAM HAS ESTABLISHED AND MAINTAINS A FRAMEWORK TO KEEP ITS MEMBERS AS HEALTHY AND STABLE AS POSSIBLE. IN ADDITION TO THESE PROGRAMS SAINT MARY'S ALSO HAS SUCCESSFUL PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE GREATER WATERBURY UNITED WAY, WELLMORE BEHAVIORAL HEALTH FOR CHILDREN AND FAMILIES, AND THE MORRIS FOUNDATION, WHICH OFFERS TREATMENT, PREVENTION, EDUCATION, AND RECOVERY SUPPORT FOR INDIVIDUALS WITH SUBSTANCE ABUSE AND BEHAVIORAL HEALTH ISSUES. THE HOSPITAL HAS ALSO FORGED COLLABORATIONS TO BRING WORLD-CLASS HEALTHCARE SERVICES TO THE COMMUNITY THROUGH: - THE HAROLD LEEVER REGIONAL CANCER CENTER, A FREESTANDING 40,000-SQUARE-FOOT FACILITY DEDICATED TO OUTPATIENT CANCER CARE, WHICH IS A JOINT VENTURE PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL, EXTENDING ITS REACH.

IN THE PAST, SAINT MARY'S FAMILY HEALTH CENTER HAS BEEN RECOGNIZED BY THE

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CONNECTICUT LEGISLATURE, STATE CHILD ADVOCACY GROUPS AND THE NATIONAL INITIATIVE FOR CHILD HEALTHCARE QUALITY AS A LEADER AND MODEL PRACTICE IN THE CARE OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS BASED ON ITS "MEDICAL HOME" MODEL OF CARE.

FORMALLY KNOWN AS THE NORTHWEST REGIONAL MEDICAL HOME SUPPORT CENTER, THIS HOSPITAL-BASED PROGRAM PROVIDES ASSISTANCE TO CAREGIVERS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS AND HAS EXPANDED TO FIVE LOCATIONS: SAINT MARY'S FAMILY HEALTH CENTER, LITCHFIELD COUNTY PEDIATRICS IN TORRINGTON, PEDIATRIC ASSOCIATES OF WESTERN CONNECTICUT, PEDIATRIC ASSOCIATES OF CONNECTICUT AND THE MEDICAL/PEDIATRICS RESIDENCY TRAINING PROGRAM OPERATED JOINTLY BY SAINT MARY'S HOSPITAL AND YALE-NEW HAVEN HOSPITAL.

THE PROGRAM PROVIDES:

- CARE COORDINATION
- FAMILY SUPPORT
- ADVOCACY
- TITLE V FUNDS
- BENEFITS COORDINATION

**Part VI Supplemental Information**

Provide the following information.

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

WORKING WITH CAREGIVERS, THE "MEDICAL HOME" PROGRAM HELPS CREATE CUSTOMIZED CARE PLANS AND BRINGS TOGETHER RESOURCES THAT FAMILIES WITH CHILDREN OF SPECIAL NEEDS DEPEND UPON. THE PROGRAM PARTNERS WITH PEDIATRIC CARE PROVIDERS TO MEET THE DIVERSE NEEDS OF CAREGIVERS AND FAMILIES OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS. WORKING THROUGH REHABILITATION AND SCHOOL SERVICES, COMMUNITY AGENCIES AND DEPARTMENT OF SOCIAL SERVICES, THE PROGRAM ESTABLISHES TRANSITION PLANS FOR CHILDREN LEAVING THE PROGRAM AT AGE 21. THE UNITED STATES MATERNAL AND CHILD HEALTH BUREAU DEFINES CHILDREN WITH SPECIAL HEALTHCARE NEEDS (CSHCN) AS THOSE WHO HAVE OR ARE AT INCREASED RISK FOR: CHRONIC PHYSICAL, DEVELOPMENTAL, BEHAVIORAL OR EMOTION CONDITIONS (EXPECTED TO LAST AT LEAST A YEAR); AND THOSE WHO REQUIRE HEALTH AND RELATED SERVICES OF A TYPE OR AMOUNT BEYOND THAT REQUIRED BY CHILDREN GENERALLY. EIGHTEEN PERCENT OF CHILDREN IN THE UNITED STATES ARE INCLUDED IN THAT DEFINITION.

IN ADDITION TO THE COMMUNITY BUILDING ACTIVITIES IDENTIFIED IN RESPONSE

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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TO QUESTION 5 AND THE QUANTIFIED FREE OR DISCOUNTED HEALTH SERVICES

IDENTIFIED IN THE REPORTED CHARITY CARE FIGURES, SMH PROVIDES OTHER

COMMUNITY BENEFITS. EXAMPLES INCLUDE SCREENINGS, LECTURES, HEALTH FAIRS,

SUPPORT GROUPS, CONSULTATIONS, REFERRALS TO OUTSIDE AGENCIES AND OTHERS.

HEALTH PROFESSIONS EDUCATION: SMH IS A TEACHING HOSPITAL AND IS COMMITTED

TO PREPARING FUTURE HEALTHCARE PROFESSIONALS. THIS CATEGORY REPRESENTS

THE MAJORITY OF SMH'S COMMUNITY BENEFIT ACTIVITIES AND INCLUDES EFFORTS

TO GENERATE INTEREST IN HEALTH PROFESSIONS AS WELL AS PROVIDING A

CLINICAL SITE FOR MEDICAL STUDENTS, HIGH SCHOOL STUDENTS AND COLLEGES FOR

STUDENTS WHO ARE PURSUING DEGREES AS NURSES, PHYSICIAN ASSISTANTS (PA),

OCCUPATIONAL, SPEECH AND PHYSICAL THERAPISTS, RADIOLOGY TECHNOLOGISTS AND

MORE.

SUBSIDIZED SERVICES: SMH PROVIDES HEALTH SERVICES TO PATIENTS WITH NO

INSURANCE OR STATE INSURANCE INCLUDING EMERGENCY SERVICES AND BEHAVIORAL

HEALTH CLINICS.

**Part VI Supplemental Information**

Provide the following information.

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

FINANCIAL AND IN-KIND CONTRIBUTIONS: SMH FINANCIALLY SUPPORTS OTHER  
COMMUNITY ORGANIZATIONS THROUGH SPONSORSHIPS AND IN-KIND DONATIONS VIA  
TIME SPENT BY STAFF IN THE COMMUNITY ON LOCAL BOARDS AND VOLUNTEERING  
TIME FOR LOCAL ORGANIZATIONS.

COMMUNITY BENEFIT OPERATIONS: THE COSTS ASSOCIATED WITH PLANNING AND  
OPERATING COMMUNITY BENEFIT PROGRAMS ARE IN ITSELF A BENEFIT TO THE  
COMMUNITY. THIS CATEGORY ALSO INCLUDES COSTS ASSOCIATED WITH CONDUCTING A  
COMMUNITY HEALTH NEEDS ASSESSMENT AS WELL AS DEVELOPING AN IMPLEMENTATION  
STRATEGY.

SCHEDULE H, PART VI, LINE 6

SAINT MARY'S HOSPITAL PLAYS AN INDISPENSABLE ROLE IN THE HEALTHCARE  
DELIVERY SYSTEM FOR THE GREATER WATERBURY COMMUNITY AND THE TOWNS OF THE  
CENTRAL NAUGATUCK VALLEY. FOUNDED IN 1907 BY THE SISTERS OF SAINT JOSEPH  
OF CHAMBERY, SAINT MARY'S HAS BEEN THE CATHOLIC BEACON OF HEALING AND  
HOPE IN THE COMMUNITY FOR 100 YEARS. BUILT IN THE HEART OF THE CITY AND  
WITHIN CLOSE DISTANCE OF ITS ONCE-THRIVING BRASS MILLS SO THAT IT COULD

**Part VI Supplemental Information**

Provide the following information.

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

RESPOND READILY TO INJURED WORKERS, THE HOSPITAL HAS EVOLVED INTO A DIVERSE HEALTH SYSTEM THAT CONTINUES TO GROW. IN THE FISCAL YEAR ENDING 9/30/2016, SAINT MARY'S HOSPITAL AFFILIATED WITH TRINITY HEALTH OF NEW ENGLAND AND ITS PARENT, TRINITY HEALTH, ONE OF THE LARGEST HEALTH CARE SYSTEMS IN THE NATION. TRINITY HEALTH WAS BORN NEARLY 170 YEARS AGO AND NOW COMPRISES SOME 93 HOSPITALS AND 120 CONTINUING CARE FACILITIES, AS WELL AS HOME CARE AGENCIES AND OUTPATIENT CENTERS IN 22 STATES. TRINITY HEALTH'S MISSION AND VALUES, AND LONGTIME DEDICATION TO SERVICE, MATCH OUR OWN. OUR TRADITION OF OUTREACH TO THE COMMUNITY HAS SHAPED OUR COMMUNITY BENEFIT MINISTRY, BUT OUR APPROACH IS ALSO DUE TO OUR INCREASING AWARENESS THAT A HEALTH CARE SYSTEM'S SUCCESS IS INEXTRICABLY TIED TO CONDITIONS BEYOND THE WALLS OF THE HOSPITAL. TO REACH PEAK EFFECTIVENESS, TO ACHIEVE THE GREATEST GOOD FOR THE GREATEST NUMBER OF PEOPLE OF EVERY SOCIO ECONOMIC STATUS, OUR EFFORTS MUST REACH BROADLY AND DEEPLY INTO THE COMMUNITY ITSELF, REMOVING AS MANY BARRIERS TO HEALTH AND HEALTH CARE AS WE CAN. WE WILL ALWAYS FOCUS ON ACCESS TO HEALTH CARE AND HEALTH SERVICES, AND WE WILL STRIVE FOR THE VERY BEST HEALTH OUTCOMES POSSIBLE. BUT WE HAVE REDEFINED AND BROADENED THE TERM, SO THAT MANY OF



**Part VI Supplemental Information**

Provide the following information.

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

THE COMMUNITY BENEFIT SERVICES WE PROVIDE TAKE PLACE OUTSIDE THE  
HOSPITAL'S WALLS AND FOCUS ON OUTREACH.

SAINT MARY'S AFFILIATED ORGANIZATIONS SHARE THE GOAL OF PROMOTING HEALTHY  
LIVING AND DISEASE DETECTION AND PREVENTION THROUGHOUT THE WATERBURY  
COMMUNITY.

THE HEART CENTER OF GREATER WATERBURY IS A PARTNERSHIP ORGANIZATION WITH  
SOLE MEMBERS: SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL. THE HEART  
CENTER PROMOTES HEALTHY LIVING AND CARDIOVASCULAR DISEASE DETECTION  
THROUGH SUPPORT GROUPS, SCREENINGS, COMMUNITY HEALTH BOARD INVOLVEMENT,  
AND COMMUNITY EDUCATION.

THE HAROLD LEEVER CANCER CENTER IS A PARTNERSHIP ORGANIZATION WITH SOLE  
MEMBERS: SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL. THE HAROLD LEEVER  
CANCER CENTER PROMOTES CANCER AWARENESS AND SUPPORT FOR PATIENTS THROUGH  
SUPPORT GROUPS, SCREENINGS AND COMMUNITY EDUCATION.

**Part VI Supplemental Information**

Provide the following information.

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

SAINT MARY'S HOSPITAL FOUNDATION IS A 501(C)(3) ORGANIZATION. THE FOUNDATION SUPPORTS THE HOSPITAL'S MISSION BY RAISING MONEY TO BENEFIT A VARIETY OF COMMUNITY NEEDS.

FRANKLIN MEDICAL GROUP IS A CAPTIVE PROFESSIONAL CORPORATION OF MULTI-SPECIALTY PHYSICIANS AFFILIATED WITH SAINT MARY'S HOSPITAL. THE MEDICAL GROUP OPERATES THE FAMILY HEALTH CENTER AND A VARIETY OF CLINICS OFTEN BENEFITING THE UNINSURED POPULATION. IN ADDITION TO PATIENT CARE, PATIENTS BENEFIT FROM A VARIETY OF FREE OR DISCOUNTED SERVICES.

SCHEDULE H, PART VI, LINE 7

CT

**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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

**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 checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" 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" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHAD WABLE PRESIDENT	(i)	561,766.	139,690.	197,117.	153,711.	43,912.	1,096,196.
	(ii)	0.	0.	0.	0.	0.	0.
2 CHRISTOPHER M. DADLEZ DIRECTOR (SINCE 8/1/2016)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	920,289.	795,000.	0.	757,196.	49,905.	2,522,390.
3 JAMES UBERTI, M.D. DIRECTOR (THRU 7/31/2016)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	178,618.	0.	568.	3,601.	4,659.	187,446.
4 MICHAEL NOVAK VP OPERATIONS	(i)	271,974.	61,412.	414.	11,925.	30,068.	375,793.
	(ii)	0.	0.	0.	0.	0.	0.
5 M. CLARK KEARNEY VP HUMAN RESOURCES	(i)	216,763.	51,855.	1,356.	11,925.	16,281.	298,180.
	(ii)	0.	0.	0.	0.	0.	0.
6 JOSEPH CONNOLLY CHIEF MARKETING OFFICER	(i)	200,626.	45,266.	414.	11,083.	31,005.	288,394.
	(ii)	0.	0.	0.	0.	0.	0.
7 STEPHEN SCHNEIDER, MD CWO	(i)	399,901.	94,631.	1,188.	11,925.	38,773.	546,418.
	(ii)	0.	0.	0.	0.	0.	0.
8 DAN SULLIVAN DIRECTOR OF PHARMACY	(i)	168,174.	16,025.	573.	8,536.	22,731.	216,039.
	(ii)	0.	0.	0.	0.	0.	0.
9 JAMES TUCKER VP AND CHIEF NURSING OFFICER	(i)	213,986.	38,438.	774.	5,064.	29,685.	287,947.
	(ii)	0.	0.	0.	0.	0.	0.
10 ELIZABETH BOZZUTO VP SURGICAL SERVICES	(i)	246,579.	37,650.	0.	0.	0.	284,229.
	(ii)	0.	0.	0.	0.	0.	0.
11 RALPH BECKER VP CFO	(i)	322,288.	51,667.	1,188.	11,925.	33,683.	420,751.
	(ii)	0.	0.	0.	0.	0.	0.
12 CHARLES FLINN VP COO	(i)	326,697.	58,125.	414.	11,925.	18,916.	416,077.
	(ii)	0.	0.	0.	0.	0.	0.
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III Supplemental Information**

Complete this part to 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.

SCHEDULE J, PART I, LINE 1A

THE HOSPITAL PAYS FOR A SOCIAL CLUB MEMBERSHIP FOR CHAD WABLE. THE VALUE OF SUCH BENEFIT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

SCHEDULE J, PART I, LINE 4A

ELIZABETH BOZZUTO'S EMPLOYMENT CONTRACT INCLUDED A PROVISION FOR SALARY CONTINUATION. FOR PURPOSES OF SCHEDULE J, THE AMOUNT IS INCLUDED IN BASE COMPENSATION IN COLUMN B(I)

SCHEDULE J, PART I, LINE 4B

CHAD WABLE PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN. THE AMOUNT OF 457(F) BENEFITS ACCRUED OF \$123,786 IS INCLUDED IN PART II, COLUMN C.

SCHEDULE J, PART I, LINE 6A

EACH SENIOR LEADER IS PROVIDED A BONUS BASED ON NET EARNINGS AND OTHER CORPORATE GOALS. THE BONUS IS CONTINGENT ON CORPORATE GOALS AND OBJECTIVES EACH YEAR. DURING FY2016, THERE WERE 5 OBJECTIVES: PEOPLE, SERVICE, QUALITY, FINANCE, AND GROWTH. THE BONUS IS COMPUTED ON A

**Part III Supplemental Information**

Complete this part to 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.

PERCENTAGE ALLOCATION FOR THE WEIGHT OF EACH OBJECTIVE WHICH IS DIFFERENT

FOR EACH SENIOR LEADER BASED ON THEIR JOB FUNCTION.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

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

1	(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)													
<b>Total</b> . . . . . ▶							\$						

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

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

1	(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)					

**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) FAMILY MEMBER	SPOUSE OF BOARD MEMBER	48,384.	SEE PART V FOR DESCRIPTION		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).

SCHEDULE L, PART IV

KIMBERLY ROSCOE IS THE SPOUSE OF BOARD MEMBER ROBERT ROSCOE. DURING 2015, THE HOSPITAL PAID A SPOUSE OF A BOARD MEMBER \$48,384 IN TOTAL COMPENSATION, WHICH INCLUDED SALARY AND BENEFITS.

SCHEDULE L, PART V

RESPONSE TO FORM 990, PART IV, LINE 28C:

SAINT MARY'S HAS NO TRANSACTIONS TO REPORT BASED ON THE CURRENT INSTRUCTIONS.



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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

FORM 990, PART III, LINE 4A

INPATIENT SERVICES - SAINT MARY'S REMAINS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE FOR OUR PATIENTS. THE HOSPITAL PROVIDED INPATIENT TREATMENT FOR 11,715 INPATIENTS IN 2016, WITH AN AVERAGE LENGTH OF STAY OF 4.0 DAYS. SAINT MARY'S THREE LARGEST PROGRAMS ARE SURGERY, CARDIOLOGY AND MEDICINE.

IN 2016, 1,168 PATIENTS CHOSE TO HAVE GENERAL SURGERY AT SAINT MARY'S, STAYING AT THE HOSPITAL FOR A TOTAL OF 6,192 DAYS AND GENERATED \$23 MILLION IN REVENUE; 1,367 PATIENTS CHOSE SAINT MARY'S FOR CARDIAC CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 5,626 DAYS AND GENERATING \$22 MILLION IN REVENUE; AND 4,044 PATIENTS RECEIVED INPATIENT MEDICAL CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 16,440 DAYS, AND GENERATING \$40 MILLION IN REVENUE.

AS THE HOSPITAL CONTINUES TO DISTINGUISH ITSELF AS A LEADING PROVIDER OF HEALTHCARE SERVICES IN THE REGION, IT HAS GARNERED RECOGNITION FROM STATE AND NATIONAL ORGANIZATIONS FOR PROVIDING OUTSTANDING PATIENT CARE.

SAINT MARY'S HOSPITAL IS RANKED AS THE TOP-PERFORMING HOSPITAL IN CONNECTICUT FOR DELIVERING PERCUTANEOUS CORONARY INTERVENTION (PCI), A LIFE-SAVING PROCEDURE THAT OPENS THE BLOCKED ARTERIES OF HEART ATTACK PATIENTS. THE NATIONAL STANDARD STATES THAT PATIENTS SHOULD RECEIVE THIS PROCEDURE WITHIN 90 MINUTES OF ARRIVAL AT THE HOSPITAL. ACCORDING TO THE

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FEDERAL CENTERS FOR MEDICARE AND MEDICAID (CMS), 100 PERCENT OF PATIENTS WHO REQUIRE ANGIOPLASTY RECEIVE IT AT SAINT MARY'S WITHIN 90 MINUTES OF ARRIVAL. THIS RANKS SAINT MARY'S AS THE NUMBER ONE PERFORMING HOSPITAL IN CONNECTICUT, AND SIGNIFICANTLY AHEAD OF THE NATIONAL AVERAGE, WHICH IS 79 PERCENT OF PATIENTS BEING TREATED WITHIN 90 MINUTES.

IN ADDITION, SINCE 2007, SAINT MARY'S HOSPITAL HAS CONSISTENTLY BEEN RECOGNIZED BY THE AMERICAN HEART ASSOCIATION, THE AMERICAN COLLEGE OF CARDIOLOGY AND OTHER ORGANIZATIONS FOR OUTSTANDING CARE OF HEART ATTACK AND HEART FAILURE PATIENTS. THESE ACHIEVEMENTS ARE THE RESULT OF OUR COMMITMENT TO CONTINUOUS QUALITY IMPROVEMENT THROUGH OUR INVOLVEMENT IN THE NATIONAL GET WITH THE GUIDELINES (GWTG) PROGRAM AND AMERICAN COLLEGE OF CARDIOLOGY'S NATIONAL CARDIOVASCULAR DATA REGISTRY (NCDR) ACTION REGISTRY, AND OUR ROLE AS ONE OF THE NATION'S FIRST ACC PATIENT NAVIGATOR HOSPITALS. THIS RECOGNITION INDICATES THAT SAINT MARY'S IS DEDICATED TO PROVIDING THE BEST CARDIAC CARE IN THE COUNTRY FOR OUR PATIENTS. IN ADDITION, SAINT MARY'S CONSISTENTLY FOLLOWED THE TREATMENT GUIDELINES IN ACTION REGISTRY@-GWTGTM FOR EIGHT CONSECUTIVE QUARTERS IN ACTION REGISTRY-GWTG AND MET A PERFORMANCE STANDARD OF 90% FOR SPECIFIC PERFORMANCE MEASURES TO RECEIVE THE 2016 AWARD. ACTION REGISTRY-GWTG IS A PARTNERSHIP BETWEEN THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION AND THE AMERICAN HEART ASSOCIATION WITH PARTNERING SUPPORT FROM THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS AND THE SOCIETY OF CARDIOVASCULAR PATIENT CARE.

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IN FISCAL YEAR 2016, SAINT MARY'S HOSPITAL HAS EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL® AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S HEART-CHECK MARK FOR ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTERS. THE GOLD SEAL OF APPROVAL® AND THE HEART-CHECK MARK REPRESENT SYMBOLS OF QUALITY FROM THEIR RESPECTIVE ORGANIZATIONS. IN ADDITION, SAINT MARY'S ADDED A TELEMEDICINE COMPONENT TO HOW WE DELIVER STROKE CARE. TELEMEDICINE IS A CLOUD-BASED METHOD OF CONNECTING DOCTORS WITH PATIENTS REMOTELY, SIMILAR TO SKYPE OR VIDEO CONFERENCING. AT SAINT MARY'S HOSPITAL, WE USE INTOUCH HEALTH ROBOTS TO CONNECT NEUROLOGISTS FROM THE GREATER WATERBURY AREA TO OUR PATIENTS WITH A POTENTIAL STROKE. WHEN PATIENTS PRESENT TO THE EMERGENCY DEPARTMENT WITH SUDDEN ONSET OF STROKE SYMPTOMS, WE MOVE QUICKLY. THE INTOUCH HEALTH ROBOT ENABLES THE PATIENT TO BE SEEN AND EVALUATED BY THE LOCAL NEUROLOGIST IN A TIMELY MANNER.

IN THE 2016 FISCAL YEAR, SAINT MARY'S SCORED IN THE TOP 20 PERCENT OF ALL HOSPITALS IN A NATIONAL COMPARISON GROUP TO RECEIVE THE 2016 COMMUNITY VALUE FIVE STAR® AWARD AND WAS AMONG A SMALLER SUBSET TO RECEIVE THE 2016 COMMUNITY VALUE 100® AWARD, MAKING IT ONE THE HIGHEST SCORING FACILITIES IN THE COUNTRY.

IN ADDITION, SAINT MARY'S IS A LEADER IN SURGICAL SERVICES. OUR PHYSICIANS PROVIDE BOTH IN-PATIENT AND OUT-PATIENT SURGERY IN THE AREAS OF GI, ONCOLOGY, THORACIC, VASCULAR, LAPAROSCOPY, TRAUMA, GYNECOLOGY, UROLOGY, NEUROSURGERY, ORTHOPEDICS, CARDIOTHORACIC, PLASTIC, BARIATRIC

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AND ENDOCRINE SURGERY AT SAINT MARY'S HOSPITAL.

OUR EXPERIENCED SURGEONS PERFORM ADVANCED ROBOTIC-ASSISTED PROCEDURES UTILIZING TWO DAVINCI® ROBOTIC SURGICAL SYSTEMS. THIS INNOVATIVE TECHNOLOGY IS BECOMING THE STANDARD OF CARE FOR MANY COMPLEX SURGICAL PROCEDURES WITH APPLICATIONS FOR GYNECOLOGIC, UROLOGIC, THORACIC, CARDIAC AND GENERAL SURGERY. AS THE LEADING PROVIDER OF SURGICAL SERVICES IN THE REGION, SAINT MARY'S IS COMMITTED TO PROVIDING THE HIGHEST QUALITY AND SUPERIOR SERVICE FOR OUR PATIENTS. DURING FISCAL YEAR 2016, SAINT MARY'S PERFORMED 563 SURGERIES USING THE DAVINCI® ROBOTIC SURGICAL SYSTEMS.

IN ADDITION, THE HOSPITAL OFFERS A COMPREHENSIVE SIX- YEAR TRAINING PROGRAM IN GENERAL SURGERY. SAINT MARY'S HOSPITAL IS COMMUNITY BASED AND BOASTS A CLOSE AFFILIATION TO YALE UNIVERSITY IN NEARBY NEW HAVEN, CONNECTICUT, AND THE UNIVERSITY OF CONNECTICUT IN FARMINGTON, CONNECTICUT. HISTORICALLY, NEARLY ONE HALF OF THE RESIDENTS COMPLETING THIS PROGRAM HAVE PURSUED FURTHER TRAINING IN CARDIOTHORACIC, COLON AND RECTAL, PLASTIC AND RECONSTRUCTIVE, SURGICAL ONCOLOGY, OR VASCULAR SURGERY.

SAINT MARY'S ALSO OFFERS A FOUR-BED NEUROSPINE INTENSIVE CARE UNIT (NEUROICU). THIS NEW UNIT ALLOWS SAINT MARY'S TO CARE FOR PATIENTS WHO REQUIRE SPECIALIZED CARE FOLLOWING SURGICAL TREATMENT OF BRAIN TUMORS, HEAD TRAUMA, OR STROKES. THE NEUROICU FEATURES NEW, STATE-OF-THE-ART EQUIPMENT THAT ALLOWS SECOND-TO-SECOND MONITORING OF CRITICALLY-ILL

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PATIENTS.

IN ADDITION, SAINT MARY'S HOSPITAL HAS BEEN RECOGNIZED BY ANTHEM BLUECROSS WITH A BLUE DISTINCTION® CENTER DESIGNATION IN THE AREA OF BARIATRIC SURGERY. BLUE DISTINCTION CENTERS ARE NATIONALLY-DESIGNATED HEALTHCARE FACILITIES SHOWN TO DELIVER QUALITY SPECIALTY CARE BASED ON OBJECTIVE MEASURES THAT WERE DEVELOPED WITH INPUT FROM THE MEDICAL COMMUNITY FOR PATIENT SAFETY AND BETTER HEALTH OUTCOMES. AS A LEADER IN BARIATRIC SURGERY SAINT MARY'S GAINED ACCREDITATION BY THE AMERICAN COLLEGE OF SURGEONS (ACS) METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) AND THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS). THIS ACCREDITATION "FORMALLY ACKNOWLEDGES THE COMMITMENT TO PROVIDING AND SUPPORTING QUALITY IMPROVEMENT AND PATIENT SAFETY EFFORTS FOR METABOLIC AND BARIATRIC SURGERY PATIENTS. AS AN ACCREDITED PROGRAM SAINT MARY'S HAS DEMONSTRATED THAT THE CENTER MEETS THE NEEDS OF OUR PATIENTS BY PROVIDING MULTIDISCIPLINARY, HIGH-QUALITY, PATIENT-CENTERED CARE.

FORM 990, PART III, LINE 4B

SAINT MARY'S NETWORK EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, CHESHIRE, SOUTHURY AND PROSPECT. IN 2016, 253,992 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE. THE HOSPITAL'S TWO LARGEST PROGRAMS ARE ITS EMERGENCY DEPARTMENT, WHICH PROVIDED TREATMENT TO 64,952 PATIENTS IN 2016, GENERATING \$29 MILLION IN REVENUE, AND AMBULATORY SURGERY. IN 2016, 15,598 PATIENTS CHOSE TO HAVE OUTPATIENT SURGERY AT SAINT MARY'S, GENERATING \$52 MILLION IN REVENUE.

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OUTPATIENT SERVICES INCLUDE BUT ARE NOT LIMITED TO: MEDICAL IMAGING, BLOOD DRAW AND LAB SERVICES, CARDIAC AND PULMONARY REHABILITATION CLASSES, NUTRITIONAL COUNSELING AND EXPECTANT PARENT CLASSES. SAINT MARY'S SATELLITE FACILITIES INCLUDE HEALTH AND WELLNESS CENTERS PROVIDING CERTIFIED URGENT CARE CENTERS, BLOOD DRAW STATIONS AND X-RAY SERVICES IN NAUGATUCK, WATERBURY, CHESHIRE AND WOLCOTT; OUTPATIENT REHABILITATION THERAPY OFFICES IN WATERBURY, WOLCOTT AND NAUGATUCK; OUTPATIENT SLEEP DISORDERS CENTERS IN WATERBURY AND WOLCOTT; THE BREAST & ONCOLOGY CENTERS IN SOUTHBURY AND PROSPECT, AND OCCUPATIONAL THERAPY IN WATERBURY. SAINT MARY'S HAS BEEN RECOGNIZED AT THE STATE AND NATIONAL LEVELS AS A DISTINGUISHED PROVIDER OF OUTPATIENT SERVICES.

ONE ADDITION TO THE OUTPATIENT SERVICES INCLUDED THE LIONS LOW VISION CENTER WHICH IS ONE OF ONLY FIVE CENTERS IN CONNECTICUT AND THE ONLY CENTER OF ITS KIND IN GREATER WATERBURY. SPECIALISTS COLLABORATE WITH PATIENTS' EYE CARE PROFESSIONALS AND HELP PATIENTS MAKE THE MOST OF THEIR AVAILABLE VISION WITH EXERCISES, COMPENSATORY STRATEGIES, AND TRAINING WITH LOW VISION AIDES.

SAINT MARY'S IS AMONG THE LARGEST AND BUSIEST EMERGENCY DEPARTMENTS IN THE STATE OF CONNECTICUT. IN FACT, WITH APPROXIMATELY 70,000 EMERGENCY VISITS PER YEAR, WE RANK AS THE 9TH BUSIEST IN THE STATE. THE SAINT MARY'S EMERGENCY DEPARTMENTS IS A CERTIFIED LEVEL 2 TRAUMA CENTER, AND ALL PHYSICIANS ARE BOARD CERTIFIED IN EMERGENCY MEDICINE. THE EMERGENCY

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DEPARTMENT PLAYS A CRITICAL ROLE IN HELPING SAINT MARY'S ACHIEVE ITS EXTRAORDINARY PERFORMANCE WITH DOOR-TO-BALLOON TIME, A MEASURE OF THE TIME IT TAKES A HEART ATTACK VICTIM TO HAVE HIS OR HER BLOCKED ARTERIES OPENED. SAINT MARY'S MEDIAN DOOR-TO-BALLOON TIME IS 60 MINUTES. SAINT MARY'S DOOR-TO-BALLOON TIME IS 30 MINUTES FASTER THAN NATIONAL GUIDELINES SET BY THE AMERICAN COLLEGE OF CARDIOLOGY FOR OPENING BLOCKED ARTERIES.

THE DEPARTMENT ALSO PROVIDES AMBULATORY CARE SERVICES, WHICH ARE DESIGNED TO ACCOMMODATE NON-EMERGENT, LOWER ACUITY NEEDS. THIS UNIT CONTAINS A PEDIATRIC CENTER, WHICH IS STAFFED BY PEDIATRICIANS EACH AFTERNOON. FINALLY, THE EMERGENCY DEPARTMENT CONTAINS A DEDICATED BEHAVIORAL HEALTH AREA, SUPPORTED BY A PSYCHIATRIST, SOCIAL WORKER AND SPECIALIZED NURSES. THIS UNIT PROVIDES A MUCH NEEDED RESOURCE FOR SERVING OUR PATIENT POPULATION, AND HAS SEEN CONTINUED GROWTH AND INCREASE IN DEMAND.

SAINT MARY'S CANCER PROGRAM WAS AWARDED A THREE-YEAR ACCREDITATION FROM THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER WITH COMMENDATION. ONLY 40 PERCENT OF ALL U.S. HOSPITALS SURVEYED BY THE COMMISSION ACHIEVE THIS LEVEL OF RECOGNITION. ACS ACCREDITATION ENSURES THAT PATIENTS WHO CHOOSE SAINT MARY'S FOR CANCER CARE HAVE ACCESS TO A COMPLETE RANGE OF STATE-OF-THE-ART SERVICES AND EQUIPMENT, A TEAM THAT COORDINATES THE BEST AVAILABLE TREATMENT OPTIONS, AND ACCESS TO CLINICAL TRIALS AND NEW TREATMENT OPTIONS, AS WELL AS EARLY DETECTION PROGRAMS, EDUCATION AND SUPPORT SERVICES.

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SAINT MARY'S WOUND HEALING CENTER IS STAFFED BY A SPECIALIZED TEAM OF PHYSICIANS, SURGEONS, NURSES AND TECHNICIANS, WHO COLLABORATE TO PRODUCE THE BEST POSSIBLE OUTCOMES. ON AVERAGE, 92 PERCENT OF PATIENTS WHO COME TO THE CENTER WITH CHRONIC WOUNDS THAT HAVE RESISTED TRADITIONAL TREATMENT ACHIEVE SUCCESSFUL RESULTS WITHIN 14 WEEKS. SPECIALIZED WOUND CARE ALSO HELPS PATIENTS WITH DIABETIC ULCERS, PRESSURE ULCERS, INFECTIONS AND COMPROMISED SKIN GRAFTS. IN ADDITION THE CENTER OFFERS HYPERBARIC OXYGEN THERAPY, WHICH IS PARTICULARLY EFFECTIVE FOR PATIENTS WHO SUFFER FROM RADIATION DAMAGE OR FACE THE POSSIBILITY OF AMPUTATION.

FORM 990, PART III, LINE 1

THE MISSION OF SAINT MARY'S HOSPITAL AND OF TRINITY HEALTH IS TO SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES.

SAINT MARY'S HOSPITAL PLAYS AN INDISPENSABLE ROLE IN THE HEALTHCARE DELIVERY SYSTEM FOR THE GREATER WATERBURY COMMUNITY AND THE TOWNS OF THE CENTRAL NAUGATUCK VALLEY. FOUNDED IN 1907 BY THE SISTERS OF SAINT JOSEPH OF CHAMBERY, SAINT MARY'S HAS BEEN THE CATHOLIC BEACON OF HEALING AND HOPE IN THE COMMUNITY FOR 100 YEARS. BUILT IN THE HEART OF THE CITY AND WITHIN CLOSE DISTANCE OF ITS ONCE-THRIVING BRASS MILLS SO THAT IT COULD RESPOND READILY TO INJURED WORKERS, THE HOSPITAL HAS EVOLVED INTO A DIVERSE HEALTH SYSTEM THAT TODAY PROVIDES A VARIETY OF HEALTHCARE, EDUCATIONAL, FINANCIAL AND OTHER BENEFITS TO THE PEOPLE IT SERVES.

IN 2016, SAINT MARY'S AFFILIATED WITH TRINITY HEALTH OF NEW ENGLAND AND



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ITS PARENT, TRINITY HEALTH, ONE OF THE LARGEST HEALTH CARE SYSTEMS IN THE NATION. TRINITY HEALTH WAS BORN NEARLY 170 YEARS AGO AND NOW COMPRISES SOME 93 HOSPITALS AND 120 CONTINUING CARE FACILITIES, AS WELL AS HOME CARE AGENCIES AND OUTPATIENT CENTERS IN 22 STATES. TRINITY HEALTH'S MISSION AND VALUES, AND LONGTIME DEDICATION TO SERVICE, MATCH OUR OWN. OUR TRADITION OF OUTREACH TO THE COMMUNITY HAS SHAPED OUR COMMUNITY BENEFIT MINISTRY, BUT OUR APPROACH IS ALSO DUE TO OUR INCREASING AWARENESS THAT A HEALTH CARE SYSTEM'S SUCCESS IS INEXTRICABLY TIED TO CONDITIONS BEYOND THE WALLS OF THE HOSPITAL. TO REACH PEAK EFFECTIVENESS, TO ACHIEVE THE GREATEST GOOD FOR THE GREATEST NUMBER OF PEOPLE OF EVERY SOCIO ECONOMIC STATUS, OUR EFFORTS MUST REACH BROADLY AND DEEPLY INTO THE COMMUNITY ITSELF, REMOVING AS MANY BARRIERS TO HEALTH AND HEALTH CARE AS WE CAN. SAINT MARY'S IS FOCUSED ON ACCESS TO HEALTH CARE AND HEALTH SERVICES, AND WE WILL STRIVE FOR THE VERY BEST HEALTH OUTCOMES POSSIBLE. BUT WE HAVE REDEFINED AND BROADENED THE TERM, SO THAT MANY OF THE COMMUNITY BENEFIT SERVICES WE PROVIDE TAKE PLACE OUTSIDE THE HOSPITAL'S WALLS AND FOCUS ON OUTREACH.

OVERALL, SAINT MARY'S EXISTS TO SERVE THE PEOPLE OF WATERBURY AND ITS SURROUNDING COMMUNITIES. PROVIDING HIGH QUALITY HEALTHCARE TO ALL WHO NEED IT, REGARDLESS OF ABILITY TO PAY, HAS BEEN CENTRAL TO ITS MISSION THROUGHOUT ITS EXISTENCE. ADAPTING TO MEET THE CHANGING NEEDS OF THE COMMUNITY, THE HOSPITAL IS MORE FOCUSED THAN EVER ON PRESERVING ACCESS TO APPROPRIATE HEALTHCARE AND PROVIDING EXCEPTIONAL QUALITY AND SERVICE TO PATIENTS AND THEIR FAMILIES.

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SAINT MARY'S HOSPITAL: - PROVIDES PRIMARY AND SPECIALTY CARE THROUGH ITS FAMILY HEALTH CENTER - PARTICIPATES IN MEDICAID, MEDICARE, SAGA, HUSKY A & B, CHARTER OAK AND/OR OTHER GOVERNMENT- SPONSORED HEALTHCARE PROGRAMS - SERVES ONE OF CONNECTICUT'S MOST CHALLENGING URBAN POPULATIONS, IN A DESIGNATED MEDICALLY UNDERSERVED AREA (MUA) - SPONSORS MEDICAL, SURGICAL, AND DENTAL RESIDENCY PROGRAMS TO PROVIDE PROFESSIONAL EDUCATION FOR PHYSICIANS IN TRAINING AND ENCOURAGE THE RETENTION OF PROVIDERS WHO WILL CHOOSE TO REMAIN IN ITS PRIMARY SERVICE AREA.

THE CHALLENGES FACED BY SAINT MARY'S HOSPITAL ARE SIGNIFICANT, YET IT REMAINS FULLY DEDICATED TO FULFILLING ITS CORE MISSION. AS HAS BEEN THE CASE THROUGHOUT THE HOSPITAL'S HISTORY, ITS MISSION IS BROUGHT TO LIFE BY ITS TALENTED AND HARD WORKING EMPLOYEES, WHOSE INGENUITY AND PERSEVERANCE ENSURES THAT THE INDIVIDUAL AND COLLECTIVE NEEDS OF THE COMMUNITY ARE BEING MET. THE MISSION OF SAINT MARY'S HOSPITAL AND OF TRINITY HEALTH IS TO SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES.

THE HOSPITAL'S STAFF, MEDICAL STAFF, BOARD OF DIRECTORS, FOUNDATION, AUXILIARY, AND VOLUNTEERS ARE ALSO UNITED BY THESE VALUES:

- REVERENCE - WE HONOR THE SACREDNESS AND DIGNITY OF EVERY PERSON.
- COMMITMENT TO THOSE WHO ARE POOR - WE STAND WITH AND SERVE THOSE WHO ARE POOR, ESPECIALLY THOSE MOST VULNERABLE.
- JUSTICE - WE FOSTER RIGHT RELATIONSHIPS TO PROMOTE THE COMMON GOOD,

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INCLUDING SUSTAINABILITY OF EARTH.

-STEWARDSHIP - WE HONOR OUR HERITAGE AND HOLD OURSELVES ACCOUNTABLE FOR THE HUMAN, FINANCIAL AND NATURAL RESOURCES ENTRUSTED TO OUR CARE.

-INTEGRITY - WE ARE FAITHFUL TO WHO WE SAY WE ARE.

FORM 990, PART VI, SECTION A, LINE 4

EFFECTIVE AUGUST 1, 2016, SAINT MARY'S HOSPITAL, INC. BECAME A MEMBER OF TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC., A CONNECTICUT NONSTOCK CORPORATION. AS A RESULT OF THIS TRANSACTION, TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. BECAME THE SOLE CORPORATE MEMBER OF SAINT MARY'S HOSPITAL, INC. AND ITS AFFILIATES. THE BYLAWS OF THE ORGANIZATION HAVE BEEN UPDATED TO REFLECT THIS MEMBER SUBSTITUTION. TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. IS A MEMBER OF TRINITY HEALTH CORPORATION, INC. AN INDIANA NONPROFIT CORPORATION, SPONSORED BY CATHOLIC HEALTH MINISTRIES, A PUBLIC JURIDIC PERSON OF THE HOLY ROMAN CATHOLIC CHURCH.

FORM 990, PART VI, SECTION A, LINE 6 AND 7A

EFFECTIVE AUGUST 1, 2016 WITH THE MERGER OF SAINT MARY'S HOSPITAL INC. INTO TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC., TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. IS THE SOLE MEMBER OF SAINT MARY'S HOSPITAL, INC. AND APPOINTS THE BOARD OF DIRECTORS. PRIOR TO THE MERGER SAINT MARY'S HEALTH SYSTEM, INC. WAS THE SOLE MEMBER AND APPOINTED THE BOARD OF DIRECTORS.

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

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THE FOLLOWING DISCLOSURE ONLY APPLIES TO THE PERIOD PRIOR TO THE TRINITY MERGER EFFECTIVE AUGUST 1, 2016.

PURSUANT TO THE PROVISIONS OF SECTION 33-1080(B) OF THE CONNECTICUT REVISED NON-STOCK CORPORATION ACT AND THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF THE CORPORATION, THERE SHALL BE RESERVED TO THE ARCHBISHOP OF THE HARTFORD ROMAN CATHOLIC ARCHDIOCESE OF HARTFORD (UNLESS SPECIFICALLY DELEGATED BY HIM) THE FOLLOWING RIGHTS AND POWERS:

(A) TO APPROVE THE MISSION OR PURPOSE AND THE PHILOSOPHY OF THE CORPORATION AND OF ANY SAINT MARY'S SUBSIDIARIES. (B) TO APPROVE THE ACQUISITION, ALIENATION OR CONVEYANCE OF THE REAL PROPERTY OF THE CORPORATION THAT IS VALUED AT AN AMOUNT GREATER THAN THAT ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW OR TO PLACE A MORTGAGE ON SUCH PROPERTY OR TO BORROW FUNDS IN AMOUNTS GREATER THAN THOSE ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS. (C) TO APPROVE THE DISPOSAL OF ALL OR SUBSTANTIALLY ALL OF THE PHYSICAL ASSETS OF THE CORPORATION AND TO APPROVE THE MERGER OR CONSOLIDATION OF THE CORPORATION. (D) TO APPROVE THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION OR THE BYLAWS OF THE CORPORATION. AFTER THE MERGER, NO ONE EXCEPT THE BOARD OF DIRECTORS HAS SUCH POWERS.

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

THE FINANCE COMMITTEE OF TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. HAS THE RESPONSIBILITY FOR OVERSEEING THE REVIEW OF THE FORM 990

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INCLUDING ENSURING APPROPRIATE DIRECTORS AND MANAGEMENT PERSONNEL HAVE REVIEWED, ANY ISSUES ARE COMMUNICATED TO THE COMMITTEE AND FORMS 990 ARE AVAILABLE TO THE BOARD OF DIRECTORS. A COMPLETE COPY OF THE ORGANIZATIONS FINAL FORM 990, INCLUDING ALL REQUIRED SCHEDULES, AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH MEMBER OF THE BOARD BEFORE ITS FILING WITH THE IRS VIA THE BOARD'S INTERNAL SECURE WEB PORTAL.

FORM 990, PART VI, SECTION B, LINE 12C ANNUALLY, EACH DIRECTOR, OFFICER, AND BOARD COMMITTEE MEMBER OF SAINT MARY'S AND ANY OF ITS AFFILIATES, AS APPROPRIATE, WILL SIGN A STATEMENT WHICH AFFIRMS THAT THE PERSON:

- 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;
- 2) HAS READ AND UNDERSTANDS THE POLICY; AND
- 3) HAS AGREED TO COMPLY WITH THE POLICY.

THE STATEMENTS WILL BE DISTRIBUTED ANNUALLY BY THE COMPLIANCE OFFICER AND RETURNED TO THE PRESIDENT OR DELEGATED PERSON, WHERE THEY WILL BE RECORDED, REVIEWED, SUMMARIZED AND PRESENTED TO THE CHAIRPERSON OF THE BOARD, AS WELL AS TO THE AUDIT AND GOVERNANCE COMMITTEES, WHERE THEY EXISTS. CONFLICT OF INTEREST STATEMENTS WILL BE MAINTAINED FOR A MINIMUM OF SEVEN YEARS BY THE COMPLIANCE OFFICER.

CONFLICT OF INTEREST FORMS PROVIDED BY OFFICERS, DIRECTORS AND BOARD COMMITTEE MEMBERS WILL BE FORWARDED TO THE COMPLIANCE OFFICER, ALONG WITH A STATEMENT OF IMPACT AS TO THE EFFECT OF THE CONFLICT OF INTEREST ON THE

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BUSINESS AND ANY ACTION TAKEN TO MINIMIZE THE EFFECT. THEY WILL BE MAINTAINED BY THE COMPLIANCE OFFICER FOR A MINIMUM OF SEVEN YEARS.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE HOSPITAL'S TOP MANAGEMENT OFFICIALS, INCLUDING THE PRESIDENT, ALL OFFICERS, AND KEY EMPLOYEES, MEET THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY THE ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE IS APPOINTED BY THE BOARD OF DIRECTORS FOR THE PURPOSE OF ASSISTING THE BOARD TO FULFILL ITS RESPONSIBILITY TO THE HOSPITAL AND THE COMMUNITY TO ENSURE THE COMPENSATION IS IN ACCORDANCE WITH THE HOSPITAL'S POLICIES. THE COMMITTEE IS COMPRISED OF SIX DIRECTORS WHO ARE INDEPENDENT OF MANAGEMENT AND THE HOSPITAL AND FREE OF ANY CONFLICTS OF INTEREST THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGMENT. PRIOR TO MAKING ANY COMPENSATION DECISIONS, THE EXECUTIVE COMPENSATION COMMITTEE OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY. THE COMMITTEE CONTRACTS AN INDEPENDENT COMPENSATION CONSULTANT AND UTILIZES LOCAL AND NATIONAL COMPENSATION SURVEY'S TO SET COMPENSATION LEVELS. FINALLY, THE EXECUTIVE COMPENSATION COMMITTEE ADEQUATELY AND TIMELY DOCUMENTED THE BASIS FOR SETTING COMPENSATION CONCURRENTLY WITH THE MAKING OF THE DETERMINATION.

FORM 990, PART VI, SECTION C, QUESTION 19

COPIES OF THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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FORM 990, PART XI, LINE 9

TRANSFERS TO AFFILIATES	(\$16,068,000)
PURCHASE ACCOUNTING	\$11,354,000
MINIMUM PENSIONS LIAB CHANGE	\$ 6,700,000
NET ADDITIONS TO ASSETS HELD IN TRUST	\$ 717,000
CHANGE IN FOUNDATION INTEREST	\$ 231,760
OTHER	\$ 13,101
	-----
TOTAL	\$ 2,947,861

FORM 990, PART IV, LINE 12B, LINE 20B &amp; PART XII, LINE 2B

ST. MARY'S HOSPITAL INC. MERGED WITH TRINITY HEALTH OF NEW ENGLAND  
EFFECTIVE AUGUST 1, 2016 AND AS A RESULT THERE ARE NO AUDITED FINANCIAL  
STATEMENTS COVERING THE ENTIRE TAX YEAR. HOWEVER, ST. MARY'S HOSPITAL HAS  
ATTACHED TO FORM 990 SEPARATE AUDITOR REVIEWED FINANCIAL STATEMENTS  
COVERING THE PERIOD LEADING UP TO THE MERGER FROM 10/1/2015 THROUGH  
7/31/2016 AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR TRINITY  
HEALTH OF NEW ENGLAND THAT INCLUDE THE REMAINING TWO MONTHS OF ST. MARY'S  
HOSPITAL CORPORATION FINANCIAL INFORMATION.

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SODEXHO INC. & AFFILIATES PO BOX 905374 CHARLOTTE, NC 28290	HOSPITAL MGMT SVCS	3,322,557.
MIDDLE CT EMERGENCY PHYSICIANS	EMERGENCY ROOM SVCS	2,452,342.

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
---	--

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
1000 RIVER ROAD, SUITE 100 CONSHOHOCKEN, PA 19428		
PRECYSE SOLUTIONS LLC PO BOX 11407 BIRMINGHAM, AL 35246	CONTRACT LABOR SVCS	4,250,590.
BERKELEY RESEARCH GROUP 220 POWELL ST, SUITE 1200 EMERYVILLE, CA 94608	CONSULTING SERVICES	2,261,523.
STANDARD BUILDERS, INC. 52 HOLMES ROAD NEWINGTON, CT 06111	CONSTRUCTION SVCS	2,980,324.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
DIAGNOSTIC IMAGING CENTER INCOME	528,753.			528,753.
PREMIER INCOME	39,103.			39,103.
HLRCC NET INCOME	-335,142.			-335,142.
NAUGATUCK VALLEY MRI, LLC	87,364.			87,364.
DIVIDEND AND INTEREST INCOME	1,467,415.			1,467,415.
ST. MARY'S PHYSICIANS PARTNERS, LLC	-534,738.			-534,738.
TOTALS	<u>1,252,755.</u>			<u>1,252,755.</u>

ATTACHMENT 3



Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
---	--

ATTACHMENT 3 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONTRACT AND PHYSICIAN FEES	11,042,872.	11,042,872.		
CONTRACTOR FEES	11,671,584.		11,671,584.	
OTHER FEES	7,844,863.	7,844,863.		
TOTALS	<u>30,559,319.</u>	<u>18,887,735.</u>	<u>11,671,584.</u>	

ATTACHMENT 4FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MARKETABLE SECURITIES	20,283,883.	10,973,276.	FMV
TOTALS	<u>20,283,883.</u>	<u>10,973,276.</u>	

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

**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
(1) SAINT MARY'S INDEMNITY COMPANY, LLC 126 COLLEGE STREET BURLINGTON, VT 05401	INSURANCE	VT	4,162,000.	32,819,000.	SAINT MARY'S
(2) SAINT MARY'S PHYSICIAN PARTNERS, LLC 56 FRANKLIN STREET WATERBURY, CT 06706	ACO	CT	-535,000.	123,000.	N/A
(3)					
(4)					
(5)					
(6)					

**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
(1) ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GR 245 STATE ST. SE GRAND RAPIDS, MI 49503	HEALTHCARE SE	MI	501(C)3	9	TRINITY HEAL	X	
(2) ALBANY MEMORIAL HOSPITAL 600 NORTHERN BLVD. ALBANY, NY 12204	HEALTHCARE AN	NY	501(C)3	3	ST. PETER'S	X	
(3) ALLEGANY FRANCISCAN MINISTRIES, INC. 33920 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	GRANT MAKING	FL	501(C)3	11	TRINITY HEAL	X	
(4) ASLUM HILL FAMILY MEDICINE CENTER, INC. 114 WOODLAND STREET HARTFORD, CT 06105	HEALTHCARE SE	CT	501(C)3	3	TRINITY HEAL	X	
(5) BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRINGHAR, IA 51245	HEALTHCARE AN	IA	501(C)3	3	MERCY HEALTH	X	
(6) BAUM HARMON MERCY HOSPITAL AND CLINICS F 255 NORTH WELCH AVENUE PRINGHAR, IA 51245	FOUNDATION	IA	501(C)3	11	BAUM HARMON	X	
(7) BEECHWOOD, INC. 2212 BURDETT AVE. TROY, NY 12180	TITLE HOLDING	NY	501(C)2		LTC (EDDY),	X	

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

**Related Organizations and Unrelated Partnerships**

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

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

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

**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	BETHLEHEM HAVEN OF PITTSBURGH 905 WATSON STREET PITTSBURGH, PA 15219 25-1436685	HOMELESS SHEL	PA	501(C)3	7	PITTSBURGH M	X	
(2)	BEVERWYCK, INC. 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING	NY	501(C)3	9	LTC (EDDY),	X	
(3)	BRIGHTSIDE, INC. C/O SPHS, 1221 MAIN STREET, HOLYOKE, MA 01040	HEALTHCARE SE	MA	501(C)3	9	THE MERCY HO	X	
(4)	CAPITAL REGION GERIATRIC CENTER, INC. 421 WEST COLUMBIA ST. COHOES, NY 12047 14-1701597	LONG TERM CAR	NY	501(C)3	9	LTC (EDDY),	X	
(5)	CARING PARTNERS HOME HEALTH, INC. 1200 EARHART RD ANN ARBOR, MI 48105 20-1681131	HOME HEALTH S	MI	501(C)3	9	GLACIER HILL	X	
(6)	CATHERINE MCAULEY HEALTH SERVICES CORP. PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTHCARE SE	MI	501(C)3	3	TRINITY HEAL	X	
(7)	CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AN	MI	501(C)3	1	N/A		

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Open to Public  
Inspection

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

(1)	(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
(1)						
(2)						
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**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	COLUMBUS ACQUISITION CORP 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTI	NJ	501(C)3	9	SAINT MICHAEL	X	
(2)	COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440	HEALTHCARE SE	IN	501(C)3	3	SAINT JOSEPH	X	
(3)	CRANBROOK HOSPICE CARE 1111 W. LONG LAKE RD., TROY, MI 48098 38-3320699	HOSPICE SERVI	MI	501(C)3	9	TRINITY HOME	X	
(4)	DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTHCARE AN	OH	501(C)3	3	MOUNT CARMEL	X	
(5)	DUBUQUE MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)3	11	MERCY HEALTH	X	
(6)	DYERSVILLE HEALTH FOUNDATION, INC. 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)3	11	MERCY HEALTH	X	
(7)	EAST NORRITON PHYSICIANS SERVICES, INC. ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428 23-2515999	HEALTHCARE SE	PA	501(C)3	3	MERCY PHYSIC	X	

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

**Related Organizations and Unrelated Partnerships**

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	(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
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	(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
(1)	EDDY LICENSED HOME CARE AGENCY 433 RIVER ST SUITE 3000 TROY, NY 12180	HOME HEALTH S	NY	501(C)(3)	3	LTC (EDDY),	X	
(2)	EMBRACING AGE, INC. 333 BUTTERNUT DRIVE, DEWITT, NY 13214	PACE PROGRAM	NY	501(C)(3)	9	ST. JOSEPH'S	X	
(3)	EMPIRE HOME INFUSION SERVICE, INC. 10 BLACKSMITH DRIVE MALTA, NY 12020	HOME HEALTH S	NY	501(C)(3)	9	LTC (EDDY),	X	
(4)	FARREN CARE CENTER, INC. C/O SPHS, 1221 MAIN STREET, HOLYOKE, MA 01040	LONG TERM CAR	MA	501(C)(3)	3	THE MERCY HO	X	
(5)	FRANCISCAN ELDERCARE CORPORATION P.O. BOX 2500 WILMINGTON, DE 19805	LONG TERM CAR	DE	501(C)(3)	9	ST. FRANCIS	X	
(6)	GLACIER HILLS FOUNDATION 1200 EARHART RD ANN ARBOR, MI 48105	FOUNDATION	MI	501(C)(3)	11	GLACIER HILL	X	
(7)	GLACIER HILLS, INC 1200 EARHART RD ANN ARBOR, MI 48105	SENIOR LIVING	MI	501(C)(3)	9	TRINITY CONT	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Open to Public  
Inspection

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

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(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	GLEN EDDY, INC. 14-1794150 ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309	SENIOR LIVING	NY	501(C)(3)	9	LTC (EDDY),	X	
(2)	GLOBAL HEALTH MINISTRY 42-1253527 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SE	MI	501(C)(3)	11	TRINITY HEAL	X	
(3)	GOOD SAMARITAN HOSPITAL, INC. 26-1720984 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642	HEALTHCARE AN	GA	501(C)(3)	3	ST. MARY'S H	X	
(4)	GOTTLIEB COMMUNITY HEALTH SERVICES CORPO 36-3332852 701 W. NORTH AVE. MELROSE PARK, IL 60160	COMMUNITY OUT	IL	501(C)(3)	9	GOTTLIEB MEM	X	
(5)	GOTTLIEB MEMORIAL FOUNDATION 74-3260011 701 W. NORTH AVE. MELROSE PARK, IL 60160	FOUNDATION	IL	501(C)(3)	13	N/A		
(6)	GOTTLIEB MEMORIAL HOSPITAL 36-2379649 701 W. NORTH AVE. MELROSE PARK, IL 60160	HEALTHCARE AN	IL	501(C)(3)	3	LOYOLA UNIVE	X	
(7)	GRAND RAPIDS MEDICAL EDUCATION PARTNERS, 23-7270669 945 OTTAWA AVE NW GRAND RAPIDS, MI 49503	MEDICAL EDUCA	MI	501(C)(3)	11	TRINITY HEAL	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

**Related Organizations and Unrelated Partnerships**

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Open to Public  
Inspection

Employer identification number

06-0646844

**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
(1)						
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(4)						
(5)						
(6)						

**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
(1)	HACKLEY HOSPITAL SELF INSURANCE PROFESSI MUSKOGON, MI 49443 PO BOX 3302	38-2299878	MI	501(C)3	12	MERCY HEALTH	X	
(2)	HACKLEY LIFE COUNSELING MUSKOGON, MI 49442 125 E. SOUTHERN AVENUE	38-1386362	MI	501(C)3	9	MERCY HEALTH	X	
(3)	HAWTHORNE RIDGE, INC. EAST GREENBUSH, NY 12061 30 COMMUNITY WAY	80-0102840	NY	501(C)3	9	LTC (EDDY),	X	
(4)	HEART CENTER OF GREATER WATERBURY, INC. WATERBURY, CT 06722 P.O. BOX 2153	83-0416893	CT	501(C)3	11	N/A		
(5)	HERITAGE HOUSE NURSING CENTER, INC. TROY, NY 12180 2920 TIBBITS AVE	14-1725101	NY	501(C)3	9	LTC (EDDY),	X	
(6)	HOLY CROSS CARENET, INC. FARMINGTON HILLS, MI 48152 PO BOX 9184	52-1945054	MD	501(C)3	9	TRINITY CONT	X	
(7)	HOLY CROSS HEALTH FOUNDATION, INC. SILVER SPRING, MD 20910 1500 FOREST GLEN RD.	20-8428450	MD	501(C)3	7	HOLY CROSS H	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

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(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	HOLY CROSS HEALTH, INC. 1500 FOREST GLEN RD. SILVER SPRING, MD 20910 52-0738041	HEALTHCARE AN	MD	501(C)3	3	TRINITY HEAL	X	
(2)	HOLY CROSS HOSPITAL, INC. 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308 59-0791028	HEALTHCARE AN	FL	501(C)3	3	TRINITY HEAL	X	
(3)	HOLY CROSS MEDICAL PROPERTIES, INC. 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308 65-0666283	BUILDING MANA	FL	501(C)2		HOLY CROSS H	X	
(4)	HOLY CROSS OUTPATIENT SERVICES, INC. 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308 46-5421068	HEALTHCARE SE	FL	501(C)3	9	HOLY CROSS H	X	
(5)	HOLY CROSS PRIMARY CARE, INC. 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308 81-2531495	HEALTHCARE SE	FL	501(C)3	9	HOLY CROSS H	X	
(6)	HOME & COMMUNITY HEALTH SERVICES, INC. 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0723591	HOME HEALTH S	CT	501(C)3	9	TRINITY HEAL	X	
(7)	HOME AIDE SERVICE OF EASTERN NEW YORK, I 433 RIVER ST TROY, NY 12180 14-1514867	HOME HEALTH S	NY	501(C)3	9	LTC (EDDY),	X	

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

Schedule R (Form 990) 2015



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

**Related Organizations and Unrelated Partnerships**  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

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

(1)	(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
(1)						
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**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 50401	HOSPICE SERVI	IA	501(C)3	9	MERCY HEALTH	X	
(2)	HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD. SIOUX CITY, IA 51104	HOSPICE SERVI	IA	501(C)3	11	N/A		
(3)	HOSPICE OF WASHTENAW II 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE SERVI	MI	501(C)3	11	TRINITY HEAL	X	
(4)	IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR., LOB ANN ARBOR, MI 48106	HEALTHCARE SE	MI	501(C)3	9	TRINITY HEAL	X	
(5)	JOHNSON HEALTH CARE, INC. 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	HEALTHCARE SE	CT	501(C)3	9	TRINITY HEAL	X	
(6)	JOHNSON MEMORIAL HOSPITAL, INC. 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	HEALTHCARE AN	CT	501(C)3	3	TRINITY HEAL	X	
(7)	JOHNSON MEMORIAL MEDICAL CENTER, INC. 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	HEALTHCARE SY	CT	501(C)3	12	TRINITY HEAL	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Open to Public  
Inspection

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

(1)	(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
(1)						
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**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	LANGHORNE MRI, INC. 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTHCARE SE	PA	501(C)(3)	9	ST. MARY MED	X	
(2)	LANGHORNE PHYSICIAN SERVICES, INC. 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTHCARE SE	PA	501(C)(3)	9	ST. MARY MED	X	
(3)	LIFE AT LOURDES, INC. 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	3	OUR LADY OF	X	
(4)	LIFE AT ST. FRANCIS HEALTHCARE, INC. 7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	9	ST. FRANCIS	X	
(5)	LIFE ST. FRANCIS CORPORATION 1435 LIBERTY STREET HAMILTON, NJ 08629 22-2797282	PACE PROGRAM	NJ	501(C)(3)	9	ST. FRANCIS	X	
(6)	LIFE ST. JOSEPH OF THE PINES, INC. 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	3	ST. JOSEPH O	X	
(7)	LIFE ST. MARY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	9	ST. MARY MED	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

**Related Organizations and Unrelated Partnerships**

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**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
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**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
(1)	LOURDES ANCILLARY SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SER	NJ	501(C)3	12	OUR LADY OF	X	
(2)	LOURDES CARDIOLOGY SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTHCARE SE	NJ	501(C)3	3	OUR LADY OF	X	
(3)	LOURDES MEDICAL CENTER OF BURLINGTON COU 218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTHCARE AN	NJ	501(C)3	3	OUR LADY OF	X	
(4)	LOYOLA MEDICINE TRANSPORT LLC 905 W. NORTH AVE. MELROSE PARK, IL 60160 47-4147171	TRANSPORATION	IL	501(C)3	9	LOYOLA UNIVE	X	
(5)	LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTHCARE SY	IL	501(C)3	12	TRINITY HEAL	X	
(6)	LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTHCARE AN	IL	501(C)3	3	LOYOLA UNIVE	X	
(7)	LTC (EDDY), INC. 2212 BURDETT AVE. TROY, NY 12180 22-2564710	MANAGEMENT SE	NY	501(C)3	12	ST. PETER'S	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

06-0646844

**Related Organizations and Unrelated Partnerships**

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	(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
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**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
(1)	MARIAN COMMUNITY HOSPITAL 3805 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073	HEALTHCARE SE	PA	501(C)(3)	9	MAXIS HEALTH	X	
(2)	MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101	HOME HEALTH S	IA	501(C)(3)	11	MERCY HEALTH	X	
(3)	MAXIS HEALTH SYSTEM 3805 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073	HEALTHCARE SY	PA	501(C)(3)	11	TRINITY HEAL	X	
(4)	MCAULEY CENTER, INC. 275 STEELE ROAD WEST HARTFORD, CT 06117	SENIOR LIVING	CT	501(C)(3)	9	MERCY COMMUN	X	
(5)	MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SE	MI	501(C)(3)	3	CATHERINE MC	X	
(6)	MCAULEY MINISTRIES 3333 FIFTH AVENUE PITTSBURGH, PA 15213	GRANT MAKING	PA	501(C)(3)	12	PITTSBURGH M	X	
(7)	MERCY AMICARE HOME HEALTHCARE, OAKLAND 1111 W. LONG LAKE RD., TROY, MI 48098	HOME HEALTH S	MI	501(C)(3)	9	TRINITY HOME	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Open to Public  
Inspection

**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
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**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
(1)	MERCY AMICARE HOME HEALTHCARE, PORT HURO 17410 COLLEGE PARKWAY, LIVONIA, MI 48152	HOME HEALTH S	MI	501(C)(3)	9	TRINITY HOME	X	
(2)	MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312	FOUNDATION	GA	501(C)(3)	7	SAINT JOSEPH	X	
(3)	MERCY CATHOLIC MEDICAL CENTER OF SOUTHEA ONE WEST ELM STREET, CONSHOCKEN, PA 19428	HEALTHCARE AN	PA	501(C)(3)	3	MERCY HEALTH	X	
(4)	MERCY COMMUNITY HEALTH, INC. 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTHCARE SY	CT	501(C)(3)	12	TRINITY CONT	X	
(5)	MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE, SPRINGFIELD, PA 19064	HOME HEALTH S	PA	501(C)(3)	9	MERCY HOME H	X	
(6)	MERCY FOUNDATION, INC. 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	FOUNDATION	IL	501(C)(3)	7	MERCY HEALTH	X	
(7)	MERCY GENERAL HEALTH PARTNERS, AMICARE H 888 TERRACE STREET MUSKEGON, MI 49440	HOSPICE & HOM	MI	501(C)(3)	9	TRINITY HOME	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

**Related Organizations and Unrelated Partnerships**  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
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OMB No. 1545-0047  
**2015**

Open to Public Inspection

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

(1)	(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
(1)						
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**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	MERCY HEALTH FOUNDATION OF SOUTHEASTERN ONE WEST ELM STREET, CONSHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	12	MERCY HEALTH	X	
(2)	MERCY HEALTH NETWORK, INC. 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTHCARE SY	DE	501(C)(3)	12	N/A		
(3)	MERCY HEALTH PARTNERS 1500 E. SHERMAN BLVD. MUSKEGON, MI 49444 38-2589966	HEALTHCARE AN	MI	501(C)(3)	3	TRINITY HEAL	X	
(4)	MERCY HEALTH PLAN ONE WEST ELM STREET, CONSHOCKEN, PA 19428 22-2483605	MEDICAID MANA	PA	501(C)(3)	12	MERCY HEALTH	X	
(5)	MERCY HEALTH SERVICES - IOWA, CORP. 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE AN	DE	501(C)(3)	3	TRINITY HEAL	X	
(6)	MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTHCARE SY	IL	501(C)(3)	12	TRINITY HEAL	X	
(7)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENN ONE WEST ELM STREET, CONSHOCKEN, PA 19428 23-2212638	HEALTHCARE SY	PA	501(C)(3)	13	TRINITY HEAL	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

**Related Organizations and Unrelated Partnerships**

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Open to Public  
Inspection

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

(1)	(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
(1)						
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**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	MERCY HEALTHCARE CENTER 114 WABBEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTHCARE AN	NY	501(C)(3)	3	MERCY UIHLEI	X	
(2)	MERCY HEALTHCARE FOUNDATION - CLINTON 1410 N. 4TH ST. CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	7	N/A		
(3)	MERCY HOME HEALTH 1001 BALTIMORE PIKE, SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH S	PA	501(C)(3)	9	MERCY HOME H	X	
(4)	MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE, SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SE	PA	501(C)(3)	12	MERCY HEALTHH	X	
(5)	MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTHCARE AN	IL	501(C)(3)	3	MERCY HEALTHH	X	
(6)	MERCY HOSPITAL CADILLAC FOUNDATION 1820 44TH ST. SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	11	TRINITY HEAL	X	
(7)	MERCY HOSPITAL, INC. 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308 59-0791034	HEALTHCARE SE	FL	501(C)(3)	12	TRINITY HEAL	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Open to Public  
Inspection

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							Yes	No
(1)	MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233	COMMUNITY OUT	PA	501(C)(3)	9	PITTSBURGH M	X	
(2)	MERCY LIFE OF ALABAMA P.O. BOX 7957 MOBILE, AL 36670	PACE PROGRAM	AL	501(C)(3)	3	TRINITY HEAL	X	
(3)	MERCY LIFE, INC. C/O SPHS, 1221 MAIN STREET, HOLYOKE, MA 01040	PACE PROGRAM	MA	501(C)(3)	3	SISTERS OF P	X	
(4)	MERCY MANAGEMENT OF SOUTHEASTERN PENNSYL ONE WEST ELM STREET, CONSHOCKEN, PA 19428	HEALTHCARE SE	PA	501(C)(3)	3	MERCY PHYSIC	X	
(5)	MERCY MEDICAL CENTER - CLINTON, INC. 1410 NORTH 4TH ST. CLINTON, IA 52732	HEALTHCARE AN	DE	501(C)(3)	3	MERCY HEALTH	X	
(6)	MERCY MEDICAL CENTER - SIOUX CITY FOUNDA 801 5TH STREET SIOUX CITY, IA 51102	FOUNDATION	IA	501(C)(3)	7	MERCY HEALTH	X	
(7)	MERCY MEDICAL CENTER FOUNDATION - NORTH 1000 4TH STREET SW MASON CITY, IA 50401	FOUNDATION	IA	501(C)(3)	7	MERCY HEALTH	X	

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Schedule R (Form 990) 2015



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	(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
(1)	MERCY MEDICAL CORPORATION P.O. BOX 7957 MOBILE, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	9	TRINITY HEAL	X	
(2)	MERCY MEDICAL GROUP, INC. C/O SPHS, 1221 MAIN STREET, HOLYOKE, MA 01040 45-4884805	HEALTHCARE SE	MA	501(C)(3)	3	THE MERCY HO	X	
(3)	MERCY PHYSICIAN NETWORK ONE WEST ELM STREET, CONSHOCKEN, PA 19428 46-1187365	MANAGEMENT SE	PA	501(C)(3)	12	MERCY HEALTH	X	
(4)	MERCY SENIOR CARE, INC. 424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUT	GA	501(C)(3)	7	SAINTE JOSEPH	X	
(5)	MERCY SERVICES DOWNTOWN, INC. 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING	GA	501(C)(3)	12	SAINTE JOSEPH	X	
(6)	MERCY SERVICES FOR AGING NONPROFIT HOUSI PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CAR	MI	501(C)(3)	9	TRINITY CONT	X	
(7)	MERCY SPECIALIST PHYSICIANS, INC. C/O SPHS, 1221 MAIN STREET, HOLYOKE, MA 01040 26-4033168	HEALTHCARE SE	MA	501(C)(3)	3	THE MERCY HO	X	

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

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Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Open to Public  
Inspection

**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
(1)						
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**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
(1)	MERCY SUBURBAN HOSPITAL 23-1396763 ONE WEST ELM STREET, CONSHOCKEN, PA 19428	HEALTHCARE AN	PA	501(C)(3)	3	MERCY HEALTH	X	
(2)	MERCY UHLEIN HEALTH CORPORATION 16-1535133 3805 WEST CHESTER PIKE, NEWTOWN SQUARE, NY 19073	HEALTHCARE SY	NY	501(C)(3)	12	TRINITY HEAL	X	
(3)	MISSION HEALTH CORPORATION 38-3181557 37595 SEVEN MILE ROAD LIVONIA, MI 48152	BUILDING MANA	DE	501(C)(3)	11	N/A		
(4)	MOUNT CARMEL COLLEGE OF NURSING 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NU	OH	501(C)(3)	2	MOUNT CARMEL	X	
(5)	MOUNT CARMEL HEALTH INSURANCE COMPANY 25-1912781 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTH INSURA	OH	501(C)(4)		MOUNT CARMEL	X	
(6)	MOUNT CARMEL HEALTH PLAN, INC. 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO	OH	501(C)(4)		MOUNT CARMEL	X	
(7)	MOUNT CARMEL HEALTH SYSTEM 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE AN	OH	501(C)(3)	3	TRINITY HEAL	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

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	(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
(1)	MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213	FOUNDATION	OH	501(C)(3)	11	MOUNT CARMEL	X	
(2)	MOUNT CARMEL HOME CARE, LLC 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081	HOME HEALTH S	OH	501(C)(3)	9	TRINITY HOME	X	
(3)	MOUNT SINAI HOSPITAL FOUNDATION, INC. 500 BLUE HILLS AVENUE HARTFORD, CT 06112	FOUNDATION	CT	501(C)(3)	13	N/A		
(4)	MOUNT SINAI REHABILITATION HOSPITAL, INC 114 WOODLAND STREET HARTFORD, CT 06105	HEALTHCARE AN	CT	501(C)(3)	3	TRINITY HEAL	X	
(5)	MOUNT ST. JOSEPH 7 HIGHTOWER STREET WATERVILLE, ME 04901	HEALTHCARE SE	ME	501(C)(3)	3	MERCY COMMUN	X	
(6)	MRI MOBILE SERVICES OF WEST MICHIGAN 1820 44TH STREET KENTWOOD, MI 49508	HEALTHCARE SE	MI	501(C)(3)	9	TRINITY HEAL	X	
(7)	MUSKOGON COMMUNITY HEALTH PROJECT 565 W. WESTERN AVENUE MUSKOGON, MI 49440	COMMUNITY OUT	MI	501(C)(3)	7	MERCY HEALTH	X	

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Schedule R (Form 990) 2015

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	(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
(1)	NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	11	NAZARETH HOS	X	
(2)	NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTHCARE AN	PA	501(C)(3)	3	MERCY HEALTH	X	
(3)	NAZARETH PHYSICIAN SERVICES, INC. ONE WEST ELM STREET, SUITE 100 CONSHOCKEN, PA 19428 20-3261266	HEALTHCARE SE	PA	501(C)(3)	3	MERCY PHYSIC	X	
(4)	NE PHYSICIAN SERVICES, INC. ONE WEST ELM STREET, SUITE 100 CONSHOCKEN, PA 19428 23-2497355	HEALTHCARE SE	PA	501(C)(3)	3	MERCY PHYSIC	X	
(5)	OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE AN	NE	501(C)(3)	3	MERCY HEALTH	X	
(6)	OAKLAND MERCY HOSPITAL FOUNDATION 601 E. 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	11	OAKLAND MERC	X	
(7)	ONE THOUSAND CORPORATION 1000 ASYLUM AVENUE HARTFORD, CT 06105	BUILDING MANA	CT	501(C)(2)		SAINT FRANCI	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

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(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	OSU/MOUNT CARMEL HEALTH ALLIANCE 6150 EAST BROAD STREET COLUMBUS, OH 43213	COOPERATIVE H	OH	501(C)(3)	11	N/A		
(2)	OUR LADY OF LOURDES HEALTH CARE SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103	HEALTHCARE SY	NJ	501(C)(3)	12	MAXIS HEALTH	X	
(3)	OUR LADY OF LOURDES HEALTH FOUNDATION, I 1600 HADDON AVENUE CAMDEN, NJ 08103	FOUNDATION	NJ	501(C)(3)	7	OUR LADY OF	X	
(4)	OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 08103	HEALTHCARE AN	NJ	501(C)(3)	3	OUR LADY OF	X	
(5)	OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDFORD, NY 12084	LONG TERM CAR	NY	501(C)(3)	3	ST. PETER'S	X	
(6)	PIONEER VALLEY CARDIOLOGY ASSOCIATES, IN C/O SPHS, 1221 MAIN STREET, SU HOLYOKE, MA 01040	HEALTHCARE SE	MA	501(C)(3)	3	THE MERCY HO	X	
(7)	PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213	HEALTHCARE SY	PA	501(C)(3)	12	TRINITY HEAL	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

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	(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
(1)	PROBILITY THERAPY SERVICES 2058 S. STATE STREET ANN ARBOR, MI 48104	HEALTHCARE SE	MI	501(C)(3)	9	TRINITY HEAL	X	
(2)	PROFESSIONAL MED TEAM 965 FORK STREET MUSKOGON, MI 49442	HEALTHCARE SE	MI	501(C)(3)	9	MERCY HEALTH	X	
(3)	RIVERBEND MEDICAL GROUP, INC. 271 CAREW ST SPRINGFIELD, MA 01104	HEALTHCARE SE	MA	501(C)(3)	3	THE MERCY HO	X	
(4)	S. J. MANAGEMENT COMPANY OF SYRACUSE, INC 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTHCARE SY	NY	501(C)(3)	13	ST. JOSEPH'S	X	
(5)	SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE AN	CA	501(C)(3)	3	TRINITY HEAL	X	
(6)	SAINT AGNES MEDICAL FOUNDATION (FKA PROF 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SE	CA	501(C)(3)	11	SAINT AGNES	X	
(7)	SAINT ALPHONSUS BUILDING COMPANY, INC. 1055 NORTH CURTIS RD. BOISE, ID 83706	BUILDING MANA	ID	501(C)(3)	9	SAINT ALPHON	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

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	(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
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**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
(1)	SAINT ALPHONSUS DIVERSIFIED CARE, INC. 1055 NORTH CURTIS RD. BOISE, ID 83706 94-3028978	HEALTHCARE SY	ID	501(C)(3)	11	SAINT ALPHON	X	
(2)	SAINT ALPHONSUS FOUNDATION-BAKER CITY, I 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	7	SAINT ALPHON	X	
(3)	SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. 351 S.W. 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	7	SAINT ALPHON	X	
(4)	SAINT ALPHONSUS HEALTH SYSTEM, INC. 1055 N. CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTHCARE SY	ID	501(C)(3)	12	TRINITY HEAL	X	
(5)	SAINT ALPHONSUS MEDICAL CENTER ONTARIO V 351 S.W. 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SER	OR	501(C)(3)	9	SAINT ALPHON	X	
(6)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CIT 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTHCARE AN	OR	501(C)(3)	3	SAINT ALPHON	X	
(7)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEA 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	FOUNDATION	ID	501(C)(3)	7	SAINT ALPHON	X	

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(Form 990)**

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							Yes	No
(1)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA, IN 82-0200896 1512 12TH AVENUE ROAD NAMPA, ID 83686	HEALTHCARE AN	ID	501(C)(3)	3	SAINT ALPHON	X	
(2)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, 27-1789847 351 S.W. 9TH STREET ONTARIO, OR 97914	HEALTHCARE AN	OR	501(C)(3)	3	SAINT ALPHON	X	
(3)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER 82-0200895 1055 NORTH CURTIS RD. BOISE, ID 83706	HEALTHCARE AN	ID	501(C)(3)	3	SAINT ALPHON	X	
(4)	SAINT FRANCIS EMERGENCY MEDICAL GROUP, I 45-1994612 114 WOODLAND STREET HARTFORD, CT 06105	HEALTHCARE SE	CT	501(C)(3)	12	SAINT FRANCI	X	
(5)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTE HARTFORD, CT 06105 114 WOODLAND STREET HARTFORD, CT 06105	FOUNDATION	CT	501(C)(3)	12	SAINT FRANCI	X	
(6)	SAINT FRANCIS MEDICAL GROUP, INC. HARTFORD, CT 06105 114 WOODLAND STREET HARTFORD, CT 06105	HEALTHCARE SE	CT	501(C)(3)	3	TRINITY HEAL	X	
(7)	SAINT JAMES CARE INC. 26-2616230 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTI	NJ	501(C)(3)	9	SAINT MICHA	X	

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Schedule R (Form 990) 2015



**SCHEDULE R  
(Form 990)**

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							Yes	No
(1)	SAINT JOSEPH PACE, INC. 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	7	TRINITY HEAL	X	
(2)	SAINT JOSEPH REGIONAL MEDICAL CENTER - P PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTHCARE AN	IN	501(C)(3)	3	SAINT JOSEPH	X	
(3)	SAINT JOSEPH REGIONAL MEDICAL CENTER - S 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTHCARE AN	IN	501(C)(3)	3	SAINT JOSEPH	X	
(4)	SAINT JOSEPH REGIONAL MEDICAL CENTER MIS 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285	VOLUNTEER SER	IN	501(C)(4)		SAINT JOSEPH	X	
(5)	SAINT JOSEPH REGIONAL MEDICAL CENTER PLY 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SER	IN	501(C)(3)	12	SAINT JOSEPH	X	
(6)	SAINT JOSEPH REGIONAL MEDICAL CENTER, IN 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTHCARE SY	IN	501(C)(3)	12	TRINITY HEAL	X	
(7)	SAINT JOSEPH'S HEALTH SYSTEM, INC. 424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTHCARE SY	GA	501(C)(3)	13	TRINITY HEAL	X	

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Schedule R (Form 990) 2015

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							Yes	No
(1)	SAINT JOSEPH'S MERCY CARE SERVICES, INC. 424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTHCARE SE	GA	501(C)(3)	7	SAINT JOSEPH	X	
(2)	SAINT JOSEPH'S TOWER, INC. PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING	IN	501(C)(3)	9	TRINITY CONT	X	
(3)	SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW, STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH S	MI	501(C)(3)	9	TRINITY HOME	X	
(4)	SAINT MARY'S FOUNDATION 200 JEFFERSON ST., SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	7	TRINITY HEAL	X	
(5)	SAINT MARY'S HOSPITAL FOUNDATION, INC 56 FRANKLIN STREET WATERBURY, CT 06706 22-2528400	FOUNDATION	CT	501(C)(3)	7	SAINT MARY'S	X	
(6)	SAINT MICHAEL'S MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTHCARE AN	NJ	501(C)(3)	3	MAXIS HEALTH	X	
(7)	SAMARITAN CHILD CARE CENTER, INC. 2213 BURDETT AVE. TROY, NY 12180 14-1710225	CHILD CARE	NY	501(C)(3)	9	ST. PETER'S	X	

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Open to Public  
Inspection

**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
(1)						
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**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
(1)	SAMARITAN HOSPITAL 2215 BURDETT AVE. TROY, NY 12180	HEALTHCARE AN	NY	501(C)(3)	3	ST. PETER'S	X	
(2)	SENIOR CARE CONNECTION, INC. 504 STATE ST. SCHENECTADY, NY 12305	PACE PROGRAM	NY	501(C)(3)	9	LTC (EDDY),	X	
(3)	SETON AUXILIARY, INC. 1300 MASSACHUSETTS AVENUE TROY, NY 12180	VOLUNTEER SER	NY	501(C)(3)	9	SETON HEALTH	X	
(4)	SETON HEALTH AT SCHUYLER RIDGE RESIDENTI 1 ABELE BLVD. CLIFTON PARK, NY 12065	LONG TERM CAR	NY	501(C)(3)	9	SETON HEALTH	X	
(5)	SETON HEALTH FOUNDATION, INC. 1300 MASSACHUSETTS AVENUE TROY, NY 12180	FOUNDATION	NY	501(C)(3)	11	SETON HEALTH	X	
(6)	SETON HEALTH SYSTEM, INC. 1300 MASSACHUSETTS AVENUE TROY, NY 12180	HEALTHCARE AN	NY	501(C)(3)	3	ST. PETER'S	X	
(7)	SISTERS OF PROVIDENCE CARE CENTERS, INC. C/O SPHS, 1221 MAIN STREET, S HOLYOKE, MA 01040	LONG TERM CAR	MA	501(C)(3)	3	THE MERCY HO	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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	(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
(1)						
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**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
(1)	SISTERS OF PROVIDENCE HEALTH SYSTEM, INC 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SY	MA	501(C)(3)	12	TRINITY HEAL	X	
(2)	SJHS/JOC HOLDINGS, INC. 424 DECATUR STREET ATLANTA, GA 30312	HEALTHCARE SY	GA	501(C)(3)	12	SAINTE JOSEPH	X	
(3)	ST. AGNES CONTINUING CARE CENTER ONE WEST ELM STREET, CONSHOCKEN, PA 19428	PACE PROGRAM	PA	501(C)(3)	3	MERCY HEALTH	X	
(4)	ST. AGNES CONTINUING CARE CENTER FOUNDAT ONE WEST ELM STREET, CONSHOCKEN, PA 19428	FOUNDATION	PA	501(C)(3)	11	ST. AGNES CO	X	
(5)	ST. FRANCIS FOUNDATION P.O. BOX 2500 WILMINGTON, DE 19805	FOUNDATION	DE	501(C)(3)	11	ST. FRANCIS	X	
(6)	ST. FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105	HEALTHCARE AN	CT	501(C)(3)	3	TRINITY HEAL	X	
(7)	ST. FRANCIS HOSPITAL, INC. P.O. BOX 2500 WILMINGTON, DE 19805	HEALTHCARE AN	DE	501(C)(3)	3	TRINITY HEAL	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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	(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
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	(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
(1)	ST. FRANCIS MEDICAL CENTER FOUNDATION, I 601 HAMILTON AVENUE TRENTON, NJ 08629	FOUNDATION	NJ	501(C)(3)	7	ST. FRANCIS	X	
(2)	ST. FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629	HEALTHCARE AN	NJ	501(C)(3)	3	MAXIS HEALTH	X	
(3)	ST. JAMES MERCY HEALTH SYSTEM, INC. 411 CANISTEO STREET HORNBELL, NY 14843	HEALTHCARE SY	NY	501(C)(3)	12	TRINITY HEAL	X	
(4)	ST. JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE. PONTIAC, MI 48341	FOUNDATION	MI	501(C)(3)	11	TRINITY HEAL	X	
(5)	ST. JOSEPH OF THE PINES, INC. 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	LONG TERM CAR	NC	501(C)(3)	3	TRINITY CONT	X	
(6)	ST. JOSEPH'S COLLEGE OF NURSING AT ST. J 206 PROSPECT AVENUE SYRACUSE, NY 13203	COLLEGE OF NU	NY	501(C)(3)	2	ST. JOSEPH'S	X	
(7)	ST. JOSEPH'S HEALTH CENTER PROPERTIES, I 301 PROSPECT AVENUE SYRACUSE, NY 13203	BUILDING MANA	NY	501(C)(3)	12	ST. JOSEPH'S	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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(1)						
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**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
(1)	ST. JOSEPH'S HEALTH, INC. 301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTHCARE SY	NY	501(C)(3)	12	TRINITY HEAL	X	
(2)	ST. JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTHCARE AN	NY	501(C)(3)	3	ST. JOSEPH'S	X	
(3)	ST. JOSEPH'S HOSPITAL HEALTH CENTER FOUN 301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	11	ST. JOSEPH'S	X	
(4)	ST. JOSEPH'S MEDICAL P.C. 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTHCARE SE	NY	501(C)(3)	11	ST. JOSEPH'S	X	
(5)	ST. JOSEPH'S PHYSICIAN HEALTH, P.C. 301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTHCARE SE	NY	501(C)(3)	11	ST. JOSEPH'S	X	
(6)	ST. MARY BUILDING AND DEVELOPMENT 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING	PA	501(C)(2)		ST. MARY MED	X	
(7)	ST. MARY EMERGENCY MEDICAL SERVICES 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTHCARE SE	PA	501(C)(3)	9	ST. MARY MED	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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(1)	(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
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**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ST. MARY HOME, INCORPORATED 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CT	501(C)(3)	3	MERCY COMMUN	X	
(2)	ST. MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE AN	PA	501(C)(3)	3	TRINITY HEAL	X	
(3)	ST. MARY MEDICAL CENTER FOUNDATION, INC. 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	FOUNDATION	PA	501(C)(3)	7	ST. MARY MED	X	
(4)	ST. MARY'S FOUNDATION, INC. 1230 BAXTER STREET ATHENS, GA 30606	FOUNDATION	GA	501(C)(3)	11	ST. MARY'S H	X	
(5)	ST. MARY'S GOOD SAMARITAN FOUNDATION, IN 1230 BAXTER STREET ATHENS, GA 30606	FOUNDATION	GA	501(C)(3)	11	ST. MARY'S H	X	
(6)	ST. MARY'S HEALTH CARE SYSTEM, INC. 1230 BAXTER STREET ATHENS, GA 30606	HEALTHCARE AN	GA	501(C)(3)	3	TRINITY HEAL	X	
(7)	ST. MARY'S HIGHLAND HILLS, INC. 1230 BAXTER STREET ATHENS, GA 30606	SENIOR LIVING	GA	501(C)(3)	3	ST. MARY'S H	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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**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
(1)						
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**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
(1)	ST. MARY'S MEDICAL GROUP, INC. 1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTHCARE SE	GA	501(C)(3)	3	ST. MARY'S H	X	
(2)	ST. MARY'S SACRED HEART HOSPITAL, INC. 367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTHCARE AN	GA	501(C)(3)	3	ST. MARY'S H	X	
(3)	ST. MICHAEL'S FOUNDATION, INC. 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976	FOUNDATION	NJ	501(C)(3)	11	SAINT MICHAEL	X	
(4)	ST. PETER'S HEALTH PARTNERS 315 SOUTH WANNING BLVD ALBANY, NY 12208 45-3570715	HEALTHCARE SY	NY	501(C)(3)	12	TRINITY HEAL	X	
(5)	ST. PETER'S HEALTH PARTNERS MEDICAL ASSO 315 SOUTH WANNING BLVD ALBANY, NY 12208 46-1177336	HEALTHCARE SE	NY	501(C)(3)	3	ST. PETER'S	X	
(6)	ST. PETER'S HOSPITAL 315 SOUTH WANNING BLVD ALBANY, NY 12208 14-1348692	HEALTHCARE AN	NY	501(C)(3)	3	ST. PETER'S	X	
(7)	ST. PETER'S HOSPITAL FOUNDATION, INC. 310 SOUTH WANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	7	ST. PETER'S	X	

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Schedule R (Form 990) 2015



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

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Inspection

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

(1)	(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
(1)						
(2)						
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**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	SUNNYVIEW HOSPITAL & REHAB CTR 1270 BELMONT AVE. SCHENECTADY, NY 12308 14-1338386	HC & HOSP SVC	NY	501(C)3	3	ST. PETER'S	X	
(2)	SUNNYVIEW HOSPITAL & REHAB CTR FDN 1270 BELMONT AVE. SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)3	11	SUNNYVIEW HO	X	
(3)	THE COMMUNITY HOSPICE FOUNDATION, INC. 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940	FOUNDATION	NY	501(C)3	7	THE COMMUNIT	X	
(4)	THE COMMUNITY HOSPICE, INC. 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921	HOSPICE SERVI	NY	501(C)3	3	ST. PETER'S	X	
(5)	THE FOUNDATION OF SAINT JOSEPH REGIONAL 707 EAST CEDAR STREET SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)3	7	SAINTE JOSEPH	X	
(6)	THE JAMES A. EDDY MEMORIAL GERIATRIC CEN 2956 BURDETT AVE. TROY, NY 12180 22-2570478	LONG TERM CAR	NY	501(C)3	9	LTC (EDDY),	X	
(7)	THE MARJORIE DOYLE ROCKWELL CENTER, INC. 421 WEST COLUMBIA ST. COHOES, NY 12047 14-1793885	LONG TERM CAR	NY	501(C)3	9	LTC (EDDY),	X	

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Schedule R (Form 990) 2015

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(Form 990)**

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	(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
(1)	THE NORTHEAST HEALTH FOUNDATION, INC. 310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	7	ST. PETER'S	X	
(2)	THE WOMEN'S AUXILIARY OF SAINT FRANCIS H 114 WOODLAND STREET HARTFORD, CT 06105	VOLUNTEER SER	CT	501(C)(3)	12	N/A		
(3)	TRI-HOSPITAL EMERGENCY MEDICAL SERVICES 309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTHCARE SE	MI	501(C)(3)	11	N/A		
(4)	TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTHCARE SE	MI	501(C)(3)	3	TRINITY HEAL	X	
(5)	TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CAR	MI	501(C)(3)	9	TRINITY HEAL	X	
(6)	TRINITY CONTINUING CARE SERVICES - INDIA PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CAR	IN	501(C)(3)	9	TRINITY CONT	X	
(7)	TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE AN	MI	501(C)(3)	3	TRINITY HEAL	X	

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Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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							Yes	No
(1)	TRINITY HEALTH - NEW ENGLAND, INC. 114 WOODLAND STREET HARTFORD, CT 06105	HEALTHCARE SY	CT	501(C)(3)	11	TRINITY HEAL	X	
(2)	TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SY	IN	501(C)(3)	12	CATHOLIC HEA	X	
(3)	TRINITY HEALTH LIFE PENNSYLVANIA, INC. 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	PA	501(C)(3)	9	TRINITY HEAL	X	
(4)	TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	MI	501(C)(3)	12	TRINITY HEAL	X	
(5)	TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152	RETIREE MEDIC	MI	501(C)(9)		TRINITY HEAL	X	
(6)	TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY, LIVONIA, MI 48152	MANAGEMENT SE	MI	501(C)(3)	9	TRINITY HEAL	X	
(7)	UIHLEIN MERCY CENTER 3805 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073	HEALTHCARE SE	NY	501(C)(3)	3	MERCY UIHLEI	X	

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Open to Public  
Inspection

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

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

**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	UNIVERSITY HEIGHTS PROPERTY COMPANY, INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	TITLE HOLDING	NJ	501(C)(2)		SAINT MICHAEL	X	
(2)	VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CAR	NY	501(C)(3)	3	ST. PETER'S	X	
(3)	WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)		MERCY HEALTH	X	
(4)	BAUM HARMON MERCY HSPTL & CLINICS FDN 255 NORTH WELCH AVENUE PRINGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	11	BAUM HARMON	X	
(5)	SUNNYVIEW HOSPITAL & REHABILITATION CENT 1270 BELMONT AVE. SCHENECTADY, NY 12308 14-1338386	HEALTHCARE AN	NY	501(C)(3)	3	ST. PETER'S	X	
(6)	SUNNYVIEW HOSPITAL & REHAB CTR FDN, INC. 1270 BELMONT AVE. SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	11	SUNNYVIEW HO	X	
(7)								

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

Schedule R (Form 990) 2015

**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	
<b>(1)</b> ADVENT REHABILITATION LLC 38-3 607 DEWEY AVENUE, GRAND RAPIDS MI	REHABILITATION TH	MI	TRINITY HEALTH-	RELATED							X	
<b>(2)</b> BIG RUN MEDICAL OFFICE BUILDIN 793 W. STATE STREET COLUMBUS, OH	MEDICAL OFFICE BU	OH	MOUNT CARMEL HE	RELATED							X	
<b>(3)</b> CATHERINE HORAN BUILDING ASSOC 1221 MAIN STREET, HOLYOKE, MA	PROPERTY MANAGEM	MA	CATHERINE HORAN	RENTAL							X	
<b>(4)</b> CENTENNIAL SURGUNIT, LLC 22-35 502 CENTENNIAL BLVD, VOORHEES, NJ	HEALTHCARE SERVIC	NJ	OUR LADY OF LOU	RELATED								
<b>(5)</b> CENTER FOR DIGESTIVE CARE, LLC 5300 ELLIOTT DRIVE YPSILANTI, MI	PROVIDE GASTROINT	MI	TRINITY HEALTH-	RELATED								
<b>(6)</b> CENTRAL NEW JERSEY HEART SERVI PO BOX 148 BAYONNE, NJ 07002	CARDIAC PROGRAM	NJ	ST. FRANCIS MED	RELATED								
<b>(7)</b> CLINTON IMAGING SERVICES, LLC 615 VALLEY VIEW DR., MOLINE, I	MRI DIAGNOSTIC SE	IA	MERCY MEDICAL C	RELATED								

**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?
<b>(1)</b> AFFILIATED MANAGEMENT SERVICES CORPORATI 14-1668024 1300 MASSACHUSETTS AVENUE TROY, NY 12180	REAL ESTATE	NY	SETON HEALTH SY	C CORP				X
<b>(2)</b> CARBONDALE PHYSICIANS' SERVICES, INC. 23-2365077 100 LINCOLN AVE CARBONDALE, PA 18407	PHARMACY	PA	MARIAN COMMUNIT	C CORP				X
<b>(3)</b> CATHERINE HORAN BUILDING, CORP. 1233 MAIN STREET HOLYOKE, MA 01040	BUILDING MANAGEM	MA	SYSTEM COORDINA	C CORP				X
<b>(4)</b> CHESTNUT RISK SERVICES, LTD 11 VICTORIA STREET HAMILTON, NJ	INSURANCE		SAINT MICHAEL'S	C CORP				X
<b>(5)</b> DIVERSIFIED COMMUNITY SERVICES, INC. 1233 MAIN STREET HOLYOKE, MA 01040	MEDICAL SERVICES	MA	SYSTEM COORDINA	C CORP				X
<b>(6)</b> FHS SERVICES, INC. 27-2995699 333 BUTTERNUT DRIVE, DEWITT, NY 13214	MEDICAL SERVICES	NY	FRANCISCAN ASSO	C CORP				X
<b>(7)</b> FRANCISCAN ASSOCIATES, INC. 20-2991688 333 BUTTERNUT DRIVE, DEWITT, NY 13214	MEDICAL SERVICES	NY	ST. JOSEPH'S HE	C CORP				X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> DIAGNOSTIC IMAGING OF SOUTHBUR 385 MAIN STREET SOUTH SOUTHBUR IMAGING CENTER		CT	SAINT MARY'S HO	RELATED	529,000.	1,577,000.				X		.6000
<b>(2)</b> FOREST PARK IMAGING, LLC 13-43 1000 4TH STREET SW MASON CITY, X-RAY AND MAMMOGR		IA	MERCY HEALTH SE	RELATED						X		
<b>(3)</b> FRANCES WARDE MEDICAL LABORATO 300 WEST TEXTILE ROAD ANN ARBO LABORATORY		MI	TRINITY HEALTH-	UNRELATED						X		
<b>(4)</b> GATEWAY HEALTH PLAN, LP 25-169 444 LIBERTY AVE, PITTSBURGH, P MEDICAID & MEDICA		PA	MERCY HEALTH PL	RELATED						X		
<b>(5)</b> GREATER HARTFORD LITHOTRIPSY, 144 WOODLAND ST HARTFORD, CT 0 LITHOTRIPSY SERVI		CT	ST. FRANCIS HOS	RELATED						X		
<b>(6)</b> HAWARDEN REGIONAL HEALTH CLINI 1122 AVENUE L HAWARDEN, IA 510 MEDICAL CLINIC		IA	MERCY MEDICAL S	RELATED						X		
<b>(7)</b> IDAHO ASC HOLDINGS, LLC 36-472 1055 N. CURTIS ROAD BOISE, ID HOLDING COMPANY F		ID	SAINT ALPHONSUS	RELATED						X		

**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?
<b>(1)</b> FRANCISCAN HEALTH SUPPORT, INC. 333 BUTTERNUT DRIVE, DEWITT, NY 13214	MEDICAL SERVICES	NY	FRANCISCAN ASSO	C CORP				X
<b>(2)</b> FRANCISCAN MANAGEMENT SERVICES, INC. 333 BUTTERNUT DRIVE, DEWITT, NY 13214	MANAGEMENT SERVICE	NY	FRANCISCAN ASSO	C CORP				X
<b>(3)</b> FRANKLIN MEDICAL GROUP, PC 56 FRANKLIN ST. WATERBURY, CT 06706	PHYSICIAN OFFICE	CT	SAINT MARY'S HO	C CORP			1.0000	X
<b>(4)</b> GOTTLIEB MANAGEMENT SERVICES, INC. 701 W. NORTH AVE. MELROSE PARK, IL 60160	MANAGEMENT SERVICE	IL	GOTTLIEB COMMUN	C CORP				X
<b>(5)</b> H.E.F., INC. 1820 44TH STREET SE KENTWOOD, MI 49508	OFFICE STAFFING	MI	HACKLEY HEALTH	C CORP				X
<b>(6)</b> HACKLEY HEALTH MANAGEMENT, INC. 1820 44TH STREET SE KENTWOOD, MI 49508	WEIGHT MANAGEMENT	MI	HACKLEY HEALTH	C CORP				X
<b>(7)</b> HACKLEY HEALTH VENTURES, INC. 1820 44TH STREET SE KENTWOOD, MI 49508	OTHER MEDICAL SER	MI	MERCY HEALTH PA	C CORP				X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> INNOVATIVE HEALTH ALLIANCE OF 14 COLUMBIA CIRCLE DRIVE ALBAN	ACCOUNTABLE CARE	NY	ST. PETER'S HEA	RELATED							X	
<b>(2)</b> LOYOLA AMBULATORY SURGERY CENT 569 BROOKWOOD VILLAGE, BIRMING	SURGICAL SERVICES	IL	LOYOLA UNIVERSI	RELATED							X	
<b>(3)</b> MAGNETIC RESONANCE SERVICES PA 1416 SIXTH STREET SW MASON CIT	MRI SERVICES	IA	MERCY HEALTH SE	RELATED							X	
<b>(4)</b> MASON CITY AMBULATORY SURGERY 990 4TH STREET SW MASON CITY,	SURGERY-SAME DAY	IA	MERCY HEALTH SE	RELATED							X	
<b>(5)</b> MCE MOB IV LIMITED PARTNERSHIP 793 W. STATE STREET COLUMBUS,	MEDICAL OFFICE BU	OH	MOUNT CARMEL HE	RELATED							X	
<b>(6)</b> MDR/MRI TECHNICAL SERVICES, LL 5640 EAST TAFT ROAD #3770 SYRA	MRI SERVICES	NY	ST. JOSEPH'S HO	RELATED							X	
<b>(7)</b> MEDILUCENT MOB I 20-4911370 793 W. STATE STREET COLUMBUS,	MEDICAL OFFICE BU	OH	MOUNT CARMEL HE	RELATED							X	

**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?
<b>(1)</b> HACKLEY HEALTHCARE EQUIPMENT CORP. 1820 44TH STREET SE KENTWOOD, MI 49508	HOME MEDICAL EQUI	MI	HACKLEY HEALTH	C CORP				X
<b>(2)</b> HACKLEY PROFESSIONAL PHARMACY, INC. 1820 44TH STREET SE KENTWOOD, MI 49508	PHARMACY	MI	HACKLEY HEALTH	C CORP				X
<b>(3)</b> HEALTH CARE MANAGEMENT ADMINISTRATORS, I 333 BUTTERNUT DRIVE, DEWITT, NY 13214	HEALTHCARE MANAGE	NY	FRANCISCAN ASSO	C CORP				X
<b>(4)</b> HEALTH MANAGEMENT SERVICES ORG. INC. 500 GROVE STREET, HADDON HEIGHTS, NJ 08035	MEDICAL ADMINISTR	NJ	LOURDES ANCILLA	C CORP				X
<b>(5)</b> HOLY CROSS PRIVATE HOME SERVICES CORP. 1500 FOREST GLEN RD. SILVER SPRING, MD 20910	HOME CARE SERVICE	MD	MARYLAND CARE G	C CORP				X
<b>(6)</b> HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKOGON, MI 49442	CONDOMINIUM ASSOC	MI	HACKLEY HEALTH	C CORP				X
<b>(7)</b> HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR. ANN ARBOR, MI 48106	PROVIDES OFFICE R	MI	TRINITY HEALTH-	C CORP				X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MEDWORKS, LLC 375 EAST CEDAR STREET NEWINGTO	REHABILITATION SE	CT	SAINT FRANCIS H	RELATED								
(2) MERCY ADVANCED MRI, LLC 26-211 2525 SOUTH MICHIGAN AVE. CHICA	SUBLEASE MRI EQUI	IL	MERCY HOSPITAL	RELATED								
(3) MERCY HEART CTR O/P SERVICES, 1000 4TH STREET SW MASON CITY,	CARDIOVASCULAR SE	IA	MERCY HEALTH SE	RELATED								
(4) MERCY/MANOR PARTNERSHIP 52-193 PO BOX 10086 TOLEDO, OH 43699	NURSING HOME	PA	MERCY MANAGEMENT	RELATED							X	
(5) MERCY/USP HEALTH VENTURES, LLC 15305 DALLAS PARKWAY, ADDISON,	OUTPATIENT SURGER	IA	MERCY HEALTH SE	RELATED								
(6) MOUNT CARMEL EAST POB III LIMI 793 W. STATE STREET COLUMBUS,	MEDICAL OFFICE BU	OH	MOUNT CARMEL HE	RELATED							X	
(7) NAUGATUCK VALLEY MRI LIMITED P 1389 WEST MAIN ST. WATERBURY,	IMAGING CENTER	CT	SAINT MARY'S HO	RELATED	87,000.	713,000.					X	.7830

**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?
(1) IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR., ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	IHA HEALTH SERV	C CORP				X
(2) LANGHORNE SERVICES II, INC. 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER O	PA	ST. MARY MEDICA	C CORP				X
(3) LANGHORNE SERVICES, INC. 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER O	PA	ST. MARY MEDICA	C CORP				X
(4) LIFE CARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629	HEALTH CARE SERVI	NJ	ST. FRANCIS MED	C CORP				X
(5) LOURDES MEDICAL ASSOCIATES, PA 500 GROVE STREET, HADDON HEIGHTS, NJ 08035	MEDICAL SERVICES	NJ	OUR LADY OF LOU	C CORP				X
(6) LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103	URGENT CARE CENTE	NJ	OUR LADY OF LOU	C CORP				X
(7) MARYLAND CARE GROUP, INC. 1500 FOREST GLEN RD. SILVER SPRING, MD 20910	HEALTHCARE HOLDIN	MD	HOLY CROSS HEAL	C CORP				X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NAZARETH MEDICAL OFFICE BUILDI 2601 HOLME AVE PHILADELPHIA, P	MEDICAL OFFICE BU	PA	NAZARETH HOSPIT	OTHER							X	
(2) PHYSICIANS OUTPATIENT SURGERY 1000 NE 56TH STREET OAKLAND PA	AMBULATORY SURGER	FL	HOLY CROSS HOSP	RELATED							X	
(3) RADISSON SJH PROPERTIES, LLC 4 5000 CAMPUSWOOD DRIVE, EAST SY	MEDICAL OFFICE BU	NY	ST. JOSEPH'S HE	RELATED							X	
(4) SARMED OUTPATIENT PHARMACY, LL 999 N. CURTIS RD., BOISE, ID 8	PHARMACY	ID	SAINT ALPHONSUS	RELATED								
(5) SIXTY FOURTH STREET, LLC 20-24 2373 64TH ST., BYRON CENTER, M	PROVIDE OUTPATIEN	MI	TRINITY HEALTH-	RELATED								
(6) SJLS LLC 20-1796650 7650 SE 27TH ST, MERCER ISLAND	DIALYSIS SERVICES	NY	SJ MANAGEMENT C	RELATED								
(7) SVY MANAGEMENT LLC 20-2273476 200 CENTURY PKWY, MOUNT LAUREL	RADIOLOGY	NJ	HEALTH MANAGEME	RELATED							X	

**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
(1) MCMC EASTWICK, INC. C/O MHS ONE WEST ELM STREET, CONSHOCKEN, PA 19428		23-2184261		MERCY HEALTH SY	C CORP				X
(2) MEDNOW, INC. 1512 12TH AVENUE ROAD NAMPA, ID 83686		82-0389927		MERCY HEALTH SY	C CORP				X
(3) MERCY HOME CARE, INC. 1233 MAIN STREET HOLYOKE, MA 01040				SAINT ALPHONSUS	C CORP				X
(4) MERCY INPATIENT MEDICAL ASSOCIATES, INC 1233 MAIN STREET HOLYOKE, MA 01040				SYSTEM COORDINA	C CORP				X
(5) MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101		42-1283849		SYSTEM COORDINA	C CORP				X
(6) MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616		36-3227348		MERCY HEALTH SE	C CORP				X
(7) MOUNT CARMEL HEALTH PROVIDERS, INC. 6150 EAST BROAD STREET COLUMBUS, OH 43213		31-1382442		MERCY HEALTH SY	C CORP				X
				MOUNT CARMEL HE	C CORP				X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SMWC MOB II, LP 36-4559869 1201 LANGHORNE-NEWTOWN ROAD LA	INVESTMENT AND OP	PA	ST. MARY MEDICA	RENTAL								
(2) ST. AGNES LONG-TERM INTENSIVE ONE WEST ELM ST, CONSHOCKEN,	LONG TERM INTENSI	PA	ST. AGNES CONTI	RELATED							X	
(3) ST. ALPHONSUS CALDWELL CANCER 3123 MEDICAL DR. CALDWELL, ID	HEALTH CARE SERVI	ID	SAINTE ALPHONSUS	RELATED							X	
(4) ST. ANN'S MEDICAL OFFICE BLDG 793 W. STATE STREET COLUMBUS,	MEDICAL OFFICE BU	OH	MOUNT CARMEL HE	RELATED							X	
(5) ST. JOSEPH'S IMAGING ASSOCIATE 104 UNION AVE, SUITE 905 SYRAC	RADIOLOGY SERVICE	NY	ST. JOSEPH'S ME	RELATED							X	
(6) ST. MARY REHABILITATION HOSPIT 680 SOUTH FORTH STREET LOUISVI	HEALTHCARE SERVIC	DE	ST. MARY MEDICA	RELATED								
(7) ST. PETER'S AMBULATORY SURGERY 1375 WASHINGTON AVENUE, ALBANY	OUTPATIENT SURGER	NY	ST. PETER'S HOS	INVESTMENT							X	

**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?
(1) NURSING NETWORK, INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308		FL	HOLY CROSS HOSP	C CORP				X
(2) PHYSICIANS MEDICAL OFFICE BUILDING CONDO 1221 MAIN STREET, HOLYOKE, MA 01040		MA	SISTERS OF PROV	C CORP				X
(3) SAINT ALPHONSUS HEALTH ALLIANCE, INC. 1055 NORTH CURTIS ROAD BOISE, ID 83706		ID	SAINTE ALPHONSUS	C CORP				X
(4) SAINT ALPHONSUS PHYSICIANS, P.A. 1055 NORTH CURTIS ROAD BOISE, ID 83706		ID	ST ALPHONSUS RE	C CORP				X
(5) SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P 114 WOODLAND STREET, HARTFORD, CT 06105		CT	SAINTE FRANCIS H	C CORP				X
(6) SAINT FRANCIS CARE MEDICAL GROUP, PC 114 WOODLAND STREET HARTFORD, CT 06105		CT	SAINTE FRANCIS H	C CORP				X
(7) SAMARITAN MEDICAL OFFICE BUILDING, INC. 2212 BURDETT AVENUE TROY, NY 12180		NY	ST. PETER'S HEA	C CORP				X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> TAWARACK MEDICAL CLINIC, LLC 2 402 LAKE CASCADE PARKWAY CASCA	OUTPATIENT MEDICA	ID	SAINT ALPHONSUS RELATED								X	
<b>(2)</b> THE AMBULATORY SURGERY CENTER 1203 LANGHORNE-NEWTOWN ROAD LA	OUTPATIENT SURGER	PA	ST. MARY MEDICA RELATED								X	
<b>(3)</b> TOTAL LAUNDRY COLLABORATIVE, L 114 WOODLAND STREET HARTFORD,	LAUNDRY SERVICES	CT	ST. FRANCIS HOS UNRELATED									
<b>(4)</b> TRINITY HEALTH PARTNERS LLC 47 20555 VICTOR PARKWAY LIVONIA,	POPULATION HEALTH	DE	TRINITY HEALTH RELATED									
<b>(5)</b> WOODLAND IMAGING CENTER, LLC 7 5301 E. HURON RIVER DR. ANN AR	RADIOLOGY/ IMAGIN	MI	TRINITY HEALTH- RELATED									
<b>(6)</b>												
<b>(7)</b>												

**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?
<b>(1)</b> SJM PROPERTIES, INC. 16-1294991 411 CANISTEO STREET HORNELLS, NY 14843	PROPERTY HOLDINGS	NY	ST. JAMES MERCY	C CORP				X
<b>(2)</b> SUPE PRACTICE MANAGEMENT SERVICES, INC. 45-4164964 301 PROSPECT AVE SYRACUSE, NY 13203	MANAGEMENT SERVIC	NY	ST. JOSEPH'S HO	C CORP				X
<b>(3)</b> SURMC HOLDINGS, INC. 47-4763735 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	PROPERTY HOLDINGS	IN	SAINT JOSEPH RE	C CORP				X
<b>(4)</b> ST. ELIZABETH HEALTH SUPPORT SERVICES, I 16-1540486 2209 GENESEE STREET UTICA, NY 13501	MEDICAL SERVICES	NY	FRANCISCAN MANA	C CORP				X
<b>(5)</b> ST. MARY'S HIGHLAND HILLS VILLAGE, INC. 58-2276801 1230 BAXTER STREET ATHENS, GA 30606	ASSISTED LIVING	GA	ST. MARY'S HEAL	C CORP				X
<b>(6)</b> SYSTEM COORDINATED SERVICES, INC. 1233 MAIN STREET HOLYOKE, MA 01040	LAB SERVICES	MA	MERCY HOSPITAL,	C CORP				X
<b>(7)</b> THREE SERVICES, LLC 45-2603654 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE BROKE	MI	TRINITY HEALTH-	C CORP				X

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

(1)	(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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

**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.

(1)	(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
(1)	TRINITY ASSURANCE, LTD. PO BOX 1051 GRAND CAYMAN, TRINITY HEALTH ACO, INC.	PROVISION OF INSU ACCOUNTABLE CARE		TRINITY HEALTH - TRINITY HEALTH	C CORP C CORP					X X
(2)	20555 VICTOR PARKWAY LIVONIA, MI 48152		DE	TRINITY HEALTH	C CORP					X
(3)	TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152	GRANTOR TRUST	MI	TRINITY HEALTH	TRUST					X
(4)	TRINITY SENIOR SERVICES MANAGEMENT, INC. P.O. BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR SERVICES	PA	TRINITY CONTINU	C CORP					X
(5)	WEST SHORE PROFESSIONAL BUILDING CONDOMI 1820 44TH STREET SE KENTWOOD, MI 49508	CONDOMINIUM ASSOC	MI	MERCY HEALTH PA	C CORP					X
(6)	WORKPLACE HEALTH OF GRAND HAVEN, INC. 1820 44TH STREET SE KENTWOOD, MI 49508	OCCUPATIONAL HEAL	MI	HACKLEY HEALTH	C CORP					X
(7)										

**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.

**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. . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s). . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s). . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses. . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s). . . . .

**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	Yes	No
(1)	FRANKLIN MEDICAL GROUP, PC	B	16,067,999.	FMV	X	
(2)	FRANKLIN MEDICAL GROUP, PC	L	2,950,476.	FMV	X	
(3)	FRANKLIN MEDICAL GROUP, PC	A	43,223.	FMV	X	
(4)	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC	C	372,000.	FMV	X	
(5)	NAUGATUCK VALLEY MRI, LLC	C	78,300.	FMV	X	
(6)	SAINT MARY'S HOSPITAL FOUNDATION, INC.	C	151,521.	FMV	X	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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