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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

MOUNT CARMEL HEALTH SYSTEM

Doing Business As

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

Room/suite

6150 EAST BROAD STREET

City or town, state or country, and ZIP + 4

COLUMBUS, OH 43213

D Employer identification number

31-1439334

E Telephone number

(614) 546-4300

G Gross receipts \$ 193,326,303

F Name and address of Principal Officer

JACQUELINE PRIMEAU

6150 EAST BROAD STREET

COLUMBUS, OH 43213

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

☐ Yes

☒ No

H(b) Are all affiliates included?

☐ Yes

☐ No

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

H(c) Group Exemption Number

0928

I Tax-exempt status

☒ 501(c) (3)

☐ (Insert no)

☐ 4947(a)(1) or

☐ 527

J Web site: www.mountcarmelhealth.com

K Type of organization

☒ Corporation

☐ trust

☐ association

☐ other

L Year of Formation 1995

M State of legal domicile OH

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9
	5	Total number of employees (Part V, line 2a)	9,625
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	4,047,531
	b	Net unrelated business taxable income from Form 990-T, line 34	-70,900
Revenue	8	Contributions and grants (Part VIII, line 1h)	0
	9	Program service revenue (Part VIII, line 2g)	154,873,861
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,684,168
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,740,616
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	179,298,645
			167,628,126
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	454,534
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	75,147,620
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	96,443,666
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	172,045,820
	19	Revenue less expenses Subtract line 18 from line 12	7,252,825
Net Assets or Fund Balances		Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	579,831,903
	21	Total liabilities (Part X, line 26)	453,549,991
	22	Net assets or fund balances Subtract line 21 from line 20	126,281,912
			143,453,156

Part II

Signature Block

Please Sign Here

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

Signature of officer

2010-05-07

Date

JACQUELINE PRIMEAU SVP AND CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

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

☐ Yes

☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

MOUNT CARMEL HEALTH SYSTEM'S PURPOSE IS TO GOVERN, MANAGE AND PROVIDE ADMINISTRATIVE SERVICES TO ITS SUBSIDIARIES THE ADMINISTRATIVE SERVICES PROVIDED BY MOUNT CARMEL HEALTH SYSTEM FOR THE SUBSIDIARIES ALLOW FOR ECONOMIES OF SCALE THAT IN TURN PERMIT THE SUBSIDIARIES TO PROVIDE HEALTHCARE SERVICES TO PATIENTS AT A REASONABLE COST

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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 186,104,470 including grants of \$ 620,335) (Revenue \$ 171,562,880)

MOUNT CARMEL HEALTH SYSTEM, AN OHIO NOT-FOR-PROFIT CORPORATION, OWNS AND OPERATES FOUR HOSPITALS IN THE COLUMBUS, OHIO AREA CONTAINING 1,225 BEDS AND VARIOUS OTHER ACUTE AND NONACUTE HEALTH SERVICE PROVIDERS AS WELL AS A LICENSED HEALTH MAINTENANCE ORGANIZATION THE HEALTH SYSTEM PROVIDES SERVICES TO PATIENTS WHO RESIDE IN CENTRAL OHIO OHIO NOT-FOR-PROFIT MEMBER ORGANIZATIONS INCLUDE MOUNT CARMEL HEALTH, SAINT ANN'S HOSPITAL, MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL, MOUNT CARMEL CARE CONTINUUM SERVICES CORPORATION, MOUNT CARMEL COLLEGE OF NURSING, MOUNT CARMEL HEALTH SYSTEM FOUNDATION AND MOUNT CARMEL HEALTH PLAN, INC OHIO FOR-PROFIT MEMBER ORGANIZATIONS INCLUDE MOUNT CARMEL HEALTH HORIZONS CORPORATION, MOUNT CARMEL HEALTH PROVIDERS, INC , PRIMARY CARE NETWORK OF OHIO INC , AND MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES MOUNT CARMEL HEALTH SYSTEM IS A MEMBER OF TRINITY HEALTH FOR MORE INFORMATION ON SPECIFIC SERVICES PROVIDED, PLEASE SEE MOUNT CARMEL HEALTH SYSTEM'S WEBSITE AT WWW.MOUNTCARMELHEALTH.COM

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

















4e

Total program service expenses \$ 186,104,470

Must equal Part IX, Line 25, column (B).

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		No
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 		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where 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 		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21, 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 		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the U S?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	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? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 		No
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 		No

Part IV

Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	1,139	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	9,625	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
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 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	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 provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

15

1b

Enter the number of voting members that are independent

1b

9

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

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 organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

Yes

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or 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

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does 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

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

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

Yes

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

No

Section C. Disclosure

17

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

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 make these available. Check all that apply.
☐ own website ☐ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
JACQUELINE PRIMEAU
6150 EAST BROAD STREET
COLUMBUS, OH 43213
(614) 546-4300

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

[illegible]

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BVK 250 WEST COVENTRY CT COLUMBUS, OH 43232	MARKETING & ADVERTISING	2,101,515
MCKESSON INFORMATION SOLUTIONS PO BOX 98347 CHICAGO, IL 60675	INFORMATION RESOURCES	1,254,308
PREMIER COURIER INC 2848 BANWICK RD FARMINGTON HILLS, MI 48331	DELIVERY SERVICES	1,151,826
ESCRPTION INC PO BOX 845912 KANSAS CITY, MO 64141	TRANSCRIPTION SERVICES	999,043
NEXTGEN HEALTHCARE INFORMATION SYSTEMS 18191 VON KARMON AVE IRVINE, CA 92612	MAINTENANCE SERVICES	805,063

60

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total (Add lines 1a-1f)				
	Program Service Revenue	2a	SUBSIDIARY FEES	Business Code 900,099	170,090,687	170,090,687
b		GIFT SHOPS	453,220	1,393,596		1,393,596
c		CAFETERIA REVENUE	900,099	78,597		78,597
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f				
		\$ 171,562,880				
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		7,059,838		7,059,838
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross Rents	(i) Real 4,177,850	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)	4,177,850			
	d	Net rental income or (loss)		4,177,850		4,177,850
	7a	Gross amount from sales of assets other than inventory	(i) Securities 154,853	(ii) Other		
	b	Less cost or other basis and sales expenses	25,605,328	92,849		
	c	Gain or (loss)	-25,605,328	62,004		
	d	Net gain or (loss)		-25,543,324		-25,543,324
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	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 Complete Schedule G if total exceeds \$15,000	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	MANAGEMENT FEES	561,499	2,929,817	2,305,493	624,324
	b	PROFESSIONAL FEES	900,099	2,132,302	441,364	1,690,938
	c					
	d	All other revenue		5,308,763	3,576,494	1,732,269
	e	Total. Add lines 11a-11d				
		\$ 10,370,882				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		167,628,126	176,414,038	4,047,531	-12,833,443

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) but are not required to complete columns (B), (C), and (D).					
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 governments and organizations in the U S See Part IV, line 21	620,335	620,335		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,105,601		5,105,601	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	151,647	151,647		
7	Other salaries and wages	52,274,941	51,729,338		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,553,794	4,553,794		
9	Other employee benefits	2,219,444	2,091,100	128,344	
10	Payroll taxes	3,695,195	3,695,195		
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,148,199	1,147,897	302	
c	Accounting	16,980	16,980		
d	Lobbying	72,000		72,000	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	7,336,792	7,161,855	174,937	
12	Advertising and promotion	4,063,762	4,061,653	2,109	
13	Office expenses	10,317,746	10,242,106	75,640	
14	Information technology	34,083,091	34,083,091		
15	Royalties				
16	Occupancy	3,488,488	3,044,065	444,423	
17	Travel	331,866	331,523	343	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	135,453	134,583	870	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,117,960	17,923,273	194,687	
23	Insurance	896,415	896,415		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	INTERCO PURCHASED SERV	20,151,510	20,151,510		
b	EQUIPMENT MAINTENANCE	8,652,865	8,576,415	76,450	
c	CONTRACT LABOR	7,096,767	7,096,767		
d	SUBSCRIPTIONS AND DUES	1,569,001	1,567,490	1,511	
e	UBI TAXES	723,673	723,673		
f	All other expenses	6,106,103	6,103,765	2,338	
25	Total functional expenses. Add lines 1 through 24f	192,929,628	186,104,470	6,825,158	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	18,625	1	18,886
	2 Savings and temporary cash investments	45,704,531	2	24,916,573
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net	8,007,218	7	12,181,063
	8 Inventories for sale or use	13,105,688	8	13,030,471
	9 Prepaid expenses and deferred charges	7,305,299	9	4,955,337
	10a Land, buildings, and equipment—cost basis			
		10a 214,427,021		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 118,100,177	100,597,776	10c 96,326,844
	11 Investments—publicly traded securities	153,380,514	11	175,643,089
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	182,857,580	12	145,451,734
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	68,854,672	15	99,077,740	
16 Total assets. Add lines 1 through 15 (must equal line 34)	579,831,903	16	571,601,737	
Liabilities	17 Accounts payable and accrued expenses	64,958,211	17	46,496,776
	18 Grants payable		18	
	19 Deferred revenue	2,817	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	388,588,963	25	381,651,805
	26 Total liabilities. Add lines 17 through 25	453,549,991	26	428,148,581
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	126,281,912	27	143,453,156
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	126,281,912	33	143,453,156
	34 Total liabilities and net assets/fund balances	579,831,903	34	571,601,737

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 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?	2c	
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?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization MOUNT CARMEL HEALTH SYSTEM	Employer identification number 31-1439334
--	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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)

3

☐

A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)

4

☐

A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)

8

☐

A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)

9

☐

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

10

☐

An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a ☒ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL	870790288	3		No		No		No	0
MOUNT CARMEL HEALTH	314379602	3		No		No		No	0
ST ANN'S HOSPITAL	314412701	3		No		No		No	0
TRINITY HEALTH CORPORATION	351443425	11	Yes			No		No	18850798
Total									18,850,798

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
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 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the 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 - 2008. 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 IV 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 - 2007. 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 IV 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage		
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage		
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a33 1/3% Tests - 2008. 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		
b33 1/3% Tests - 2007. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 31-1439334
Name: MOUNT CARMEL HEALTH SYSTEM

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL	870790288	3		No		No		No	0
MOUNT CARMEL HEALTH	314379602	3		No		No		No	0
ST ANN'S HOSPITAL	314412701	3		No		No		No	0
TRINITY HEALTH CORPORATION	351443425	11	Yes			No		No	18850798

Additional Data

Software ID:
Software Version:
EIN: 31-1439334
Name: MOUNT CARMEL HEALTH SYSTEM

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
STAMPP CORBIN , TRUSTEE, SEC AS OF 1/09	2 00	X		X				0	0	0
MICHAEL FLOWERS , CHAIR,V CHAIR THRU 12/08	2 00	X		X				0	0	0
HERB GLIMCHER , TRUSTEE	2 00	X						0	0	0
MATTHEW HABASH , V CHAIR, SEC THRU 12/08	2 00	X		X				0	0	0
CHARLES HICKEY MD , TRUSTEE	2 00	X						0	0	0
SR RUTH M NICKERSON CSC , TREASURER	2 00	X		X				0	0	0
DAVID STEWART MD , TRUSTEE	2 00	X						0	0	0
SR AGNES A ROBERTS CSC , TRUSTEE THRU 12/08	2 00	X						0	0	0
M ROSITA SCHILLER RSM , TRUSTEE	2 00	X						0	0	0
MICHAEL SLUBOWSKI , TRUSTEE	2 00	X						0	1,319,103	184,485
CLAUS VON ZYCHLIN , PRES & CEO , TRUSTEE	20 00	X		X				0	711,900	75,684
MICHAEL GONSIOROWSKI , TRUSTEE,CHAIR THRU 12/08	2 00	X		X				0	0	0
MICHAEL CURTIN , TRUSTEE	2 00	X						0	0	0
PHILLIP SHUBERT MD , TRUSTEE	2 00	X						489,953	0	36,235
SUSAN TOMASKY , TRUSTEE	2 00	X						0	0	0
CARL BERASI DO , TRUSTEE	2 00	X						0	0	0
JACQUELINE PRIMEAU , SVP & CFO	20 00			X				0	421,442	93,460
RONALD WHITESIDE , EVP AND SYSTEM COO	20 00			X				0	448,534	246,029
ALAN PAPA , PRES & COO MCW	2 00				X			0	320,241	39,541
CYNTHIA SHEETS , SVP & CIO	50 00				X			0	403,026	75,752
PAULA AUTRY , PRESIDENT & COO , MCE	2 00				X			0	354,992	35,628
JANET MEEKS , PRESIDENT & COO , ST ANNS	2 00				X			0	397,996	51,231
JOHN HEISLER , SVP, HUMAN RESOURCES	20 00				X			0	320,097	44,346
HUGH JONES , SVP, STRATEGY & SYS DEV	20 00				X			0	282,220	42,555
DAVID DRYDEN , VP, FAC DESIGN & MAINT	50 00				X			166,183	0	29,434
JOSEPH SWEDISH , TRINITY HEALTH PRES&CEO	2 00				X			0	1,969,033	688,880
KEDRICK ADKINS , TRINITY PRES INTEG SVCS	2 00				X			0	1,185,289	111,112
MICHELE HELBIG , EXEC DIR PHYSICIAN ORGS	50 00					X		211,939	0	44,613
MARY ANN WOLF , VP, HUMAN RESOURCES	50 00					X		206,057	0	39,034
LYNDON CHRISTMAN , CEO , FAYETTE COUNTY HOSP	50 00					X		198,100	0	35,856

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
KAREN GEISLER , VP, PATIENT FIN SVCS	50 00					X		185,659	0	73,141
ROBERT MARTIN , VP, FINANCE	50 00					X		200,446	0	209,310
MARY TRIMMER , FORMER INTERIM COO MCW							X	0	164,008	8,198

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- 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,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- 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,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization
MOUNT CARMEL HEALTH SYSTEM

Employer identification number

31-1439334

Part I-A

To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$ _____
- 3

Volunteer hours

Part I-B

To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in 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

To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt funtion activities

\$ _____
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

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: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(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 c through i)?	Yes		
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		7,947
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		77,159
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			85,106
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

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		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 carryover lobbying and political expenditures from the prior year?	3	

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	MOUNT CARMEL HEALTH SYSTEM HAS MADE GRANTS TO OTHER ORGANIZATIONS IN THE FORM OF MEMBERSHIP DUES PAID TO A NATIONAL HEALTH CARE ORGANIZATION THIS ORGANIZATION HAS PROVIDED MOUNT CARMEL HEALTH SYSTEM WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES IN ADDITION, PAYMENTS WERE MADE TO LOBBYING FIRMS TO ASSIST WITH FEDERAL EARMARK REQUESTS AND STATE LEGISLATIVE ADVOCACY MOUNT CARMEL HEALTH SYSTEM MADE NO CONTRIBUTIONS TO ANY LEGISLATORS OR CANDIDATES

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM

Employer identification number
31-1439334

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

\$

(ii) Assets included in Form 990, Part X

\$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

Using the organization's 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

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

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV 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?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

3a(i)

Yes

No

3a(ii)

b

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

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		38,132,959		38,132,959
b Buildings		69,612,108	28,957,261	40,654,847
c Leasehold improvements				
d Equipment		103,031,363	89,142,916	13,888,447
e Other	998,538	2,652,053		3,650,591
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				96,326,844

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other ABSOLUTE RETURN STRATEGY FUNDS	32,458,028	F
Other COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	112,993,706	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	145,451,734	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER RECEIVABLES	2,414,649
INTERCOMPANY ACCOUNTS RECEIVABLES	22,645,024
INVESTMENT IN AFFILIATES	20,178,316
INTERCOMPANY OTHER LONG TERM ASSET	53,402,862
OTHER	436,889
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	99,077,740

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERCOMPANY ACCOUNTS PAYABLE	1,981,453
DEFERRED COMPENSATION LIABILITY	363,326
OTHER CURRENT LIABILITIES	374,372
OTHER LONG TERM LIABILITIES	4,201,880
INTERCOMPANY NOTES PAYABLE	374,730,774
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	381,651,805

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
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 on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
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 facilities2a	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	MOUNT CARMEL HEALTH SYSTEM IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH TRINITY HEALTH'S FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2009 DID NOT INCLUDE A FIN 48 FOOTNOTE

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MOUNT CARMEL HEALTH SYSTEM

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

DLN: 93493127004090

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
31-1439334

Part I

General Information on Grants and Assistance

1

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

Yes

No

2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL PARK FAMILY HEALTH CENTER INC2150 AGLER RD COLUMBUS,OH 43224	38-3765547	501(C)3	400,000				COMMUNITY BENEFIT
AMERICAN HEART ASSOCIATION INC7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)3	20,000				COMMUNITY BENEFIT
THE COLUMBUS COALITION AGAINST FAMILY VIOLENCE655 EAST LIVINGSTON AVENUE COLUMBUS,OH 43205	54-2143915	501(C)3	10,000				COMMUNITY BENEFIT
ARTHRITIS FOUNDATION INC3740 RIDGE MILL DRIVE HILLIARD,OH 43026	31-4419290	501(C)3	7,500				COMMUNITY BENEFIT
FRANKLIN COUNTY HISTORICAL SOCIETY DBA COSI COLUMBUS333 WEST BROAD STREET COLUMBUS,OH 43215	31-4383802	501(C)3	83,333				COMMUNITY BENEFIT
YMCA OF CENTRAL OHIO 40 W LONG STREET COLUMBUS,OH 43215	31-4379594	501(C)3	5,000				COMMUNITY BENEFIT
FOUNDATION OF THE CATHOLIC DIOCESE OF COLUMBUS1071 SOUTH HIGH STREET COLUMBUS,OH 43206	31-1116640	501(C)3	5,500				COMMUNITY BENEFIT
COLUMBUS MEDICAL ASSOCIATION431 EAST BROAD STREET COLUMBUS,OH 43215	31-4411074	501(C)6	8,000				COMMUNITY BENEFIT
GAHANNA EVENTS INC181 GRANVILLE STREET GAHANNA,OH 43230	31-1647779	501(C)4	25,000				COMMUNITY BENEFIT
ROTARY INTERNATIONAL-WESTERVILLEP O BOX 1200 WESTERVILLE,OH 43086	31-1426601	501(C)4	7,500				COMMUNITY BENEFIT
WESTERVILLE PARKS FOUNDATION350 N CLEVELAND AVE WESTERVILLE,OH 43081	31-1719247	501(C)3	5,280				COMMUNITY BENEFIT

2

Enter total number of section 501(c)(3) and government organizations

8

3

Enter total number of other organizations

3

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

Cat No 50055P

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 DONATIONS MADE BY MOUNT CARMEL HEALTH SYSTEM TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE AND ARE CONSIDERED UNRESTRICTED WITH REGARD TO THE USE OF THE FUNDS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM

Employer identification number
31-1439334

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

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J (Form 990) 2008

Software ID:

Software Version:

EIN: 31-1439334

Name: MOUNT CARMEL HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MICHAEL SLUBOWSKI	(i) (ii)	702,369	304,667	312,067	154,304	30,181	1,503,588	
CLAUS VON ZYCHLIN	(i) (ii)	468,964	137,568	105,368	49,415	26,269	787,584	
PHILLIP SHUBERT MD	(i) (ii)	435,704	52,732	1,517	22,060	14,175	526,188	
JACQUELINE PRIMEAU	(i) (ii)	328,648	63,346	29,448	81,123	12,337	514,902	
RONALD WHITESIDE	(i) (ii)	342,990	66,692	38,852	223,326	22,703	694,563	
ALAN PAPA	(i) (ii)	232,501	47,541	40,199	15,599	23,942	359,782	
CYNTHIA SHEETS	(i) (ii)	315,650	60,788	26,588	64,200	11,552	478,778	
PAULA AUTRY	(i) (ii)	281,932	50,217	22,843	13,588	22,040	390,620	
JANET MEEKS	(i) (ii)	310,409	60,522	27,065	35,203	16,028	449,227	
JOHN HEISLER	(i) (ii)	251,005	44,739	24,353	21,109	23,237	364,443	
HUGH JONES	(i) (ii)	220,382	43,505	18,333	20,480	22,075	324,775	
DAVID DRYDEN	(i) (ii)	140,969	21,213	4,001	10,518	18,916	195,617	
JOSEPH SWEDISH	(i) (ii)	1,212,695	545,090	211,248	654,032	34,848	2,657,913	
KEDRICK ADKINS	(i) (ii)	727,066	326,976	131,247	97,526	13,586	1,296,401	
MICHELE HELBIG	(i) (ii)	177,821	27,821	6,297	29,261	15,352	256,552	
MARY ANN WOLF	(i) (ii)	175,569	26,001	4,487	31,353	7,681	245,091	
LYNDON CHRISTMAN	(i) (ii)	179,979	14,063	4,058	16,236	19,620	233,956	
KAREN GEISLER	(i) (ii)	159,038	25,713	908	56,772	16,369	258,800	
ROBERT MARTIN	(i) (ii)	168,813	27,306	4,327	202,263	7,047	409,756	
MARY TRIMMER	(i) (ii)	420		163,588		8,198	172,206	

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization MOUNT CARMEL HEALTH SYSTEM	Employer identification number 31-1439334
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$ _____

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ► \$ _____										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
NEW ALBANY HOSPITAL MANAGEMENT COMPANY II LLC (NAHMC)	CARL BERASI, MCHS TRUSTEE, IS A PART OWNER, BD MEMBER & EMPLOYEE OF NAHMC	1,802,960	NEW ALBANY MANAGEMENT COMPANY II LLC CONTRACTS WITH MOUNT CARMEL HEALTH SYSTEM TO PROVIDE MANAGEMENT SERVICES TO MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL THESE TRANSACTIONS WERE ALL AT ARMS LENGTH		No
NATIONAL CITY BANK (NCB)	MICHAEL GONSIOROWSKI, MCHS TRUSTEE, IS PRES & CEO OF NCB'S CENTRAL REGION	1,900,000	NATIONAL CITY BANK PROVIDES COMMERCIAL BANKING SERVICES TO MOUNT CARMEL HEALTH SYSTEM		No
ANGELA SMITH	FAMILY MEMBER OF CYNTHIA SHEETS, KEY EMPLOYEE	87,184	EMPLOYMENT ARRANGEMENT		No
MICHAEL SLAPER	FAMILY MEMBER OF MATTHEW HABASH, OFFICER AND TRUSTEE	64,463	EMPLOYMENT ARRANGEMENT		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM

Employer identification number
31-1439334

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF MOUNT CARMEL HEALTH SYSTEM IS TRINITY HEALTH CORPORATION SEE LINE 7 FOR ADDITIONAL INFORMATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF MOUNT CARMEL HEALTH SYSTEM TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF MOUNT CARMEL HEALTH SYSTEM

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		AS SOLE MEMBER, TRINITY HEALTH CORPORATION MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET TRINITY HEALTH CORPORATION MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		PRIOR TO FILING, THE FORM 990 FOR MOUNT CARMEL HEALTH SYSTEM IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE FINANCE COMMITTEE AS WELL AS THE BOARD OF TRUSTEES THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		MOUNT CARMEL HEALTH SYSTEM HAS ADOPTED A CONFLICTS OF INTEREST POLICY WHICH CONTAINS THE ELEMENTS IN THE MODEL CONFLICTS OF INTEREST POLICY ISSUED BY THE IRS IT APPLIES TO ALL "INTERESTED PERSONS" OF MOUNT CARMEL HEALTH SYSTEM, WHICH INCLUDES trustees, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH MOUNT CARMEL HEALTH SYSTEM'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MOUNT CARMEL HEALTH SYSTEM OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE BOARD OF trustees OF MOUNT CARMEL HEALTH SYSTEM IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO MOUNT CARMEL HEALTH SYSTEM ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICTS OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICTS OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORIGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD OF trustees OF MOUNT CARMEL HEALTH SYSTEM ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		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 CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF MOUNT CARMEL HEALTH SYSTEM ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		MOUNT CARMEL HEALTH SYSTEM IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE ANNUAL REPORT (WHICH INCLUDES COMMUNITY BENEFIT MINISTRY INFORMATION) AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE

Identifier	Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	THE HOURS LISTED IN COLUMN B OF PART VII, SECTION A, LINE 1 REFLECT ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE ACTIVITIES OF THE REPORTING ORGANIZATION IN ADDITION, THESE ARE THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS KEDRICK ADKINS - 53 HOURS PAULA AUTRY - 53 HOURS JOHN HEISLER - 35 HOURS HUGH JONES - 35 HOURS JANET MEEKS - 53 HOURS ALAN PAPA - 53 HOURS JACQUELINE PRIMEAU - 35 HOURS PHILLIP SHUBERT, MD - 48 HOURS MICHAEL SLUBOWSKI - 53 HOURS JOSEPH SWEDISH - 53 HOURS CLAUS VON ZYCHLIN - 35 HOURS RONALD WHITESIDE - 35 HOURS

Identifier	Return Reference	Explanation
CORE FORM, PART XI, LINE 2		MOUNT CARMEL HEALTH SYSTEM'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY09 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MOUNT CARMEL HEALTH SYSTEM

Employer identification number
31-1439334

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN 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
CLR Investments LLC 120 W HARRIS ST CADILLAC, MI 49601 32-0008631	Real estate rental & development	MI	21,427	175,518	Trinity Health-Michigan
Saint Agnes Home Health LLC 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	Provide home health services	CA	4,036,243	406,247	Trinity Home Health Services Inc
Saint Mary's Pharmacy LLC 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503 38-3404443	Pharmacy	MI	0	0	Trinity Health-Michigan
Mount Carmel Health Providers Two LLC 6150 E BROAD STREET COLUMBUS, OH 43213 20-1983271	MEDICAL SERVICES	OH	0	0	MOUNT CARMEL HEALTH PROVIDERS INC
Urgent Care of MCHP LLC 10 WEST BROAD ST STE 2100 COLUMBUS, OH 43215 20-4145781	MEDICAL SERVICES	OH	0	0	MOUNT CARMEL HEALTH PROVIDERS INC

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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

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
See Additional Data Table							

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]

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 501(c)(3))	(F) Direct Controlling Entity
AMICARE HOSPICE SERVICES INC 27870 CABOT DRIVE NOVI, MI483772920 38-2949053	PROVIDE HOSPICE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC
BATTLE CREEK HEALTH SYSTEM 300 NORTH AVENUE BATTLE CREEK, MI49016 38-2776791	HEALTHCARE SERVICES	MI	501(C)(3)	3	TRINITY HEALTH - MICHIGAN
BATTLE CREEK HEALTH SYSTEM AUXILIARY 300 NORTH AVENUE BATTLE CREEK, MI49016 38-3355520	SUPPORT OF TAX EXEMPT HEALTH ORGANIZATION	MI	501(C)(3)	11, TYPE I	BATTLE CREEK HEALTH SYSTEM
BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA51245 42-1500277	Acute/Ambulatory healthcare services	IA	501(C)(3)	3	Mercy Health Services-Iowa Corp
BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA51245 26-2973307	Support the services of related hospital	IA	501(C)(3)	11, TYPE I	Baum Harmon Mercy Hospital
CAPITAL PARK FAMILY HEALTH CENTER INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1387838	Operation of a federally qualified health center (formerly)	OH	501(C)(3)	3	Mount Carmel Health System
CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI48106 38-2507173	Further Trinity Health activities, organize and develop medical services	MI	501(C)(3)	11, TYPE II	Trinity Health-Michigan
Cranbrook Hospice Care 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI48302 38-3320699	Provide hospice health services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Diley Ridge Medical Center 6150 EAST BROAD STREET COLUMBUS, OH43213 34-2032340	Hospital campus in Fairfield County Ohio	OH	501(C)(3)	3	Mount Carmel Health System
Dubuque Mercy Health Foundation Inc 250 MERCY DRIVE DUBUQUE, IA52001 26-2227941	Support the services of related hospital	IA	501(C)(3)	11, TYPE I	Mercy Health Services-Iowa Corp
Dyersville Health Foundation Inc 1111 3RD STREET NW DYERSVILLE, IA52040 20-5383271	Support the services of related hospital	IA	501(C)(3)	11, TYPE I	Mercy Health Services-Iowa Corp
Hackley Hospital 1700 CLINTON ST PO BOX 3302 MUSKEGON, MI494433302 38-1358196	HEALTHCARE SERVICES	MI	501(C)(3)	3	Mercy Health Partners
Hackley Hospital Self Insurance Professional Liability Trust PO BOX 3302 MUSKEGON, MI494433302 38-2299878	Self insurance for general and malpractice liability	MI	501(C)(3)	11, TYPE III-FI	Mercy Health Partners
Hackley Life Counseling 1352 TERRACE ST MUSKEGON, MI494423545 38-1386362	Counseling, education, and support	MI	501(C)(3)	9	Mercy Health Partners
Hackley Visiting Nurse Services and Hospice Inc 888 TERRACE ST MUSKEGON, MI49440 38-1359598	Provide home health care services	MI	501(C)(3)	7	Mercy Health Partners
Holy Cross Carenet Inc PO BOX 9184 FARMINGTON HILLS, MI48333 52-1945054	Long-term care and rehabilitation for the elderly	MD	501(C)(3)	9	Trinity Continuing Care Services
Holy Cross Hospital Foundation Inc 11801 TECH ROAD SILVER SPRING, MD20904 20-8428450	Charitable fundraising	MD	501(C)(3)	11, TYPE I	Holy Cross Hospital of Silver Spring Inc
Holy Cross Hospital of Silver Spring Inc 1500 FOREST GLEN RD SILVER SPRING, MD209101484 52-0738041	HEALTHCARE SERVICES	MD	501(C)(3)	3	Trinity Health Corporation
Holy Cross Medical Center 27870 CABOT DRIVE NOVI, MI483772920 95-1985442	HEALTHCARE SERVICES (FORMERLY)	CA	501(C)(3)	3	Trinity Health Corporation
Hospice of North Iowa 232 SECOND STREET SE MASON CITY, IA504016208 42-1173708	Hospice health care services	IA	501(C)(3)	7	Mercy Health Services-Iowa Corp
Hospice of Washtenaw II 806 AIRPORT BLVD ANN ARBOR, MI48108 38-3320707	Hospice health care services	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
HPCN 1675 LEAHY STREET MUSKEGON, MI49442 30-0207909	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE II	Mercy Health Partners
Lakeshore Community Hospital Inc 72 S STATE STREET SHELBY, MI494551228 38-2549295	Acute healthcare services	MI	501(C)(3)	3	Mercy Health Partners
Lifespan Inc 166 EAST GOODALE AVE BATTLE CREEK, MI490372728 38-3298476	Provide hospice health services	MI	501(C)(3)	9	Battle Creek Health System
Marian Home Healthcare 801 5TH STREET SIOUX CITY, IA51101 38-3320705	Provide home health care services	IA	501(C)(3)	11, TYPE I	Mercy Health Services-Iowa Corp
McAuley Clinic Corporation PO BOX 992 ANN ARBOR, MI48106 38-2561013	HEALTHCARE SERVICES (FORMERLY)	MI	501(C)(3)	3	Catherine McAuely Health Services Corp
Mercy Amicare Home Healthcare Oakland 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI483020312 38-3320698	Provide home health care services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Mercy Amicare Home Healthcare Port Huron 2540 16TH STREET PORT HURON, MI48060 38-3320701	Provide home health care services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Mercy Community Physicians 363 FREMONT ST BATTLE CREEK, MI49017 26-4252468	HEALTHCARE SERVICES	MI	501(C)(3)	3	Battle Creek Health System
Mercy General Health Partners Amicare Homecare 684 HARVEY STREET MUSKEGON, MI49442 38-3321856	Provide home health care services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc

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 501(c)(3))	(F) Direct Controlling Entity
Mercy Health Foundation 27870 CABOT DRIVE NOVI, MI483772920 38-2606571	Charitable fundraising	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
Mercy Health Partners 1415 LEAHY STREET MUSKEGON, MI49442 38-2589966	Healthcare system support	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
Mercy Health Services - Iowa Corp 1000 4TH STREET SW MASON CITY, IA50401 31-1373080	HEALTHCARE SERVICES	DE	501(C)(3)	3	Trinity Health-Michigan
Mercy Healthcare Foundation 1410 N 4TH ST CLINTON, IA52732 42-1316126	Fundraising and financial assistance for hospital charitable services	IA	501(C)(3)	11, TYPE I	Mercy Medical Center-Clinton
Mercy Hosp & Health Services of DetroitMarshall Park Health Services Inc 27870 CABOT DRIVE NOVI, MI483772920 38-1562325	Supports malpractice contingencies of closed hospital	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
Mercy Hospital Cadillac Foundation 400 HOBART CADILLAC, MI496012331 20-3357131	Support the services of related hospital	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
Mercy Hospital Gift Shop 2601 ELECTRIC AVE PORT HURON, MI48060 38-1630480	Volunteer Service Auxiliary	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
Mercy Medical Center - Clinton Inc 1410 NORTH 4TH ST CLINTON, IA527322940 42-1336618	To provide quality health care	DE	501(C)(3)	3	Mercy Health Services-Iowa Corp
Mercy Medical Center - Sioux City Foundation 801 5TH STREET SIOUX CITY, IA51102 14-1880022	Support the services of related hospital	IA	501(C)(3)	7	Mercy Health Services-Iowa Corp
Mercy Medical Center Foundation - North Iowa 1000 4TH STREET SW MASON CITY, IA504012800 42-1229151	Support the services of related hospital	IA	501(C)(3)	11, TYPE III-FI	Mercy Health Services-Iowa Corp
Mercy North Homecare and Hospice 7985 MACKINAW TRAIL CADILLAC, MI49601 38-3313897	Home health and hospice services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Mercy Pavilion of Battle Creek 300 NORTH AVENUE BATTLE CREEK, MI49016 38-2783350	Provides long-term care for the elderly	MI	501(C)(3)	9	Battle Creek Health System
Mercy Services for Aging Non-profit Housing Corporation PO BOX 9184 FARMINGTON HILLS, MI483339184 38-2719605	Provides long-term care for the elderly	MI	501(C)(3)	11, TYPE II	Trinity Continuing Care Services Inc
Midwest Medflight 1300 VICTORS WAY ANN ARBOR, MI48108 38-2684671	Aeromedical transport	MI	501(C)(3)	9	Trinity Health-Michigan
Mount Carmel Care Continuum Services Corp 793 WEST STATE STREET COLUMBUS, OH43222 31-1126211	Cooperative hospital service organization	OH	501(C)(3)	3	Mount Carmel Health System
Mount Carmel College of Nursing 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1308555	College of nursing	OH	501(C)(3)	2	Mount Carmel Health
Mount Carmel Health 6150 EAST BROAD STREET COLUMBUS, OH43213 31-4379602	HEALTHCARE SERVICES	OH	501(C)(3)	3	Mount Carmel Health System
Mount Carmel Health Insurance Company 6150 EAST BROAD STREET COLUMBUS, OH43213 25-1912781	Health Insurance	OH	501(C)(4)	N/A	Mount Carmel Health System
Mount Carmel Health Plan Inc 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1471229	Medicare HMO for seniors	OH	501(C)(4)	N/A	Mount Carmel Health System
Mount Carmel Home Care LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH43215 26-2729300	Provide home health care services	OH	501(C)(3)	9	Trinity Home Health Services Inc
Mount Carmel New Albany Surgical Hospital 7333 SMITHS MILL RD NEW ALBANY, OH43054 87-0790288	HEALTHCARE SERVICES	OH	501(C)(3)	3	Mount Carmel Health System
MRI Mobile Services of West Michigan 1820 - 44TH STREET KENTWOOD, MI49508 38-3073745	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MI	501(C)(3)	9	Trinity Health-Michigan
Oakland Mercy Hospital 601 EAST 2ND STREET OAKLAND, NE68045 20-8072234	HEALTHCARE SERVICES	NE	501(C)(3)	3	Mercy Health Services-Iowa Corp
Our Lady of Peace Hospital Inc 801 EAST LASALLE AVE 4TH FLOOR SOUTH BEND, IN466172814 35-2108936	HEALTHCARE SERVICES	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc
Port Huron Mercy Family Care Inc 2601 ELECTRIC AVE PORT HURON, MI48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
Professional Med Team 965 FORK STREET MUSKEGON, MI494423257 38-2638284	Medical care, transportation and education	MI	501(C)(3)	9	Trinity Health-Michigan
Professional Office Corporation 1303 EAST HERNDON AVE FRESNO, CA93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	11, TYPE I	Saint Agnes Medical Center
Saint Agnes Medical Center 1303 EAST HERNDON AVE FRESNO, CA93720 94-1437713	HEALTHCARE SERVICES	CA	501(C)(3)	3	Trinity Health Corporation
Saint Alphonsus Building Company Inc 1055 NORTH CURTIS RD BOISE, ID83706 82-0401011	Supports services of related hospital	ID	501(C)(3)	11, TYPE I	Saint Alphonsus Regional Medical Center Inc
Saint Alphonsus Diversified Care Inc 1055 NORTH CURTIS RD BOISE, ID83706 94-3028978	Supports services of related hospital	ID	501(C)(3)	11, TYPE I	Saint Alphonsus Regional Medical Center Inc

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 501(c)(3))	(F) Direct Controlling Entity
Saint Joseph Regional Medical Center - Plymouth Campus Inc 1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN46563 35-1142669	Healthcare services	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc
Saint Joseph Regional Medical Center - South Bend Campus Inc PO BOX 1935 SOUTH BEND, IN466341935 35-0868157	Healthcare services	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc
Saint Joseph Regional Medical Center Inc 801 EAST LASALLE AVE SOUTH BEND, IN46617 35-1568821	Healthcare system management and support	IN	501(C)(3)	11, TYPE I	Trinity Health Corporation
Saint Joseph's Auxiliary of Marshall County 1915 LAKE AVENUE PLYMOUTH, IN46563 35-6043563	Hospital Service Auxiliary	IN	501(C)(3)	11, TYPE II	Saint Joseph Regional Medical Center - Plymouth Campus Inc
Saint Joseph's Tower Inc PO BOX 9184 FARMINGTON HILLS, MI483339184 31-1040468	Provides housing for low income elderly individuals	IN	501(C)(3)	9	Trinity Continuing Care Services-Indiana
Saint Mary's Amicare Home Healthcare 1430 MONROE NW GRAND RAPIDS, MI48905 38-3320700	Provide home health care services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Saint Mary's Doran Foundation CO Saint Mary's Health Care 200 JEFFERSON ST SE GRAND RAPIDS, MI49503 38-1779602	Supports services of related hospital	MI	501(C)(3)	7	Trinity Health-Michigan
St Alphonsus Regional Medical Center 1055 NORTH CURTIS RD BOISE, ID83706 82-0200895	Healthcare services	ID	501(C)(3)	3	Trinity Health Corporation
St John's Health System 27870 CABOT DRIVE NOVI, MI483772920 35-0877584	HEALTHCARE SERVICES (FORMERLY)	IN	501(C)(3)	3	Trinity Health Corporation
St Joseph Mercy Oakland Foundation 44405 WOODWARD AVE PONTIAC, MI48341 35-2356789	Supports services of related hospital	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
St Ann's Hospital 500 SOUTH CLEVELAND AVE WESTERVILLE, OH43081 31-4412701	HEALTHCARE SERVICES	OH	501(C)(3)	3	Mount Carmel Health System
St Joseph's Medical Center Auxiliary 801 E LASALLE AVE PO BOX 1935 SOUTH BEND, IN466341935 35-6033285	Hospital Service Auxiliary	IN	501(C)(4)	N/A	Saint Joseph Regional Medical Center - South Bend Campus Inc
St Joseph Hospital of Mishawaka Auxiliary 215 WEST FOURTH ST MISHAWAKA, IN46544 35-1089149	Hospital Service Auxiliary	IN	501(C)(3)	11, TYPE II	The Foundation of Saint Joseph Regional Medical Center
The Foundation of Saint Joseph Regional Medical Center 4215 EDISON LAKES PARKWAY MISHAWAKA, IN46545 35-1654543	Supports services of related hospital	IN	501(C)(3)	11, TYPE I	Saint Joseph Regional Medical Center Inc
Trinity Continuing Care Services PO BOX 9184 FARMINGTON HILLS, MI483339184 38-2559656	Management services for Long term care and senior living facilities	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation
Trinity Continuing Care Services - Indiana Inc PO BOX 9184 FARMINGTON HILLS, MI483339184 93-0907047	Provides long-term care and residential housing	IN	501(C)(3)	9	Trinity Continuing Care Services
Trinity Health - Michigan 27870 CABOT DRIVE NOVI, MI483772920 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	3	Trinity Health Corporation
Trinity Health Corporation 27870 CABOT DRIVE NOVI, MI483772920 35-1443425	Healthcare system management and support	IN	501(C)(3)	11, TYPE I	Catholic Health Ministries
Trinity Health International 27870 CABOT DRIVE NOVI, MI483772920 42-1253527	Healthcare training and support services	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation
Trinity Health Welfare Benefit Trust 27870 CABOT DRIVE NOVI, MI483772920 20-8151733	Retiree medical and retiree life insurance coverage	MI	501(C)(9)	N/A	Trinity Health Corporation
Trinity Home Health Services Inc 17410 COLLEGE PARKWAY LIVONIA, MI48152 38-2621935	Home health care system management services	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproportionate allocations?		(I) Code V -UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
ADVANCED IMAGING SERVICES OF BATTLE CREEK 5325 BECKLEY ROAD STE A BATTLE CREEK, MI49015 20-4594297	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No
ADVENT REHABILITATION LLC 560 FIFTH ST NW STE 404 GRAND RAPIDS, MI49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A	N/A				No			No
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	29,661	589,919		No		Yes	
CCH LABORATORY 775 SOUTH MAIN STREET CHELSEA, MI48118 38-2910400	LABORATORY	MI	N/A	N/A				No			No
CENTRAL OHIO SLEEP MEDICINE LTD 5955 EAST BROAD ST COLUMBUS, OH43213 31-1701029	SLEEP MEDICINE SERVICES	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	189,159	280,546		No			No
CLINTON IMAGING SERVICES LLC 1410 NORTH 4TH ST CLINTON, IA52732 41-2044739	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A				No			No
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A				No			No
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI48104 38-2648446	LABORATORY	MI	N/A	N/A				No			No
FRESNO IMAGING CENTER 1303 E HERNDON AVE FRESNO, CA93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A	N/A				No			No
HAWARDEN COMMUNITY CLINIC LLC 1122 AVENUE L HAWARDEN, IA51023 20-1444339	MEDICAL CLINIC	IA	N/A	N/A				No			No
IDAHO GYNONCOLOGY SERVICES LLC 1055 N CURTIS RD BOISE, ID83706 20-2975807	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A				No			No
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA50401 42-1328388	MRI SERVICES	IA	N/A	N/A				No			No
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA50401 20-1960348	SURGERY-SAME DAY	IA	N/A	N/A				No			No
MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	210,190	4,299,887		No		Yes	
MCMC POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1392994	MEDICAL OFFICE BUILDING RENTAL	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	153,065	1,250,055		No		Yes	
MEDILUCENT MOB I 793 W STATE STREET COLUMBUS, OH43222 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	-87,054	2,290,072		No		Yes	
MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A	N/A				No			No
MICHIANA HEALTH INFORMATION NETWORK LLC 215 WEST MADISON STREET SOUTH BEND, IN46601 35-2050128	COMMUNITY BASED CLINICAL INFORMATION SYSTEM AND DATA DEPOSITORY	IN	N/A	N/A				No			No
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	217,994	1,923,045		No		Yes	
NEWCO AMBULATORY SURGERY CTR LLP 4190 24TH AVENUE FORT GRATIOT, MI48059 30-0136708	OUTPATIENT SURGERY CENTER	MI	N/A	N/A				No			No
PLAZA SURGICAL CENTER PO BOX 27230 FRESNO, CA937297230 37-1463357	AMBULATORY SURGERY	CA	N/A	N/A				No			No
RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1531135	MEDICAL OFFICE BUILDING RENTAL	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	17,377	501,313		No		Yes	
SAINT ALPHONSUS NEPHROLOGY CENTER LLC 4487 N DRESDEN PL STE 101 BOISE, ID83714 82-0484674	NEPHROLOGY SERVICES	ID	N/A	N/A				No			No
SIXTY FOURTH STREET LLC 2373 64TH ST STE 2200 BYRON CENTER, MI49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A				No			No
ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID83605 82-0526861	RADIATION ONCOLOGY	ID	N/A	N/A				No			No
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	137,117	1,812,907		No		Yes	
TAMARACK MEDICAL CLINIC LLC 610 VILLAGE DRIVE DONNELLY, ID83615 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A				No			No
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1784409	MEDICAL OFFICE BUILDING RENTAL	OH	MOUNT CARMEL HEALTH SYSTEM	RELATED	160,455	2,027,603		No		Yes	
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI481060992 76-0820959	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No

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
GENERAL HEALTHCORP VENTURES INC 1820-44TH STREET KENTWOOD, MI49508 38-2533165	MEDICAL SERVICES	MI	N/A	C			
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C			
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C			
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C			
HACKLEY ORTHOTICS & PROSTHETICS 1415 LEAHY ST MUSKEGON, MI49442 38-2999815	HEALTHCARE SERVICES	MI	N/A	C			
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C			
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI49442 38-2447870	PHARMACY	MI	N/A	C			
HEF INC 1415 LEAHY ST MUSKEGON, MI49442 38-3086401	OFFICE STAFFING	MI	N/A	C			
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD20904 52-1986562	HOME CARE SERVICES	MD	N/A	C			
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C			
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C			
MERCY CARE OF WEST MICHIGAN INC 1820-44TH STREET KENTWOOD, MI49508 38-2621098	OCCUPATIONAL HEALTH SERVICES	MI	N/A	C			
MERCY HOSPITAL OUTPATIENT PHARMACY INC 2601 ELECTRIC AVENUE PORT HURON, MI48060 38-2721029	RETAIL PHARMACY	MI	N/A	C			
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C			
MICHIGAN PHYSICIAN SERVICES 44405 WOODWARD AVENUE H-5 PONTIAC, MI48341 38-3293125	PHYSICIAN SERVICES	MI	N/A	C			
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI49546 38-2647304	ATHLETIC CLUB	MI	N/A	C			
MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-0971510	BEHAVIORAL HEALTHCARE SERVICES	OH	MOUNT CARMEL HEALTH SYSTEM	C	-1,492,014	867,597	100 000 %
MOUNT CARMEL HEALTH HORIZONS CORP 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1177652	MEDICAL SERVICES/RENT	OH	MOUNT CARMEL HEALTH SYSTEM	C			100 000 %
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1382442	MEDICAL SERVICES	OH	MOUNT CARMEL HEALTH SYSTEM	C	-31,252,049	13,137,719	100 000 %
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA50401 42-1382308	MEDICAL SERVICES	IA	N/A	C			
PRIMARY CARE NETWORK OF OHIO INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1422486	HEALTH MANAGEMENT SERVICES	OH	MOUNT CARMEL HEALTH SYSTEM	C	24,968	813,949	100 000 %
PRIORITY PLUS OF CALIFORNIA PO BOX 25790 FRESNO, CA93729 77-0395267	FORMERLY HEALTH MANAGEMENT NOW DISCONTINUED SUBSTANTIALLY ALL OPERATIONS	CA	N/A	C			
SAINT ALPHONSUS PHYSICIAN SERVICES INC 1055 NORTH CURTIS ROAD BOISE, ID83706 82-0477852	PHYSICIAN CLINICS	ID	N/A	C			
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID837061370 33-1078261	PHYSICIANS	ID	N/A	C			
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI49546 38-3450733	ATHLETIC CLUB	MI	N/A	C			
SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	MOUNT CARMEL HEALTH SYSTEM	C			100 000 %
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 27870 CABOT DRIVE NOVI, MI483772920 38-3410377	GRANTOR TRUST	MI	N/A	T			
TRINITY HEALTH SELF-INSURANCE PLAN 27870 CABOT DRIVE NOVI, MI483772920 38-6742154	GRANTOR TRUST	MI	N/A	T			
TRINITY HEALTH SELF-INSURED WORKERS' COMPENSATION FUND 27870 CABOT DRIVE NOVI, MI483772920 38-6742157	GRANTOR TRUST	MI	N/A	T			
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C			
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI49508 38-3280200	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	C			
WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C			

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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	TRINITY HEALTH CORPORATION	B	18,850,798
(2)	TRINITY HEALTH CORPORATION	L	63,155,725
(3)	TRINITY HEALTH CORPORATION	O	38,965,169
(4)	TRINITY HEALTH CORPORATION	P	4,072,812
(5)	TRINITY HEALTH CORPORATION	Q	949,847
(6)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	K	507,946
(7)	TRINITY HEALTH - MICHIGAN	A	6,570
(8)	TRINITY HEALTH - MICHIGAN	L	1,746,186
(9)	ST ALPHONSUS REGIONAL MEDICAL CENTER	K	182,943
(10)	ST ANN'S HOSPITAL	A	408
(11)	ST ANN'S HOSPITAL	C	35,690,047
(12)	MOUNT CARMEL HEALTH PLAN	A	26,182
(13)	MOUNT CARMEL COLLEGE OF NURSING	B	604,371
(14)	MOUNT CARMEL COLLEGE OF NURSING	J	232,907
(15)	MOUNT CARMEL CARE CONTINUUM SERVICES CORP	C	1,303,665
(16)	MOUNT CARMEL HEALTH SYSTEM FOUNDATION	A	364,578
(17)	MOUNT CARMEL HEALTH SYSTEM FOUNDATION	B	2,770,307
(18)	MOUNT CARMEL HEALTH PARTNERS INC	A	2,592
(19)	MOUNT CARMEL HEALTH PARTNERS INC	O	210,155
(20)	MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES INC	B	460,424
(21)	MOUNT CARMEL HEALTH	C	63,923,662
(22)	MOUNT CARMEL HEALTH	K	142,520
(23)	DILEY RIDGE MEDICAL CENTER	B	4,134,387
(24)	DILEY RIDGE MEDICAL CENTER	P	160,789
(25)	MOUNT CARMEL HEALTH PROVIDERS INC	K	2,577,321
(26)	MOUNT CARMEL HEALTH PROVIDERS INC	L	345,833
(27)	MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES INC	O	395,599
(28)	PRIMARY CARE NETWORK OF OHIO INC	O	210,155
(29)	MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL	C	14,232,854
(30)	ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP	C	104,170

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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(31)	RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP	B	58,890
(32)	MCE MOB IV LIMITED PARTNERSHIP	C	125,284
(33)	MCE MOB IV LIMITED PARTNERSHIP	B	138,722
(34)	MCMC POB III LIMITED PARTNERSHIP	C	88,862
(35)	WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP	C	116,466
(36)	BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP	B	100,526
(37)	CENTRAL OHIO SLEEP MEDICINE	C	127,200