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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SUNNYVIEW HOSPITAL AND REHABILITATION CENTER

Doing business as

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

1270 BELMONT AVENUE

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

SCHENECTADY, NY 123082104

F Name and address of principal officer

KIM BAKER

1270 BELMONT AVENUE

SCHENECTADY, NY 123082104

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

14-1338386

E Telephone number

(518) 382-4500

G Gross receipts \$ 59,702,211

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SPHP.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1929

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE HEALTH CARE AND HOSPITAL SERVICES

2 Check this box ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

2019-05-14

Date

KRISTIN SIGNOR CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

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

WE, ST PETER'S HEALTH PARTNERS AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES. FOUNDED IN COMMUNITY-BASED LEGACIES OF COMPASSIONATE HEALING, WE PROVIDE THE HIGHEST QUALITY COMPREHENSIVE CONTINUUM OF INTEGRATED HEALTH CARE, SUPPORTIVE HOUSING AND COMMUNITY SERVICES, ESPECIALLY FOR THE NEEDY AND VULNERABLE. SUNNYVIEW REHABILITATION HOSPITAL IS A MEMBER OF ST PETER'S HEALTH PARTNERS AND TRINITY HEALTH.

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code)	(Expenses \$ 53,552,426	including grants of \$ 0	(Revenue \$ 57,202,767)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses	53,552,426
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	97
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	922
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	22	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: NY

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶KRISTIN SIGNOR 315 S MANNING BLVD ALBANY, NY 12208 (518) 525-5507

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

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, or 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

[illegible]

[illegible]

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 ▶ 14

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
ELLIS HOSPITAL 600 MCCLELLAN STREET SCHENECTADY, NY 12304	LAB SERVICES	506,106
MORRISON HEALTHCARE PO BOX 102289 ATLANTA, GA 30368	CAFETERIA SERVICES	340,801
SCHENECTADY PULMONARY & CRITICAL CARE AS 124 ROSA RD STE 382 SCHENECTADY, NY 12308	PHYSICIAN SERVICES	250,000
CENTURY LINEN AND UNIFORM 335 N MAIN ST GLOVERSVILLE, NY 12078	LAUNDRY SERVICES	203,121
CAPITAL CARE MEDICAL GROUP 501 NEW KARNER RD SUITE 1A ALBANY, NY 12205	PHYSICIAN SERVICES	180,000

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 9</p>	
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	95,654				
	e Government grants (contributions)	1e	429,223				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	291,209				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶		816,086				
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE		622310	56,242,661	56,242,661		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		56,242,661				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		634,167			634,167	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶		69,961			69,961	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶		584,545			584,545	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events . . . ▶						
9a Gross income from gaming activities See Part IV, line 19 a							
b Less direct expenses b							
c Net income or (loss) from gaming activities . . . ▶							
10a Gross sales of inventory, less returns and allowances . . . a							
b Less cost of goods sold . . . b							
c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
11a OTHER PROGRAM SERVICE REVENUE	900099	608,647	608,647				
b CAFETERIA REVENUE	722514	379,435			379,435		
c WELLNESS CENTER REVENUE	622310	267,767	267,767				
d All other revenue		83,692	83,692				
e Total. Add lines 11a-11d ▶		1,339,541					
12 Total revenue. See Instructions ▶		59,686,961	57,202,767	0	1,668,108		

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	693,995		693,995	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	118,007	118,007		
7 Other salaries and wages.	30,661,279	29,494,586	1,166,693	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	709,859	703,817	6,042	
9 Other employee benefits.	2,693,400	2,575,978	117,422	
10 Payroll taxes.	2,303,383	2,172,342	131,041	
11 Fees for services (non-employees):				
a Management.				
b Legal.	64		64	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	37,481		37,481	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,629,081	8,210,661	418,420	
12 Advertising and promotion.	180,822	170,535	10,287	
13 Office expenses.	497,053	468,775	28,278	
14 Information technology.	218,191	205,778	12,413	
15 Royalties.				
16 Occupancy.	1,235,114	1,164,847	70,267	
17 Travel.	65,521	61,793	3,728	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	56,435	53,224	3,211	
20 Interest.	335,263	335,263		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,567,740	1,478,550	89,190	
23 Insurance.	279,253	263,366	15,887	
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 MEDICAL SUPPLIES	4,916,888	4,916,888		
b HOSPITAL PROVIDER TAX	652,754	652,754		
c BAD DEBT EXPENSE	363,328	363,328		
d SUBSCRIPTIONS AND DUES	74,572	70,330	4,242	
e All other expenses	75,923	71,604	4,319	
25 Total functional expenses. Add lines 1 through 24e.	56,365,406	53,552,426	2,812,980	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,753,033	1	894,625
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		116,630	3	101,153
	4	Accounts receivable, net		8,435,014	4	8,746,237
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		40,858	8	63,006
	9	Prepaid expenses and deferred charges		119,017	9	224,152
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	46,544,448		
	b	Less: accumulated depreciation	10b	34,115,502		
				12,704,746	10c	12,428,946
	11	Investments—publicly traded securities		16,579,663	11	17,355,223
	12	Investments—other securities. See Part IV, line 11		8,487,798	12	11,079,292
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		5,734,557	15	6,465,851	
16	Total assets. Add lines 1 through 15 (must equal line 34)		54,971,316	16	57,358,485	
Liabilities	17	Accounts payable and accrued expenses		5,515,436	17	6,363,994
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		9,880,705	25	9,234,058
	26	Total liabilities. Add lines 17 through 25		15,396,141	26	15,598,052
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		35,254,481	27	37,045,093
	28	Temporarily restricted net assets		1,833,415	28	2,228,061
	29	Permanently restricted net assets		2,487,279	29	2,487,279
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		39,575,175	33	41,760,433
34	Total liabilities and net assets/fund balances		54,971,316	34	57,358,485	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,686,961
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,365,406
3	Revenue less expenses Subtract line 2 from line 1	3	3,321,555
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,575,175
5	Net unrealized gains (losses) on investments	5	565,777
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,702,074
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,760,433

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
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?	Yes	
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	

Additional Data

Software ID:
Software Version:
EIN: 14-1338386
Name: SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Form 990 (2017)

Form 990, Part III, Line 4a:

FOUNDED IN 1928, SUNNYVIEW REHABILITATION HOSPITAL, LOCATED IN SCHENECTADY, NEW YORK, IS A 115-BED HOSPITAL SPECIALIZING IN PHYSICAL REHABILITATION EVERY YEAR, MORE THAN 15,000 INDIVIDUALS COME TO SUNNYVIEW FROM ACROSS THE CAPITAL REGION OF NEW YORK STATE AND BEYOND EACH PATIENT HAS A DEDICATED TEAM OF PHYSICIANS, NURSES, THERAPISTS AND SPECIALISTS, WHO ARE ALL FOCUSED ON ONE GOAL OF TAKING BACK WHAT WAS STOLEN BY A STROKE, TRAUMATIC INJURY OR DISABLING ILLNESS NATIONALLY RECOGNIZED AS A LEADER IN NEUROLOGICAL PATIENT CARE, SUNNYVIEW'S NEURO-REHAB INSTITUTE TREATS PATIENTS WITH A WIDE RANGE OF NEUROLOGICAL CONDITIONS, INCLUDING STROKE, TRAUMATIC BRAIN INJURY AND SPINAL CORD INJURY SUNNYVIEW'S EXPERT STAFF IS DEVOTED TO ENHANCING THE DELIVERY OF PERSONALIZED, COMPREHENSIVE STATE-OF-THE-ART REHABILITATION TREATMENT THROUGH COORDINATED PATIENT CARE, EDUCATION, RESEARCH AND OUTREACH ACTIVITIES THE INTEGRATED AND INTENSELY TAILORED APPROACH IS SUPPORTED BY TECHNOLOGIES AT THE FOREFRONT OF MODERN SCIENCE PLEASE VISIT SCHEDULE H AND OUR WEBSITE FOR ADDITIONAL INFORMATION ABOUT OUR SERVICES, RECOGNITIONS AND AWARDS WWW SPHP COM/SVH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
JAMES REED MD DIRECTOR, PRESIDENT & CEO	1 00 54 00	X		X				0	1,068,821	59,604
GARY DAKE DIRECTOR, CHAIR AS OF 1/18	0 50 6 50	X		X				0	0	0
HAROLD GORDON ESQ DIRECTOR, CHAIR THROUGH 12/17	0 50 6 50	X		X				0	0	0
BEVERLY KARPIAK DIRECTOR, VICE CHAIR AS OF 1/18	0 50 6 50	X		X				0	0	0
ANN DISARRO DIRECTOR, VICE CHAIR THROUGH 12/17	0 50 6 50	X		X				0	0	0
RONALD GUZIOR DIRECTOR, TREASURER AS OF 1/18	0 50 6 50	X		X				0	0	0
MICHAEL KEEGAN DIRECTOR, TREASURER THROUGH 12/17	0 50 6 50	X		X				0	0	0
ROBERT BYLANCIK DIRECTOR	0 50 6 50	X						0	0	0
BARBARA COTTRELL DIRECTOR	0 50 6 50	X						0	0	0
CATHERINE DECLERCQ OP SCH O DIRECTOR THROUGH 12/17	0 50 6 50	X						0	0	7,036

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
JOHN FILIPPONE MD DIRECTOR, PHYSICIAN	0 50 49 50	X						0	578,574	35,697
GEORGE HEARST III DIRECTOR	0 50 6 50	X						0	0	0
PHYLLIS HERBERT RSM DIRECTOR	0 50 6 50	X						0	0	0
ROBERT JOHNSON III ESQ DIRECTOR	0 50 6 50	X						0	0	0
MARY ANN LOGIUDICE RSM DIRECTOR	0 50 6 50	X						0	0	0
NORMAN MASSRY DIRECTOR	0 50 6 50	X						0	0	0
ROBERT MCCORMICK DIRECTOR	0 50 6 50	X						0	0	0
KATHLEEN NATWIN DC DIRECTOR	0 50 6 50	X						0	0	0
CURTIS POWELL DIRECTOR	0 50 6 50	X						0	0	0
DANIEL ROTH DIR AT 1/18, TRIN EVP CHF CLIN OFF	0 50 54 50	X						0	869,036	38,580

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
ALAN SANDERS MD DIRECTOR, SPH CHIEF DEPT OF MEDICINE	0 50 49 50	X						0	194,996	9,251
JAMES SLAVIN MD DIRECTOR	0 50 6 50	X						0	0	0
LISA THORN MD DIRECTOR	0 50 11 50	X						0	49,828	0
THOMAS ROBERT SPHP VP, CFO & TREASURER	1 00 49 00			X				0	517,328	47,445
ROBERT SWIDLER ESQ SECRETARY, VP LEGAL SERVICES	1 00 49 00			X				0	323,878	17,206
KRISTIN SIGNOR CFO, CONTINUING CARE	1 00 49 00			X				34,612	152,841	31,867
EDWARD EISENMAN VP, INTERIM CEO, CONT CARE THR 10/17	17 00 33 00			X				240,231	0	31,015
KIM BAKER VP & CEO CONTINUING CARE AT 11/17	1 00 49 00			X				0	184,884	6,910
LYNNE NICOLSON MD VP & CMO, SUNNYVIEW	50 00 0 00				X			344,258	0	36,097
KENNETH SHAPIRO MD PHYSICIAN	50 00 0 00					X		367,472	0	38,330

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
VINCENT SOMAIO MD PHYSICIAN	50 00 0 00					X		246,496	0	35,626
ROSANN DEMEO CNO	50 00 0 00					X		166,240	0	21,859
ROBERT GILLEN CHIEF - NEUROPSYCHOLOGY	50 00 0 00					X		131,762	0	26,718
RADANA DOOLEY MD PHYSICIAN	50 00 0 00					X		130,845	0	6,237
THOMAS SCHUHLE FORMER OFFICER	0 00 0 00						X	0	260,569	21,259
RICHARD PETTERSON FORMER OFFICER	0 00 0 00						X	0	225,414	18,081

SCHEDULE A (Form 990 or 990EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2017 Open to Public Inspection
	Name of the organization SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Employer identification number 14-1338386

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 14-1338386
Name: SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2017

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 the organization SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Employer identification number 14-1338386
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		5,313
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			5,313
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Return Reference	Explanation
PART II-B, LINE 1	SUNNYVIEW REHABILITATION HOSPITAL HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED SUNNYVIEW REHABILITATION HOSPITAL WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493134023989	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
Name of the organization SUNNYVIEW HOSPITAL AND REHABILITATION CENTER				Employer identification number 14-1338386	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4 Number of states where property subject to conservation easement is located ▶					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$					
(ii) Assets included in Form 990, Part X ▶ \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ▶ \$					
b Assets included in Form 990, Part X ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2017			

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		419,624		419,624
b Buildings		22,602,587	15,460,669	7,141,918
c Leasehold improvements		449,644	218,016	231,628
d Equipment		22,955,178	18,436,817	4,518,361
e Other		117,415		117,415
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				12,428,946

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	3,977,182	F
(B) HEDGE FUNDS	2,272,675	F
(C) EQUITY METHOD INVESTMENTS	4,829,435	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	11,079,292	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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) NET ASSETS IN FOUNDATION	6,232,218
(2) MISCELLANEOUS RECEIVABLES	202,660
(3) INTERCOMPANY ACCOUNTS RECEIVABLE	30,973
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	6,465,851

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERCOMPANY ACCOUNTS PAYABLE	526,381
OTHER LONG-TERM LIABILITIES	61,439
ASSET RETIREMENT OBLIGATION (ASC 410)	169,014
INTERCOMPANY NOTES PAYABLE	8,449,218
DEFERRED COMPENSATION LIABILITY	28,006
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	9,234,058

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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information (continued)
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Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► 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.

Name of the organization

SUNNYVIEW HOSPITAL AND REHABILITATION CENTER

Employer identification number

14-1338386

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other

%

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

No

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

5c

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?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

If "Yes," did the organization make it available to the public?

6b

Yes

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)						
b Medicaid (from Worksheet 3, column a)			5,337,999	4,012,419	1,325,580	2 370 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			5,337,999	4,012,419	1,325,580	2 370 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	13,804	300,682	923	299,759	0 540 %
f Health professions education (from Worksheet 5)	1	48	3,912		3,912	0 010 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		25,214	586	24,628	0 040 %
j Total. Other Benefits	8	13,852	329,808	1,509	328,299	0 590 %
k Total. Add lines 7d and 7j	8	13,852	5,667,807	4,013,928	1,653,879	2 960 %

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Cat No 50192T

Schedule H (Form 990) 2017

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						
2 Economic development						
3 Community support	1		2,151		2,151	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		7,530		7,530	0 010 %
7 Community health improvement advocacy						
8 Workforce development	1	63	7,991		7,991	0 010 %
9 Other						
10 Total	3	63	17,672		17,672	0 020 %

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?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
	363,328		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
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)	5	17,405,351
6 Enter Medicare allowable costs of care relating to payments on line 5	6	16,840,014
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	565,337
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?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
1				
2				
3				
4				
5				
6				
7				
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)

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

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)
SUNNYVIEW HOSPITAL AND REHAB CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SUNNYVIEW HOSPITAL AND REHAB CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 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)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW SPHP COM/FINANCIAL-ASSISTANCE</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW SPHP COM/FINANCIAL-ASSISTANCE</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW SPHP COM/FINANCIAL-ASSISTANCE</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

SUNNYVIEW HOSPITAL AND REHAB CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SUNNYVIEW HOSPITAL AND REHAB CENTER

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS
PART I, LINE 6A	SUNNYVIEW REHABILITATION HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IT SUBMITS TO THE STATE OF NEW YORK IN ADDITION, SUNNYVIEW REHABILITATION HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW TRINITY-HEALTH ORG SUNNYVIEW REHABILITATION HOSPITAL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7 FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM
PART I, LN 7 COL(F)	THE FOLLOWING NUMBER, \$363,328, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25 PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	IN FY18, SUNNYVIEW CONTINUED TO PROVIDE COMMUNITY SUPPORT THROUGH THE TIME STAFF DEDICATED TO LOCAL NONPROFITS AND THE VARIOUS DONATIONS THE HOSPITAL MADE THE COALITION BUILDING EFFORTS CONTINUED TO SUPPORT SCHENECTADY COUNTY AS OUR STAFF, INCLUDING EXECUTIVE STAFF, WERE ACTIVE ON VARIOUS NONPROFIT BOARDS OF DIRECTORS IN THE AREA OF WORKFORCE DEVELOPMENT, SUNNYVIEW STAFF PROVIDED MENTORSHIP AND JOB SHADOWING FOR STUDENTS INTERESTED IN PURSUING EDUCATION AND CAREERS IN HEALTH SCIENCES, PARTICULARLY NURSING, PHYSICAL THERAPY AND OCCUPATIONAL THERAPY
PART III, LINE 2	METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	SUNNYVIEW REHABILITATION HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS) FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYOR A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE "PART III, LINE 5 TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION
PART III, LINE 8	SUNNYVIEW REHABILITATION HOSPITAL DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES PART III, LINE 8 COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS
PART VI, LINE 2	NEEDS ASSESSMENT - SUNNYVIEW HOSPITAL AND REHABILITATION CENTER ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SUNNYVIEW REHABILITATION HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE. FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. SUNNYVIEW REHABILITATION HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVED BY OUR HOSPITAL. SUNNYVIEW REHABILITATION HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SUNNYVIEW REHABILITATION HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.</p>
PART VI, LINE 4	<p>COMMUNITY INFORMATION - SUNNYVIEW IS LOCATED IN THE CITY OF SCHENECTADY WHICH IS CENTRALLY LOCATED IN SCHENECTADY COUNTY WITH A POPULATION OF 156,193. SCHENECTADY IS THE SMALLEST COUNTY IN UPSTATE NEW YORK AND CONSISTS OF FIVE TOWNS, TWO PRIMARILY RURAL AND THREE PRIMARILY SUBURBAN, SURROUNDING THE CENTRALLY LOCATED CITY OF SCHENECTADY (POPULATION 66,135). THE COUNTY IS LOCATED IMMEDIATELY WEST OF THE STATE CAPITAL OF ALBANY, AND MANY OF ITS RESIDENTS COMMUTE TO JOBS IN ALBANY AND OTHER COUNTIES THAT TOGETHER MAKE UP NEW YORK'S CAPITAL REGION. RESIDENTS OF THE CITY OF SCHENECTADY ARE GENERALLY LESS AFFLUENT AND LESS HEALTHY THAN RESIDENTS OF THE SURROUNDING TOWNS, WHILE RESIDENTS OF THE COUNTY AS A WHOLE ARE LESS AFFLUENT THAN THE STATE AS A WHOLE, BUT THE COUNTY'S POVERTY RATE IS BELOW THAT OF THE STATE. THE MEDIAN HOUSEHOLD INCOME FOR THE CITY, AT \$37,436, IS ONLY ABOUT TWO-THIRDS THAT OF THE COUNTY AS A WHOLE (\$56,061), WHICH IS BELOW THAT OF THE STATE (\$60,850). THE POVERTY RATE IN THE CITY IS 22.6% AND IS NEARLY DOUBLE THAT OF THE COUNTY AS A WHOLE (12.0%). STATE HEALTH DEPARTMENT DATA SHOW THAT HOSPITALIZATIONS FOR CONDITIONS WHICH COULD HAVE BEEN TREATED IN THE COMMUNITY (PREVENTION QUALITY INDICATIONS) RANGE AS HIGH AS 20% OF THE EXPECTED RATE IN CERTAIN NEIGHBORHOODS, BUT ARE AS LOW AS 49% OF THE EXPECTED RATE IN THE RURAL TOWNS. IN ONE DRAMATIC DISPARITY, HOSPITALIZATIONS FOR CONDITIONS RELATED TO DIABETES RANGE FROM 604/100,000 IN THE CITY'S HAMILTON HILL NEIGHBORHOOD TO 62/100,000 IN THE NEARBY SUBURB OF NISKAYUNA. OVERALL, HOWEVER, SCHENECTADY COUNTY RESIDENTS ARE MORE LIKELY THAN THE AVERAGE NEW YORK STATE RESIDENT TO HAVE HEALTH INSURANCE AND A PRIMARY CARE PROVIDER. ALMOST ALL PRIMARY MEDICAL CARE AND DENTAL CARE FOR LOW-INCOME RESIDENTS IS PROVIDED BY HOMETOWN HEALTH AND THE COMMUNITY PRACTICES OF THE ELLIS MEDICAL GROUP. BOTH FACILITIES HAVE ACHIEVED RECOGNITION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) AS PATIENT-CENTERED MEDICAL HOMES (PCMH).</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>OTHER INFORMATION - SUNNYVIEW IS A 115-BED HOSPITAL SPECIALIZING IN PHYSICAL REHABILITATION EVERY YEAR MORE THAN 15,000 INDIVIDUALS COME TO SUNNYVIEW FROM ACROSS THE CAPITAL REGION OF NEW YORK STATE AND BEYOND SUNNYVIEW CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN AS A NONPROFIT ORGANIZATION THAT IS PART OF ST PETER'S HEALTH PARTNERS, SUNNYVIEW IS GUIDED BY A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE OUR HOSPITAL OPERATES WITH AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK TO PROVIDE CARE TO OUR COMMUNITIES ALL MEDICAL STAFF MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS NO PART OF THE INCOME OF SUNNYVIEW BENEFITS ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED ALL SURPLUS FUNDS ARE REINVESTED INTO THE FACILITY, EQUIPMENT, OR PROGRAMS OF THE HOSPITAL TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OUR FACILITIES, AND ADVANCE OUR MEDICAL TRAINING, EDUCATION AND RESEARCH PROGRAMS SUNNYVIEW HAS A LONG HISTORY OF CONTRIBUTING TO THE HEALTH OF OUR COMMUNITY AND HAS PARTICIPATED IN HEALTH EDUCATION REQUESTS FROM COALITION MEMBER AGENCIES, COMMUNITY OUTREACH EVENTS, AND FREE HEARING SCREENINGS, AMONG OTHER SERVICES, TO PROMOTE HEALTH IN THE COMMUNITY BEYOND THIS IS OUR TRAINING AND CLINICAL OPPORTUNITIES FOR LOCAL STUDENTS, FROM HIGH SCHOOL TO GRADUATE SCHOOL, IN THE SPECIALTY OF REHABILITATION, INCLUDING ALL ASPECTS OF RESEARCH AND CLINICAL TRIALS OF NEURO-ELECTRONIC DEVELOPMENTS, LIMB FABRICATION AND FITTING, INCLUDING HOSPITAL CARE AND SURGERY IN FY18, SPHP/SUNNYVIEW REMAINED A "TOBACCO FREE" FACILITY, BANNING USE OF TRADITIONAL TOBACCO PRODUCTS, AS WELL AS ELECTRONIC VAPING DEVICES ON OUR PROPERTY SIGNAGE IS VISIBLE ON THE GROUNDS OF SPHP FACILITIES, INCLUDING SUNNYVIEW HOSPITAL AND REHABILITATION CENTER, TO REFLECT CHANGES MADE IN FY16 TO THE SPHP SMOKE FREE ENVIRONMENT POLICY IN ADDITION, THROUGH THE WORK OF OUR CENTER FOR HEALTH PROGRAMS AND CAPITAL DISTRICT TOBACCO FREE COMMUNITIES, TOBACCO 21 LEGISLATION IS BEING PURSUED AT THE LOCAL AND STATE LEVEL ALSO, DURING FY18, SPHP RECEIVED A PLACE BASED GRANT FROM TRINITY HEALTH WITH THIS FUNDING, MUCH NEEDED PLAYGROUND EQUIPMENT WAS PROVIDED TO PAIGE ELEMENTARY SCHOOL, WHICH IS LOCATED IN THE CITY OF SCHENECTADY THIS PLAYGROUND WILL BE A SAFE PLACE FOR CHILDREN IN THE COMMUNITY TO PLAY AND EXERCISE SUNNYVIEW COLLABORATED WITH OTHER LOCAL HEALTH SYSTEMS, COUNTY HEALTH DEPARTMENTS AND COMMUNITY BASED AGENCIES TO FORM WORKGROUPS TO FOCUS ON THE PRIORITIES OF THE 2016 CHNA IN FY18, THE FOLLOWING GROUPS WERE FORMED OBESITY/DIABETES PREVENTION AND MENTAL HEALTH/SUICIDE PREVENTION EACH GROUP MET SIX TIMES THROUGHOUT FY18 TO STRATEGIZE, IMPLEMENT AND REPORT ON ACTIVITY RELATIVE TO THE GOALS SET FORTH IN THE 2016 COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) THESE GROUPS WERE LED BY THE SCHENECTADY COALITION FOR A HEALTHY COMMUNITY</p>
PART VI, LINE 6	<p>SUNNYVIEW REHABILITATION HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER MINISTRIES DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS 1 REDUCE TOBACCO USE 2 REDUCE OBESITY PREVALENCE3 ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT4 ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH TRINITY HEALTH INVESTED \$3.6 MILLION IN FISCAL YEAR 2018 IN TCI IN FISCAL YEAR 2018, TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES TRINITY HEALTH INVESTED OVER \$260,000 IN FISCAL YEAR 2018 IN GSI ADDITIONALLY, TRINITY HEALTH INVESTED \$500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE THE ORGANIZATION WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER \$1.1 BILLION IN SUCH COMMUNITY BENEFITS FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	NY

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 14-1338386
Name: SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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
1	SUNNYVIEW HOSPITAL & REHAB CENTER 1270 BELMONT AVENUE SCHENECTADY, NY 123082104 WWW SPHP COM/SVH 4601004H	X	X							REHABILITATION HOSPITAL	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUNNYVIEW HOSPITAL AND REHAB CENTER	PART V, SECTION B, LINE 3J N/APART V, SECTION B, LINE 3E SUNNYVIEW REHABILITATION HOSPITAL INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS - REDUCE OBESITY AND DIABETES IN CHILDREN AND ADULTS- PREVENT SUBSTANCE ABUSE AND OTHER MENTAL, EMOTIONAL AND BEHAVIORAL DISEASE (SUICIDE AND OPIOID ABUSE)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUNNYVIEW HOSPITAL AND REHAB CENTER	PART V, SECTION B, LINE 5 THE SUNNYVIEW HOSPITAL AND REHABILITATION CENTER COMMUNITY BENEFITS PROGRAM IS BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY THE HEALTHY CAPITAL DISTRICT INITIATIVE (HCDI) HCDI IS A CONSORTIUM OF ORGANIZATIONS JOINED TOGETHER TO PRIORITIZE AND ADDRESS SIGNIFICANT COMMUNITY HEALTH ISSUES THE CHNA BENEFITED FROM THE REVIEW AND INPUT OF MEMBERS OF THE CHNA WORKGROUP OF THE HCDI THESE INDIVIDUALS INCLUDED SUBJECT MATTER EXPERTS FROM THE AREA PUBLIC HEALTH DEPARTMENTS OF ALBANY, RENSSELAER, AND SCHENECTADY, AND OF EACH OF THE CAPITAL REGION HOSPITALS ALBANY MEDICAL CENTER, ALBANY MEMORIAL HOSPITAL, ST PETER'S HOSPITAL, SUNNYVIEW HOSPITAL AND REHABILITATION CENTER, ST MARY'S HOSPITAL, SAMARITAN HOSPITAL, AND ELLIS HOSPITAL THEY WERE JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA, COPD, AND CANCER A TOTAL OF 34 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS CATHOLIC CHARITIES, WHITNEY M YOUNG, JR FEDERALLY QUALIFIED HEALTH CENTER (FQHC), CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE HEALTH PLAN, UNIVERSITY OF ALBANY SCHOOL OF PUBLIC HEALTH, YMCA, COMMUNITY GARDENS, AND SENIOR HOUSING ORGANIZATIONS ALMOST ALL OF THESE ORGANIZATIONS SERVE MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS AND MANY OFFER SPECIFIC PROGRAMS TARGETED TOWARDS THESE GROUPS REPRESENTATIVES OF HCDI DETERMINED THE PROCESS FOR COMPLETING THE NEEDS ASSESSMENT, REVIEWED THE COLLECTED DATA AND DETERMINED THE MECHANISM - SHOW OF HANDS - FOR SELECTING THE PRIORITIES THE 2016 CHNA IS THE RESULT OF OVER A YEAR OF MEETINGS WITH MEMBER ORGANIZATIONS AND COMMUNITY MEMBERS' INPUT THROUGH OUR SURVEY OF OVER 3,000 RESIDENTS OF THE CAPITAL DISTRICT DRAFTS OF THE SECTIONS WERE SENT TO LOCAL SUBJECT MATTER EXPERTS FOR REVIEW IN THE HEALTH DEPARTMENTS OF ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES, AND IN ST PETER'S HEALTH PARTNERS (SPHP), ALBANY MEDICAL CENTER, ELLIS HOSPITAL, AND THE INTERFAITH PARTNERSHIP FOR THE HOMELESS COMMENTS WERE ADDRESSED AND CHANGES WERE INCORPORATED INTO THE FINAL DOCUMENT THE CHNA WAS COMPLETED AND APPROVED IN JUNE 2016

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUNNYVIEW HOSPITAL AND REHAB CENTER	PART V, SECTION B, LINE 6A SUNNYVIEW HOSPITAL AND REHABILITATION CENTER CONDUCTED ITS CHNA IN COLLABORATION WITH THE FOLLOWING HOSPITAL FACILITIES ALBANY MEDICAL CENTER, ALBANY MEMORIAL HOSPITAL, ELLIS HOSPITAL, ST MARY'S HOSPITAL, SAMARITAN HOSPITAL, ST PETER'S HOSPITAL AND THE BURDETT BIRTH CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUNNYVIEW HOSPITAL AND REHAB CENTER	PART V, SECTION B, LINE 6B IN THE CHNA PROCESS, SUNNYVIEW HOSPITAL WAS JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA, COPD, AND CANCER A TOTAL OF 34 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS CATHOLIC CHARITIES, WHITNEY M YOUNG, JR FEDERALLY QUALIFIED HEALTH CENTER (FQHC), CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE HEALTH PLAN, UNIVERSITY OF ALBANY SCHOOL OF PUBLIC HEALTH, YMCA, COMMUNITY GARDENS, SENIOR HOUSING ORGANIZATIONS, AND HOMETOWN HEALTH, A FQHC IN SCHENECTADY COUNTY

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUNNYVIEW HOSPITAL AND REHAB CENTER	<p>PART V, SECTION B, LINE 11 DURING FY 18, THE FOLLOWING NEEDS FROM THE 2016 CHNA WERE ADDRESSSED REDUCE OBESITY AND DIABETES IN CHILDREN AND ADULTSSUNNYVIEW CONDUCTED OUTREACH EFFORTS TO INCREASE PHYSICAL ACTIVITY THROUGH THE WELLNESS CENTER TARGETING PATIENTS WITH HIGH BMI AS A HEALTH FACILITY, WE ALSO CONTINUED TO EXPAND THE SCOPE AND NUMBER OF SCHOLARSHIPS AS WELL AS MEMBERSHIP DISCOUNTS TO OUR POOL AND FITNESS CLASSES UPON ENROLLMENT, INDIVIDUALS WERE OFFERED A FREE HEALTH ASSESSMENT AND BASIC TRAINING ON UTILIZING THE EXERCISE EQUIPMENT AND THE POOL TO BETTER DIAGNOSE DIABETES, ALL AFFILIATED AND EMPLOYED PHYSICIANS WERE EDUCATED ABOUT THE NEED TO SCREEN AND REFER PATIENTS TO APPROPRIATE CARE ON AN OUTPATIENT BASIS, DIABETES EDUCATORS FROM SPHP DIABETES AND ENDOCRINE CARE PROVIDED DPP (DIABETES PREVENTION PROGRAMS) AND OTHER APPROPRIATE DIABETES EDUCATION, AS NEEDED FINANCIAL ASSISTANCE REMAINED AVAILABLE TO THOSE PATIENTS WITHOUT RESOURCES WHO SEEK DIABETES PREVENTION, EDUCATION AND MANAGEMENT CLASSES ALSO IN FY18, MONTHLY SUPPORT GROUPS WERE OFFERED, FREE OF CHARGE, FOCUSING ON A VARIETY OF TOPICS RELATED TO DIABETES PREVENT SUBSTANCE ABUSE AND OTHER MENTAL, EMOTIONAL AND BEHAVIORAL DISEASE (SUICIDE AND OPIOID ABUSE)SUNNYVIEW ALSO PARTICIPATED IN THE SMOKING CESSATION OPT-TO-QUIT PROGRAM HOUSED AT ST MARY'S HOSPITAL , AN AFFILIATE OF ST PETER'S HEALTH PARTNERS SEVERAL STAFF MEMBERS HAVE BEEN TRAINED AS FACILITATORS FOR THE BUTT STOPS HERE, A SMOKING CESSATION SUPPORT GROUP ALL INPATIENTS AND OUTPATIENTS ARE ASKED THEIR SMOKING HISTORY AT TIME OF REGISTRATION OR ADMISSION, AND THOSE WHO IDENTIFY THEMSELVES AS A SMOKER ARE PROVIDED WITH PRINTED INFORMATION ON THE NYS SMOKERS QUIT LINE SUNNYVIEW HAS A SPECIALIZED FOCUS ON REHABILITATION AND HAS LIMITED RESOURCES TO DEVOTE OUTSIDE OF ITS PRIMARY FUNCTION FOR THE CAPITAL REGION SUNNYVIEW HOSPITAL CHOSE TO OFFER ITS EXPERTISE TO THE COMMUNITY WITHIN ITS CAPABILITIES FOR THE 2016 CHNA, THE STAFF AT SUNNYVIEW CONCENTRATED THEIR EFFORTS ON THE FOLLOWING PREVENTION AGENDA PRIORITY AREAS PREVENT CHRONIC DISEASE - DIABETES AND OBESITY, PROMOTE MENTAL HEALTH, AND PREVENT SUBSTANCE ABUSE TO ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE, STAFF MEMBERS OF SUNNYVIEW ATTENDED WORKGROUPS FORMED BY THE SCHENECTADY COALITION FOR A HEALTHY COMMUNITY IN THE AREAS OF CHRONIC DISEASE (DIABETES AND OBESITY PREVENTION) AND MENTAL HEALTH/SUICIDE PREVENTION MEETINGS WERE HELD SIX TIMES PER YEAR SUNNYVIEW STAFF ALSO PROMOTED MENTAL HEALTH FIRST AID TRAINING TO COLLEAGUES AND COMMUNITY PARTNERS SUNNYVIEW HOSPITAL AND REHABILITATION CENTER ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESSES, AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE THUS, SECONDARY PRIORITY AREAS, SUCH AS ADVERSE BIRTH OUTCOMES, STD, TEEN PREGNANCY, ASTHMA, COLORECTAL CANCER AND LYME DISEASE, WILL NOT BE DI</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SUNNYVIEW HOSPITAL AND REHAB CENTER	RECTLY ADDRESSED BY SUNNYVIEW HOSPITAL AND REHABILITATION CENTER OTHER HEALTH CARE FACILI TIES SERVING OUR COMMUNITY WILL ADDRESS THESE SECONDARY PRIORITIES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SUNNYVIEW HOSPITAL AND REHAB CENTER	PART V, SECTION B, LINE 15E ALTHOUGH NOT IN THE POLICY, OUR PROCESS DOES PROVIDE THE CONTACT INFORMATION OF NONPROFIT ORGANIZATIONS OR GOVERNMENT AGENCIES THAT MAY BE SOURCES OF ASSISTANCE WITH FAP APPLICATIONS

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SUNNYVIEW HOSPITAL AND REHAB CENTER	PART V, SECTION B, LINE 9 AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

Name of the organization
SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Employer identification number
14-1338386

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

b If any of the boxes in 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, 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

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

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

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

No

Yes

No

No

No

No

No

No

No

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.

See Additional Data Table**Schedule J (Form 990) 2017**

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	SUNNYVIEW REHABILITATION HOSPITAL IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. SUNNYVIEW REHABILITATION HOSPITAL'S SYSTEM CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF SUNNYVIEW REHABILITATION HOSPITAL'S SYSTEM CEO: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINE 4B	THE FOLLOWING IS A PARTICIPANT IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2017. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2017, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2017. THE FOLLOWING PAYOUT FOR 2017 FOR THE PLAN IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: JAMES REED - \$153,032.

Additional Data

Software ID:
Software Version:
EIN: 14-1338386
Name: SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1JAMES REED MD DIRECTOR, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	655,135	230,562	183,124	16,200	43,404	1,128,425	0
1JOHN FILIPPONE MD DIRECTOR, PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	578,034	0	540	12,150	23,547	614,271	0
2DANIEL ROTH DIR AT 1/18, TRIN EVP CHF CLIN OFF	(i)	0	0	0	0	0	0	0
	(ii)	627,867	162,243	78,926	12,150	26,430	907,616	0
3ALAN SANDERS MD DIRECTOR, SPH CHIEF DEPT OF MEDICINE	(i)	0	0	0	0	0	0	0
	(ii)	194,066	0	930	8,733	518	204,247	0
4THOMAS ROBERT SPHP VP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	413,089	67,184	37,055	20,250	27,195	564,773	0
5ROBERT SWIDLER ESQ SECRETARY, VP LEGAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	275,492	46,612	1,774	16,200	1,006	341,084	0
6KRISTIN SIGNOR CFO, CONTINUING CARE	(i)	34,486	0	126	1,633	6,149	42,394	0
	(ii)	152,453	0	388	7,209	16,876	176,926	0
7EDWARD EISENMAN VP, INTERIM CEO, CONT CARE THR 10/17	(i)	237,690	0	2,541	14,632	16,383	271,246	0
	(ii)	0	0	0	0	0	0	0
8KIM BAKER VP & CEO CONTINUING CARE AT 11/17	(i)	0	0	0	0	0	0	0
	(ii)	131,089	39,975	13,820	2,242	4,668	191,794	0
9LYNNE NICOLSON MD VP & CMO, SUNNYVIEW	(i)	331,887	0	12,371	20,250	15,847	380,355	0
	(ii)	0	0	0	0	0	0	0
10KENNETH SHAPIRO MD PHYSICIAN	(i)	352,024	0	15,448	20,250	18,080	405,802	0
	(ii)	0	0	0	0	0	0	0
11VINCENT SOMAIO MD PHYSICIAN	(i)	246,064	0	432	15,302	20,324	282,122	0
	(ii)	0	0	0	0	0	0	0
12ROSANN DEMEO CNO	(i)	160,488	0	5,752	12,645	9,214	188,099	0
	(ii)	0	0	0	0	0	0	0
13ROBERT GILLEN CHIEF - NEUROPSYCHOLOGY	(i)	124,501	0	7,261	10,325	16,393	158,480	0
	(ii)	0	0	0	0	0	0	0
14THOMAS SCHUHLE FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	25,528	39,757	195,284	19,616	1,643	281,828	0
15RICHARD PETTERSON FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	162,665	0	62,749	16,881	1,200	243,495	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Employer identification number
14-1338386

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MATTHEW SONAGERE	FAMILY MEMBER OF LYNNE NICOLSON, KEY EMPLOYEE	118,007	EMPLOYMENT ARRANGEMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

14-1338386

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF SUNNYVIEW REHABILITATION HOSPITAL IS ST PETER'S HEALTH PARTNERS SEE LINE 7 FOR ADDITIONAL INFORMATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ST PETER'S HEALTH PARTNERS IS THE SOLE MEMBER OF SUNNYVIEW REHABILITATION HOSPITAL ST P ETER'S HEALTH PARTNERS HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF S UNNYVIEW REHABILITATION HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, ST PETER'S HEALTH PARTNERS MUST APPROVE CERTAIN DECISIONS OF THE GOVERNIN G BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET ST PETER'S HEALTH PARTNERS MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUT ION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS AS THE PARENT OF THE NATIONAL TRINITY HEALTH SYSTEM, CERTAIN POWERS ARE RESERVED TO TRINI TY HEALTH CORPORATION THESE INCLUDE THE AUTHORITY TO ADOPT OR MODIFY THE ORGANIZATION'S G OVERNING DOCUMENTS, TO APPROVE MAJOR CHANGES SUCH AS A MERGER OR DISSOLUTION, AND TO APPRO VE SIGNIFICANT FINANCE MATTERS IN EXCESS OF CERTAIN LIMITS ESTABLISHED BY TRINITY HEALTH C ORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING, THE FORM 990 FOR SUNNYVIEW REHABILITATION HOSPITAL IS REVIEWED BY SENIOR MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE BOARD OF DIRECTORS AFTER THE RETURN IS FILED. EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>SUNNYVIEW REHABILITATION HOSPITAL HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES IT APPLIES TO ALL "INTERESTED PERSONS" OF SUNNYVIEW REHABILITATION HOSPITAL, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF SUNNYVIEW REHABILITATION HOSPITAL AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST. ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF SUNNYVIEW REHABILITATION HOSPITAL (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO SUNNYVIEW REHABILITATION HOSPITAL OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF SUNNYVIEW REHABILITATION HOSPITAL (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF SUNNYVIEW REHABILITATION HOSPITAL. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	<p>QUESTION 15A IS ANSWERED "NO" BECAUSE THE COMPENSATION FOR SUNNYVIEW REHABILITATION HOSPITAL'S SYSTEM CEO IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING SYSTEM CEO AND SYSTEM CFO COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF BOTH THE SYSTEM CEO AND SYSTEM CFO OF SUNNYVIEW REHABILITATION HOSPITAL ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS. FOR THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES, SUNNYVIEW REHABILITATION HOSPITAL HAS A PROCESS FOR DETERMINING COMPENSATION WHICH INCLUDES THE FOLLOWING: COMPENSATION IS REVIEWED BY AN INDEPENDENT COMPENSATION CONSULTANT WHO REVIEWS THE SALARIES TO ENSURE THEY ARE WITHIN MARKET AND MARKET COMPETITIVE. THIS IS DONE ON AN ANNUAL BASIS, REVIEWED BY EITHER THE ORGANIZATION'S OR A RELATED ORGANIZATION'S COMPENSATION COMMITTEE AND COMMUNICATED TO THE OTHER OFFICERS AND KEY EMPLOYEES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	SUNNYVIEW REHABILITATION HOSPITAL IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, SUNNYVIEW REHABILITATION HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE. SUNNYVIEW REHABILITATION HOSPITAL'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	CATHERINE DECLERCQ, OP IS A MEMBER OF THE ORDER OF ADRIAN DOMINICAN SISTERS HAVING TAKEN A VOW OF POVERTY, CATHERINE DECLERCQ, OP DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH, A RELATED ORGANIZATION, EXCEPT FOR INSURANCE BENEFITS OF \$7,036 INSTEAD, A TOTAL OF \$376,888 WAS PAID BY TRINITY HEALTH DIRECTLY TO THE ORDER OF ADRIAN DOMINICAN SISTERS FOR CATHERINE DECLERCQ, OP'S SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MEDICAL SPECIALIST FEES PROGRAM SERVICE EXPENSES 1,270,799 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,270,799 CONSULTING SERVICES PROGRAM SERVICE EXPENSES 31,658 MANAGEMENT AND GENERAL EXPENSES 1,910 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 33,568 BILLING AND COLLECTION SERVICES PROGRAM SERVICE EXPENSES 37,631 MANAGEMENT AND GENERAL EXPENSES 2,270 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 39,901 MISCELLANEOUS PURCHASED SERVICES PROGRAM SERVICE EXPENSES 6,842,831 MANAGEMENT AND GENERAL EXPENSES 412,777 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,255,608 CONTRACT LABOR PROGRAM SERVICE EXPENSES 24,258 MANAGEMENT AND GENERAL EXPENSES 1,463 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 25,721 MEDICAL SERVICES PROGRAM SERVICE EXPENSES 3,484 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,484

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS TO AFFILIATES -1,702,074

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2	SUNNYVIEW REHABILITATION HOSPITAL'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY18 CONSOLIDATED FINANCIAL STATEMENTS OF ST. PETER'S HEALTH PARTNERS AND TRINITY HEALTH, WHICH WERE BOTH AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493134023989	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2017
	▶ 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 .				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization SUNNYVIEW HOSPITAL AND REHABILITATION CENTER				Employer identification number 14-1338386	

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

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

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.

See Additional Data Table

(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	

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
See Additional Data Table									

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

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

No

c Gift, grant, or capital contribution from related organization(s)

1c

Yes

d Loans or loan guarantees to or for related organization(s)

1d

Yes

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

No

s Other transfer of cash or property from related organization(s)

1s

Yes

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
See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 14-1338386
Name: SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH- MICHIGAN	Yes	
33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	GRANT MAKING	FL	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTH CARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 12A, I	BAUM HARMON MERCY HOSPITAL	Yes	
2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
905 WATSON STREET PITTSBURGH, PA 15219 25-1436685	HOMELESS SHELTER	PA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 10	THE MERCY HOSPITAL INC	Yes	
421 WEST COLUMBIA STREET COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-1681131	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	GLACIER HILLS INC	Yes	
PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH- MICHIGAN	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S MEDICAL CENTER	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
333 BUTTERNUT DRIVE DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 10	ST JOSEPH'S HEALTH INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 20-8072723	FOUNDATION	MI	501(C)(3)	LINE 12A, I	GLACIER HILLS INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 38-1891500	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1 GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	GOTTLIEB MEMORIAL HOSPITAL	Yes	
701 WEST NORTH AVENUE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
945 OTTAWA AVE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 2153 WATERBURY, CT 06722 83-0416893	MANAGEMENT	CT	501(C)(3)	LINE 12A, I	N/A		No
2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 52-0738041	HEALTH CARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTH CARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA CORP	Yes	
4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 47-5676956	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
7500 K JOHNSON BOULEVARD BORDENTOWN, NJ 08505 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 10	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	ST JOSEPH OF THE PINES INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SERVICE AUXILIARY	NJ	501(C)(3)	LINE 12B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORATION SERVICES	IL	501(C)(3)	LINE 10	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 12B, II	ST PETER'S HEALTH PARTNERS	Yes	
801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12B, II	N/A		No
1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTH CARE AND HOSPITAL SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
PO BOX 7957 MOBILE, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	

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						Yes	No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 16-1535133	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 12A, I	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 12C, III-FI	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998	LONG TERM CARE	ME	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 12A, I	NAZARETH HOSPITAL	Yes	
2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTH CARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	

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						Yes	No
601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 12A, I	N/A		No
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 12B, II	MAXIS HEALTH SYSTEM	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
271 CAREW ST SPRINGFIELD, MA 01104 81-1807730	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTH CARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTH CARE SERVICES	CA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	BUILDING MANAGEMENT SERVICES	ID	501(C)(3)	LINE 10	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTH CARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 12A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	

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						Yes	No
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 82-0200896	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S MEDICAL CENTER	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	

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						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 06-0646844	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
504 STATE STREET SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
310 S MANNING BLVD ALBANY, NY 12208 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SETON HEALTH SYSTEM INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 12A, I	ST AGNES CONTINUING CARE CENTER	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	

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						Yes	No
301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	

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						Yes	No
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVENUE SCHENECTADY, NY 12308 14-1338386	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS		No
1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
445 NEW KARNER RD ALBANY, NY 12205 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
445 NEW KARNER RD ALBANY, NY 12205 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 12B, II	N/A		No
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320699	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 82-4005577	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	CATHOLIC HEALTH MINISTRIES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 15-0532190	HEALTH CARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership[illegible]

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership[illegible]

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

[illegible]

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
CATHERINE HORAN BUILDING CORPORATION 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
FRANKLIN MEDICAL GROUP PC 56 FRANKLIN ST WATERBURY, CT 06706 06-1470493	PHYSICIAN OFFICE	CT	N/A	C				Yes	
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
HEF INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401	OFFICE STAFFING	MI	N/A	C				Yes	
HACKLEY HEALTH MANAGEMENT CENTER 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY HEALTHCARE EQUIPMENT 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
HACKLEY PROFESSIONAL PHARMACY 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
HEALTH CARE MANAGEMENT 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTH CARE MANAGEMENT	NY	N/A	C				Yes	
HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C				Yes	
HOLY CROSS PRIVATE HOME SERVICES CORP 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
MACNEAL HEALTH PROVIDERS INC 750 PASQUINELLI DR SUITE 216 WESTMONT, IL 60559 36-3361297	MEDICAL SERVICES	IL	N/A	C				Yes	
MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTH CARE HOLDING	MD	N/A	C				Yes	
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	
MERCY HOME CARE INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
MERCY INPATIENT MEDICAL ASSOCIATES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	
SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
SJPMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
ST ELIZABETH HEALTH SUPPORT SERVICES INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	
SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161	LAB SERVICES	MA	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTH CARE SERVICES	MI	N/A	C				Yes	
TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	SELF-INSURANCE	CJ	N/A	C				Yes	
TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C				Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST PETER'S HEALTH PARTNERS	P	9,409,210	PER BOOKS
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUNDATION INC	M	385,239	PER BOOKS
ST PETER'S HOSPITAL	P	142,638	PER BOOKS
ST PETER'S HOSPITAL	D	735,178	PER BOOKS
SAMARITAN HOSPITAL	P	682,462	PER BOOKS
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUNDATION INC	O	259,930	PER BOOKS
THE COMMUNITY HOSPICE INC	P	141,000	PER BOOKS
BEVERWYCK INC	P	75,000	PER BOOKS
ST PETER'S HOSPITAL	Q	53,478	PER BOOKS