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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission. PROVIDING LONG TERM CARE FOR THE ELDERLY AND MANAGEMENT SERVICES TO TAX-EXEMPT AFFILIATES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O. [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 76263222. including grants of \$ 23,137.) (Revenue \$ 99464535.) TRINITY CONTINUING CARE SERVICES OWNS AND OPERATES A TOTAL OF 19 LONG TERM CARE CENTERS AND SENIOR HOUSING COMMUNITIES FOR THE POOR AND UNDERSERVED IN MICHIGAN WITH 1,979 OPERATING BEDS/RESIDENTIAL UNITS. DURING FISCAL YEAR 2010, 653,363 PATIENT DAYS OF CARE WERE PROVIDED. ALSO DURING FISCAL YEAR 2010, CHARITY CARE PROVIDED AMOUNTED TO OVER \$136,446.

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 ► \$ 76,263,222.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
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? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		X
3	Did the organization delegate 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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b 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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b 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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PAUL METTA - 734-542-8336**
17410 COLLEGE PARKWAY STE 200, LIVONIA, MI 48152

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL SLUBOWSKI CHAIR	1.00	X		X				0.	1,617,841.	154,389.
AGNES HAGERTY SECRETARY	1.00	X		X				0.	392,318.	44,453.
S. JACLYN HARRIS CEO THROUGH 11/09	40.00	X		X				0.	479,642.	60,392.
PAUL CONLON TRUSTEE	1.00	X						0.	547,925.	92,155.
MARIA SZYMANSKI TRUSTEE	1.00	X						0.	839,380.	124,244.
STEVEN GOSIK CFO & TREASURER	40.00	X		X				0.	183,748.	25,519.
KENNETH ROBBINS INTERIM CEO AS OF 11/09	40.00	X		X				0.	198,466.	31,250.
LOUIS FIERENS TRUSTEE AS OF 1/10	1.00	X						0.	650,091.	31,849.
GRACE MCCAULEY TRUSTEE AS OF 1/10	1.00	X						0.	427,727.	54,934.
JOSEPH SWEDISH TRINITY HEALTH PRES & CEO	1.00				X			0.	3,023,292.	798,303.
KEDRICK ADRINS TRINITY HEALTH PRES INTEG SVCS	1.00				X			0.	1,453,695.	130,171.
DAVID PAGANO VP CLINICAL OPERATIONS	40.00				X			0.	173,514.	19,568.
SALVATORE ALBANESE VP ORGANIZATIONAL TALENT	40.00				X			0.	157,556.	37,096.
WILLIAM HEALY COO THROUGH 8/09	40.00				X			0.	158,443.	2,995.
KELLY GASIOR VP MARKETING/PR	40.00					X		0.	142,654.	22,768.
KATHY GARBARINO VP MISSION EFFECTIVENESS	40.00					X		0.	140,123.	29,252.
CYNTHIA CIECIWA VP NEW BUSINESS	40.00					X		0.	134,095.	21,604.

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	51,194.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		51,194.			
Program Service Revenue	2 a NET PROGRAM SVC REV	Business Code 900099	94,686,489.	94,686,489.		
	b RENT REV SR HOUSING	531190	4166204.	4166204.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		98,852,693.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1182593.		1,182,593.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	(ii) Personal			
		b Less: rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses		402464.	2,987.	
		c Gain or (loss)		-402,464.	-2,987.	
		d Net gain or (loss)		-405,451.		-405,451.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		10,553.		
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events		10,553.		10,553.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a 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				
11 a MANAGEMENT FEES	561000	594,002.	163,413.	430,589.		
b MISCELLANEOUS REVENUE	900099	448,429.	448,429.			
c CAFETERIA REVENUE	900099	156,481.			156,481.	
d All other revenue						
e Total. Add lines 11a-11d		1198912.				
12 Total revenue. See instructions		100,890,494.	99,464,535.	430,589.	944,176.	

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	23,137.	23,137.		
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	1,271,398.		1,271,398.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	59,668.		59,668.	
7 Other salaries and wages	43,643,031.	35,737,620.	7,905,411.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,701,979.	1,423,585.	278,394.	
9 Other employee benefits	6,360,835.	5,145,002.	1,215,833.	
10 Payroll taxes	3,419,903.	2,566,185.	853,718.	
11 Fees for services (non-employees):				
a Management				
b Legal	49,153.		49,153.	
c Accounting	3,500.		3,500.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	10,264,858.	9,635,875.	628,983.	
12 Advertising and promotion	587,286.	1,197.	586,089.	
13 Office expenses	8,748,181.	8,287,797.	460,384.	
14 Information technology	1,016,304.		1,016,304.	
15 Royalties				
16 Occupancy	3,031,317.	2,426,635.	604,682.	
17 Travel	359,398.	118,848.	240,550.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	629,368.	65,815.	563,553.	
20 Interest	2,867,439.	2,867,439.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,768,872.	5,947,896.	820,976.	
23 Insurance	563,576.		563,576.	
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 <u>LT CARE PROVIDER TAXES</u>	4,970,168.		4,970,168.	
b <u>EQUIPMENT MAINTENANCE</u>	1,469,538.	1,431,734.	37,804.	
c <u>INTERCO. PURCHASED SVCS</u>	615,206.		615,206.	
d <u>BAD DEBT</u>	414,912.	414,912.		
e <u>CONTRACT LABOR</u>	249,007.		249,007.	
f All other expenses	437,385.	169,545.	267,840.	
25 Total functional expenses. Add lines 1 through 24f	99,525,419.	76,263,222.	23,262,197.	0.
26 Joint costs. Check here <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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,913,173.	1	2,201,455.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,408,085.	4	6,807,272.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	900,000.	7	
	8 Inventories for sale or use	320,649.	8	299,470.
	9 Prepaid expenses and deferred charges	1,038,608.	9	868,751.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 141,230,820.		
	b Less: accumulated depreciation	10b 73,287,369.	65,451,613.	10c 67,943,451.
	11 Investments - publicly traded securities	17,380,057.	11	24,290,788.
	12 Investments - other securities. See Part IV, line 11	14,422,426.	12	12,324,810.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	14,729,276.	15	33,775,526.
16 Total assets. Add lines 1 through 15 (must equal line 34)	123,563,887.	16	148,511,523.	
Liabilities	17 Accounts payable and accrued expenses	10,698,817.	17	11,787,804.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	76,025,322.	25	117,289,967.
	26 Total liabilities. Add lines 17 through 25	86,724,139.	26	129,077,771.
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	36,762,585.	27	19,353,679.
	28 Temporarily restricted net assets	77,163.	28	80,073.
	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	36,839,748.	33	19,433,752.	
34 Total liabilities and net assets/fund balances	123,563,887.	34	148,511,523.	

Form 990 (2009)

Part XI Financial Statements and Reporting

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **TRINITY CONTINUING CARE SERVICES** Employer identification number **38-2559656**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box 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 supported organization?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
 - (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 supported organization(s).

(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	
TRINITY HEALTH CORPO	35-1443425	11	X		X		X		0.
Total									0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. 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 - 2008. 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization TRINITY CONTINUING CARE SERVICES	Employer identification number 38-2559656
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009
LHA

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

- A Check if the filing organization belongs to an affiliated group.
 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												
1 a 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.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		1,787.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			1,787.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

TRINITY CONTINUING CARE SERVICES HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED TRINITY CONTINUING CARE SERVICES WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING

Part IV Supplemental Information (continued)

ACTIVITIES. TRINITY CONTINUING CARE SERVICES MADE NO CONTRIBUTIONS TO ANY LEGISLATORS OR CANDIDATES.

Lined area for supplemental information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **TRINITY CONTINUING CARE SERVICES** Employer identification number **38-2559656**

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 ▶ \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if 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 the arrangement 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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

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

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

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) Accumulated depreciation	(d) Book value
1a Land		2,245,597.		2,245,597.
b Buildings		109838143.	56,399,705.	53,438,438.
c Leasehold improvements				
d Equipment		25,095,748.	16,887,664.	8,208,084.
e Other		4,051,332.		4,051,332.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 67,943,451.

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		
Closely-held equity interests		
Other		
ABSOLUTE RETURN STRATEGY FUNDS	5,840,188.	END-OF-YEAR MARKET VALUE
COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	6,484,622.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	12,324,810.	

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. (Col (b) must 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
ACCOUNTS RECEIVABLE - RELATED PARTIES	694,246.
INVESTMENT IN AFFILIATES	5,544,695.
INTERCOMPANY OTHER RECEIVABLES	25,650,540.
INTERCOMPANY OTHER LONG TERM ASSETS	1,484,821.
OTHER LONG TERM ASSETS	104,550.
MISCELLANEOUS RECEIVABLES	292,701.
OTHER CURRENT ASSETS	3,973.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	33,775,526.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
INTERCOMPANY ACCOUNTS PAYABLE	873,294.
OTHER CURRENT LIABILITIES	192,313.
INTERCOMPANY NOTES PAYABLE	73,729,292.
INTERCOMPANY OTHER PAYABLES	42,495,068.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	117,289,967.

2. FIN 48 Footnote. 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 Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

Part 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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: TRINITY CONTINUING CARE SERVICES IS INCLUDED IN THE

CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. TRINITY HEALTH'S

FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2010 DID NOT INCLUDE A

FIN 48 FOOTNOTE.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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.

SCHEDULE I, PART I, LINE 2: DONATIONS MADE BY TRINITY CONTINUING CARE SERVICES 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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

TRINITY CONTINUING CARE SERVICES

Employer identification number

38-2559656

Part I Questions Regarding Compensation

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

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

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

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

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.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

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

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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) Retirement and other 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 reportable compensation				
MICHAEL SLUBOWSKI	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 696,108.	(ii) 681,725.	(iii) 240,008.	125,922.	28,467.	1,772,230.	94,766.
AGNES HAGERTY	(i) 280,978.	(ii) 50,279.	(iii) 61,061.	29,651.	14,802.	436,771.	12,393.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
S. JACLYN HARRIS	(i) 209,236.	(ii) 223,500.	(iii) 46,906.	43,687.	16,705.	540,034.	10,916.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
PAUL CONLON	(i) 245,581.	(ii) 235,447.	(iii) 66,897.	68,648.	23,507.	640,080.	27,124.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
MARIA SZYMANSKI	(i) 409,375.	(ii) 341,626.	(iii) 88,379.	107,710.	16,534.	963,624.	47,448.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
STEVEN GOSIK	(i) 154,115.	(ii) 0.	(iii) 29,633.	13,379.	12,140.	209,267.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
KENNETH ROBBINS	(i) 146,539.	(ii) 18,925.	(iii) 33,002.	12,557.	18,693.	229,716.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
LOUIS FIERENS	(i) 310,095.	(ii) 283,198.	(iii) 56,798.	13,780.	18,069.	681,940.	18,259.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
GRACE MCCAULEY	(i) 195,307.	(ii) 192,775.	(iii) 39,645.	35,233.	19,701.	482,661.	5,449.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
JOSEPH SWEDISH	(i) 121,458.	(ii) 160,787.	(iii) 200,997.	769,899.	28,404.	3,821,595.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
KEDRICK ADRINS	(i) 712,415.	(ii) 611,975.	(iii) 129,305.	117,250.	12,921.	1,583,866.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
DAVID PAGANO	(i) 150,179.	(ii) 19,719.	(iii) 3,616.	10,613.	8,955.	193,082.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
SALVATORE ALBANESE	(i) 135,441.	(ii) 18,224.	(iii) 3,891.	16,450.	20,646.	194,652.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
WILLIAM HEALY	(i) 127,885.	(ii) 24,719.	(iii) 5,839.	0.	2,995.	161,438.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
KELLY GASIOR	(i) 123,319.	(ii) 16,651.	(iii) 2,684.	3,786.	18,982.	165,422.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
KATHY GARBARINO	(i) 122,904.	(ii) 16,187.	(iii) 1,032.	20,827.	8,425.	169,375.	0.

Part II Supplemental Information

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.

PART I, LINE 1A: DURING CALENDAR YEAR 2009, TRINITY CONTINUING CARE SERVICES, INC. (TCCS) PAID FOR APARTMENT HOUSING, INCLUDING HOUSEKEEPING SERVICES, FOR KENNETH ROBBINS, TCCS' INTERIM CEO. THE VALUE OF THESE FRINGE BENEFITS WAS GROSSED UP AND INCLUDED IN KENNETH ROBBINS' 2009 TAXABLE INCOME. THE TOTAL, INCLUDING GROSS-UP PAYMENTS, WAS \$32,551 AND IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II.

PART I, LINE 4A:

THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2009.

THIS AMOUNT IS INCLUDED IN COLUMN B(III):

ELLIOT ROTH - \$56,889

PART I, LINE 4B:

THE FOLLOWING ARE PARTICIPANTS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

(SERP). THE FOLLOWING SERP ACCRUALS FOR 2009 ARE INCLUDED IN COLUMN C OF

SCHEDULE J, PART II:

KEDRICK ADKINS - \$38,675

MICHAEL SLUBOWSKI - \$55,733

JOSEPH SWEDISH - \$493,225

Part III Supplemental Information

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.

PART I, LINE 4B:

THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH PENSION RESTORATION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$245,000 FOR 2009). THE FOLLOWING ACCRUALS FOR 2009 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

KEDRICK ADKINS - \$59,584

PAUL CONLON - \$15,062

S. JACLYN HARRIS - \$14,740

GRACE MCCAULEY - \$3,263

MICHAEL SLUBOWSKI - \$42,832

JOSEPH SWEDISH - \$249,263

MARIA SZYMANSKI - \$66,282

PART II, COLUMN B (II):

THE FOLLOWING INDIVIDUALS RECEIVED AMOUNTS IN 2009 FROM A LONG-TERM INCENTIVE PLAN (LTIP). PARTICIPANTS IN THE LTIP (CEOS AND CERTAIN TRINITY EXECUTIVES) WERE ELIGIBLE TO RECEIVE A PAYMENT UNDER THE PLAN ONLY IF

Part III Supplemental Information

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.

CERTAIN PATIENT LOYALTY IMPROVEMENT TARGETS WERE ACHIEVED BY THE END OF A

THREE-YEAR PERIOD (FY07 THROUGH FY09). THE FOLLOWING LTIP AMOUNTS ARE

INCLUDED IN SCHEDULE J, PART II, COLUMN B(II):

KEDRICK ADKINS - \$337,826

PAUL CONLON - \$153,223

LOUIS FIERENS - \$183,192

S. JACLYN HARRIS - \$148,906

GRACE MCCAULEY - \$129,788

MICHAEL SLUBOWSKI - \$403,918

JOSEPH SWEDISH - \$1,042,563

MARIA SZYMANSKI - \$220,053

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

TRINITY CONTINUING CARE SERVICES

Employer identification number

38-2559656

FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF TRINITY CONTINUING CARE SERVICES IS TRINITY HEALTH CORPORATION. SEE LINE 7 FOR ADDITIONAL INFORMATION.

FORM 990, PART VI, SECTION A, LINE 7A: TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF TRINITY CONTINUING CARE SERVICES. TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF TRUSTEES OF TRINITY CONTINUING CARE SERVICES.

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.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, THE FORM 990 FOR TRINITY CONTINUING CARE SERVICES IS REVIEWED BY SENIOR MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY 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.

FORM 990, PART VI, SECTION B, LINE 12C: TRINITY CONTINUING CARE SERVICES HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH CONTAINS THE ELEMENTS IN THE MODEL CONFLICT OF INTEREST POLICY ISSUED BY THE IRS. IT APPLIES TO ALL "INTERESTED PERSONS" OF TRINITY CONTINUING CARE SERVICES, WHICH INCLUDES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TRINITY CONTINUING CARE SERVICES

Employer identification number

38-2559656

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 TRINITY CONTINUING CARE SERVICES' CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO TRINITY CONTINUING CARE SERVICES 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 TRINITY CONTINUING CARE SERVICES IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO TRINITY CONTINUING CARE SERVICES.

ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD OF TRUSTEES OF TRINITY CONTINUING CARE SERVICES ON AN ANNUAL BASIS.

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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TRINITY CONTINUING CARE SERVICES

Employer identification number

38-2559656

BENEFITS OF CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF TRINITY

CONTINUING CARE SERVICES 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.

FORM 990, PART VI, SECTION C, LINE 19: TRINITY CONTINUING CARE SERVICES 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.

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

(A) NAME OF PERSON: SHAUNA CAMPBELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF S. JACLYN HARRIS, CEO

(C) AMOUNT OF TRANSACTION \$ 59668.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT ARRANGEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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TRINITY CONTINUING CARE SERVICES

Employer identification number

38-2559656

FORM 990, PART I, DOING BUSINESS AS NAMES:

TRINITY SENIOR LIVING COMMUNITIES, SANCTUARY AT ST. JOSEPH'S VILLAGE,
SANCTUARY AT CLINTON VILLA, SANCTUARY AT ALEXANDER, SANCTUARY AT MAPLE
VISTA, SANCTUARY AT MARIAN OAKLAND, SANCTUARY AT FRASER VILLA,
SANCTUARY AT MARIAN PLACE, SANCTUARY AT MARYHAVEN, SANCTUARY AT MERCY
VILLAGE, SANCTUARY AT STAPLETON, SANCTUARY AT WOODLAND, SANCTUARY AT
VILLA MARIE, SANCTUARY AT THE SHORE, SANCTUARY AT THE PARK, SANCTUARY
AT THE OAKS, SANCTUARY AT THE ABBEY, SANCTUARY AT SAINT MARY'S,
SANCTUARY AT MCAULEY, SANCTUARY AT MARYDALE, RYAN SENIOR RESIDENCES,
MERCY SERVICES FOR AGING, CASA MARIA OF IMLAY CITY, THE VILLAGE AT ST.
JOSEPH MERCY, VILLAGE AT ANN ARBOR, VILLAGE AT BRIGHTON, THE VILLAGE AT
MERCY HEALTH CENTER, VILLAGE AT FORT GRATIOT, VILLAGE AT MUSKEGON, THE
VILLAGE AT WOODLAND, VILLAGE AT THE OAKS, CASA MARIA, VILLA MARIE,
STAPLETON CENTER, MADONNA VILLA, MARYDALE CENTER, MARIAN OAKLAND WEST,
MARYHAVEN, MARIAN PLACE, ST. MARY'S REHAB AND HEALTH CARE CENTER, RYAN
SENIOR RESIDENCE

FORM 990, PART VII, SECTION A, LINE 1, 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 - 54 HOURS

PAUL CONLON - 49 HOURS

LOUIS FIERENS - 49 HOURS

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

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Inspection

Name of the organization

TRINITY CONTINUING CARE SERVICES

Employer identification number

38-2559656

AGNES HAGERTY - 49 HOURS

GRACE MCCAULEY - 39 HOURS

MICHAEL SLUBOWSKI - 54 HOURS

JOSEPH SWEDISH - 54 HOURS

MARIA SZYMANSKI - 49 HOURS

FORM 990, PART XI, LINE 2:

TRINITY CONTINUING CARE SERVICES' FINANCIAL STATEMENTS WERE INCLUDED IN
THE FY10 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH
WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TRINITY CONTINUING CARE SERVICES

Employer identification number
38-2559656

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

(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
C.L.R. INVESTMENTS LLC - 32-0008631 120 W. HARRIS ST. CADILLAC, MI 49601	REAL ESTATE RENTAL & DEVELOPMENT	MICHIGAN	19,827.	175,469.	TRINITY HEALTH-MICHIGAN
SAINT AGNES HOME HEALTH AND HOSPICE, LLC - 38-2621935, 17410 COLLEGE PARKWAY, STE 150, LIVONIA, MI 48152	PROVIDE HOME HEALTH SERVICES	CALIFORNIA	9367604.	1116725.	TRINITY HOME HEALTH SERVICES, INC.
SAINT MARY'S PHARMACY LLC - 38-3404443 200 JEFFERSON AVE. SE GRAND RAPIDS, MI 49503	PHARMACY	MICHIGAN	0.	0.	TRINITY HEALTH-MICHIGAN
MOUNT CARMEL HEALTHPROVIDERS TWO, LLC - 20-1983271, 6150 E. BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OHIO	0.	0.	MOUNT CARMEL HEALTH PROVIDERS, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMICARE HOSPICE SERVICES INC - 38-2949053 27870 CABOT DRIVE NOVI, MI 48377-2920	PROVIDE HOSPICE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
AUXILIARY OF HOLY ROSARY HOSPITAL - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORTS SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
BATTLE CREEK HEALTH SYSTEM - 38-2776791 300 NORTH AVENUE BATTLE CREEK, MI 49016	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	TRINITY HEALTH - MICHIGAN
BATTLE CREEK HEALTH SYSTEM AUXILIARY - 38-3355520, 300 NORTH AVENUE, BATTLE CREEK, MI 49016	SUPPORT OF TAX EXEMPT HEALTH ORGANIZATION	MICHIGAN	501(C)(3)	11, TYPE I	BATTLE CREEK HEALTH SYSTEM

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
ADVANCED IMAGING SERVICES OF BATTLE CREEK - 20-4594297, 5352 BECKLEY ROAD, STE A, BATTLE CREEK, MI 49015	RADIOLOGY/IMAGING	MI	N/A	N/A	0.	0.		X	N/A	X
ADVENT REHABILITATION LLC - 38-3306673, 560 FIFTH ST NW, STE 404, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	0.	0.		X	N/A	X
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.		X	N/A	X
BSV MEDICAL OFFICE BUILDING II, LLC - 20-2673839, 855 "M" STREET, TENTH FLOOR, FRESNO, CA 93721	MEDICAL OFFICE BUILDING RENTAL	CA	N/A	N/A	0.	0.		X	N/A	X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
COMMUNITY HEALTH VENTURES, INC. - 38-3522260 565 W. WESTERN AVE. MUSKEGON, MI 49440	SOFTWARE MARKETING	MI	N/A	C CORP	0.	0.	.00%
GENERAL HEALTHCORP. VENTURES, INC. - 38-25333165 1820-44TH STREET KENTWOOD, MI 49508	MEDICAL SERVICES	MI	N/A	C CORP	0.	0.	.00%
HACKLEY HEALTH MANAGEMENT CENTER - 38-2961814 1415 LEAHY ST. MUSKEGON, MI 49442	WEIGHT MANAGEMENT	MI	N/A	C CORP	0.	0.	.00%
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1415 LEAHY ST. MUSKEGON, MI 49442	OTHER MEDICAL SERVICES	MI	N/A	C CORP	0.	0.	.00%
HACKLEY HEALTHCARE EQUIPMENT - 38-2578569 1415 LEAHY ST. MUSKEGON, MI 49442	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	0.	0.	.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	
(1) MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION		A	19,678.	
(2) MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION		K	663,710.	
(3) MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION		P	408,818.	
(4) MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION		R	287,129.	
(5) HOLY CROSS CARENET, INC.		A	3,286.	
(6) HOLY CROSS CARENET, INC.		K	780,545.	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	ACUTE/AMBULATORY HEALTHCARE SERVICES	IOWA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.
BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	BAUM HARMON MERCY HOSPITAL
CAPITAL PARK FAMILY HEALTH CENTER, INC. - 31-1387838, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	OPERATION OF A FEDERALLY QUALIFIED HEALTH CENTER (FORMERLY)	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES	MICHIGAN	501(C)(3)	11, TYPE II	TRINITY HEALTH-MICHIGAN
CRANBROOK HOSPICE CARE - 38-3320699	PROVIDE HOSPICE HEALTH SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
281 ENTERPRISE COURT BLOOMFIELD HILLS, MI 48302					
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	HOSPITAL CAMPUS IN FAIRFIELD COUNTY OHIO	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
DUBUQUE MERCY HEALTH FOUNDATION, INC. - 26-2227941, 250 MERCY DRIVE, DUBUQUE, IA 52001	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.
HACKLEY HOSPITAL - 38-1358196 1700 CLINTON ST., PO BOX 3302 MUSKOGON, MI 49443-3302	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKOGON, MI 49443-3302	SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY	MICHIGAN	501(C)(3)	11, TYPE III-FI	MERCY HEALTH PARTNERS
HACKLEY LIFE COUNSELING - 38-1386362 1352 TERRACE ST. MUSKOGON, MI 49442-3545	COUNSELING, EDUCATION, AND SUPPORT	MICHIGAN	501(C)(3)	9	MERCY HEALTH PARTNERS
HACKLEY VISITING NURSE SERVICES AND HOSPICE, INC. - 38-1359598, 888 TERRACE ST., MUSKOGON, MI 49440	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	7	MERCY HEALTH PARTNERS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48333	LONG-TERM CARE AND REHABILITATION FOR THE ELDERLY	MARYLAND	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES
HOLY CROSS HOSPITAL FOUNDATION, INC. - 20-8428450, 11801 TECH ROAD, SILVER SPRING, MD 20904	CHARITABLE FUNDRAISING	MARYLAND	501(C)(3)	11, TYPE I	HOLY CROSS HOSPITAL OF SILVER SPRING, INC.
HOLY CROSS HOSPITAL OF SILVER SPRING, INC. - 52-0738041, 1500 FOREST GLEN RD., SILVER SPRING, MD 20910-1484	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	3	TRINITY HEALTH CORPORATION
HOLY CROSS MEDICAL CENTER - 95-1985442 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES (FORMERLY)	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION
HOLY ROSARY MEDICAL CENTER FOUNDATION - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	SUPPORT THE SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	11, TYPE I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401-6208	HOSPICE HEALTH CARE SERVICES	IOWA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA, CORP.
HOSPICE OF WASHTEWAN II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
HPCN - 30-0207909 1675 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE II	MERCY HEALTH PARTNERS
LAKESHORE COMMUNITY HOSPITAL, INC. - 38-2549295, 72 S. STATE STREET, SHELBY, MI 49455-1228	ACUTE HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	MERCY HEALTH PARTNERS
LIFESPAN INC. - 38-3298476 166 EAST GOODALE AVE. BATTLE CREEK, MI 49037-2728	PROVIDE HOSPICE HEALTH SERVICES	MICHIGAN	501(C)(3)	9	BATTLE CREEK HEALTH SYSTEM
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET SIOUX CITY, IA 51101	PROVIDE HOME HEALTH CARE SERVICES	IOWA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA, CORP.
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SERVICES (FORMERLY)	MICHIGAN	501(C)(3)	3	CATHERINE MCAULEY HEALTH SERVICES CORP.

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 281 ENTERPRISE COURT, BLOOMFIELD HILLS, MI 48302-0312	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 2540 16TH STREET, PORT HURON, MI 48060	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
MERCY COMMUNITY PHYSICIANS - 26-4252468 363 FREMONT ST. BATTLE CREEK, MI 49017	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	BATTLE CREEK HEALTH SYSTEM
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 684 HARVEY STREET, MUSKEGON, MI 49442	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
MERCY HEALTH PARTNERS - 38-2589966 1415 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE SYSTEM SUPPORT	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTHCARE SERVICES	DELAWARE	501(C)(3)	3	TRINITY HEALTH-MICHIGAN
MERCY HEALTHCARE FOUNDATION - 42-1316126 1410 N. 4TH ST. CLINTON, IA 52732	FUNDRAISING AND FINANCIAL ASSISTANCE FOR HOSPITAL CHARITABLE SERVICES	IOWA	501(C)(3)	11, TYPE I	MERCY MEDICAL CENTER-CLINTON
MERCY HOSP. & HEALTH SERVICES OF DETROIT/MARSHALL PARK HEALTH SERVICES, INC., 27870 CABOT DRIVE, NOVI, MI 48377-2920	SUPPORTS MALPRACTICE CONTINGENCIES OF CLOSED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
MERCY HOSPITAL CADILLAC FOUNDATION - 20-3357131, 400 HOBART, CADILLAC, MI 49601-2331	SUPPORT THE SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
MERCY HOSPITAL GIFT SHOP - 38-1630480 2601 ELECTRIC AVE. PORT HURON, MI 48060	VOLUNTEER SERVICE AUXILIARY	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732-2940	TO PROVIDE QUALITY HEALTH CARE	DELAWARE	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA, CORP.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401-2800	SUPPORT THE SERVICES OF RELATED HOSPITAL	IOWA	501(C)(3)	11, TYPE III-FI	MERCY HEALTH SERVICES-IOWA, CORP.
MERCY MEDICAL CENTER FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	SUPPORT THE SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA
MERCY NORTH HOMECARE AND HOSPICE - 38-3313897, 7985 MACKINAW TRAIL, CADILLAC, MI 49601	HOME HEALTH AND HOSPICE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
MERCY PAVILION OF BATTLE CREEK - 38-2783350 300 NORTH AVENUE BATTLE CREEK, MI 49016	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MICHIGAN	501(C)(3)	9	BATTLE CREEK HEALTH SYSTEM
MERCY PHYSICIAN GROUP, INC. - 20-8192593 1512 12TH AVENUE ROAD NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	IDAHO	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-NAMPA
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184 MIDWEST MEDFLIGHT - 38-2684671 1300 VICTORS WAY ANN ARBOR, MI 48108	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MICHIGAN	501(C)(3)	11, TYPE II	TRINITY CONTINUING CARE SERVICES, INC.
MOUNT CARMEL CARE CONTINUUM SERVICES CORP. - 31-1126211, 793 WEST STATE STREET, COLUMBUS, OH 43222	PEROMEDICAL TRANSPORT	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COOPERATIVE HOSPITAL SERVICE ORGANIZATION	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
MOUNT CARMEL HEALTH - 31-4379602 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	2	MOUNT CARMEL HEALTH
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM
MEDICARE HMO FOR SENIORS	MEDICARE HMO FOR SENIORS	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	OHIO	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	SUPPORT THE SERVICES OF RELATED HOSPITAL	OHIO	501(C)(3)	11, TYPE I	MOUNT CARMEL HEALTH SYSTEM
MOUNT CARMEL HOME CARE, LLC - 26-2729300 1144 DUBLIN ROAD, SUITE B COLUMBUS, OH 43215	PROVIDE HOME HEALTH CARE SERVICES	OHIO	501(C)(3)	9	TRINITY HOME HEALTH SERVICES, INC.
MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL - 87-0790288, 7333 SMITH'S MILL RD., NEW ALBANY, OH 43054	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 - 44TH STREET, KENTWOOD, MI 49508	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MICHIGAN	501(C)(3)	7	MERCY HEALTH PARTNERS
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE SERVICES	NEBRASKA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA, CORP.
PORT HURON MERCY FAMILY CARE, INC. - 20-1855647, 2601 ELECTRIC AVE., PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442-3257	MEDICAL CARE, TRANSPORTATION AND EDUCATION	MICHIGAN	501(C)(3)	9	TRINITY HEALTH-MICHIGAN
PROFESSIONAL OFFICE CORPORATION - 94-2839324 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	11, TYPE I	SAINT AGNES MEDICAL CENTER
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	3	TRINITY HEALTH CORPORATION
SAINT ALPHONSUS BUILDING COMPANY, INC. - 82-0401011, 1055 NORTH CURTIS RD., BOISE, ID 83706	SUPPORTS SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	SUPPORTS SERVICES OF RELATED HOSPITAL	IDAHO	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	TO PROVIDE QUALITY HEALTH CARE	OREGON	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.
SAINT ALPHONSUS MEDICAL CENTER-NAMPA - 92-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	TO PROVIDE QUALITY HEALTH CARE	IDAHO	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	TO PROVIDE QUALITY HEALTH CARE	OREGON	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM, INC.
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, 1915 LAKE AVENUE, PO BOX 670, PLYMOUTH, IN 46563	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, PO BOX 1935, SOUTH BEND, IN 46634-1935	HEALTHCARE SERVICES	INDIANA	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 801 EAST LASALLE AVE., SOUTH BEND, IN 46617	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
SAINT JOSEPH'S AUXILIARY OF MARSHALL COUNTY - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	HOSPITAL SERVICE AUXILIARY	INDIANA	501(C)(3)	11, TYPE II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC.
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333-9184	PROVIDES HOUSING FOR LOW INCOME ELDERLY INDIVIDUALS	INDIANA	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES-INDIANA
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, GRAND RAPIDS, MI 48905	PROVIDE HOME HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES, INC.
SAINT MARY'S DORAN FOUNDATION C/O SAINT MARY'S HEALTH CARE - 38-1779602, 200 JEFFERSON ST., SE, GRAND RAPIDS, MI 49503	SUPPORTS SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	7	TRINITY HEALTH-MICHIGAN

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE SERVICES	IDAHO	501(C)(3)	3	TRINITY HEALTH CORPORATION
ST JOHN'S HEALTH SYSTEM - 35-0877584 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES (FORMERLY)	INDIANA	501(C)(3)	3	TRINITY HEALTH CORPORATION
ST JOSEPH MERCY OAKLAND FOUNDATION - 35-2356789, 44405 WOODWARD AVE., PONTIAC, MI 48341	SUPPORTS SERVICES OF RELATED HOSPITAL	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN
ST. ANN'S HOSPITAL - 31-4412701 500 SOUTH CLEVELAND AVE. WESTERVILLE, OH 43081	HEALTHCARE SERVICES	OHIO	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM
ST. ELIZABETH HEALTH CARE FOUNDATION - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	SUPPORT THE SERVICES OF RELATED HOSPITAL	OREGON	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
ST. JOSEPH'S MEDICAL CENTER AUXILIARY - 35-6033285, 801 E. LASALLE AVE., PO BOX 1935, SOUTH BEND, IN 46634-1935	HOSPITAL SERVICE AUXILIARY	INDIANA	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC.
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 4215 EDISON LAKES PARKWAY, MISHAWAKA, IN 46545	SUPPORTS SERVICES OF RELATED HOSPITAL	INDIANA	501(C)(3)	11, TYPE I	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	MANAGEMENT SERVICES FOR LONG TERM CARE AND SENIOR LIVING FACILITIES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
TRINITY CONTINUING CARE SERVICES - INDIANA, INC. - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184	PROVIDES LONG-TERM CARE AND RESIDENTIAL HOUSING	INDIANA	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES
TRINITY HEALTH - MICHIGAN - 38-2113393 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	3	TRINITY HEALTH CORPORATION
TRINITY HEALTH CORPORATION - 35-1443425 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	11, TYPE I	N/A
TRINITY HEALTH INTERNATIONAL - 42-12531527 27870 CABOT DRIVE NOVI, MI 48377-2920	HEALTHCARE TRAINING AND SUPPORT SERVICES	MICHIGAN	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, ex- cluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?
							Yes	No		
CCH LABORATORY - 38-2910400 775 SOUTH MAIN STREET CHELSEA, MI 48118	LABORATORY	MI	N/A	N/A	0.	0.		X	N/A	X
CENTRAL OHIO SLEEP MEDICINE, LTD. - 31-1701029, 5955 EAST BROAD ST., COLUMBUS, OH 43213	SLEEP MEDICINE SERVICES	OH	N/A	N/A	0.	0.		X	N/A	X
CLINTON IMAGING SERVICES, LLC - 41-2044739, 1410 NORTH 4TH ST., CLINTON, IA 52732	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	0.	0.		X	N/A	X
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	0.	0.		X	N/A	X
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY	MI	N/A	N/A	0.	0.		X	N/A	X
FRESNO IMAGING CENTER - 77-0363563, 1303 E. HERNDON AVE., FRESNO, CA 93720	DIAGNOSTIC IMAGING	CA	N/A	N/A	0.	0.		X	N/A	X
HAWARDEN COMMUNITY CLINIC, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	0.	0.		X	N/A	X
IDAHO GYN/ONCOLOGY SERVICES, LLC - 20-2975807, 1055 N CURTIS RD, BOISE, ID 83706	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A	0.	0.		X	N/A	X
MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	MRI SERVICES	IA	N/A	N/A	0.	0.		X	N/A	X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, ex- cluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?
							Yes	No		
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY-SAME DAY	IA	N/A	N/A	0.	0.	X		N/A	X
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X
MCMC POB III LIMITED PARTNERSHIP - 31-1392994, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X
MEDILUCENT MOB I - 20-4911370 793 W. STATE STREET COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	0.	0.	X		N/A	X
MERCY OUTPATIENT SURGERY CENTER, LLC - 84-1380439, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	OUTPATIENT SURGERY COMMUNITY BASED	ID	N/A	N/A	0.	0.	X		N/A	X
MICHIANA HEALTH INFORMATION NETWORK LLC - 35-2050128, 215 WEST MADISON STREET, SOUTH BEND, IN 46601	CLINICAL INFORMATION SYSTEM AND DATA DEPOSITORY	IN	N/A	N/A	0.	0.	X		N/A	X
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X
NEWCO AMBULATORY SURGERY CTR, LLP - 30-0136708, 4190 24TH AVENUE, FORT GRATIOT, MI 48059	OUTPATIENT SURGERY CENTER	MI	N/A	N/A	0.	0.	X		N/A	X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, ex- cluded from tax under sections 512-514.)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?
							Yes	No		
PLAZA SURGICAL CENTER - 37-1463357, PO BOX 27230, FRESNO, CA 93729	AMBULATORY SURGERY	CA	N/A	N/A	0.	0.	X		N/A	X
RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1531135, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X
SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706	PHARMACY	ID	N/A	N/A	0.	0.	X		N/A	X
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	0.	0.	X		N/A	X
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	RADIATION ONCOLOGY	ID	N/A	N/A	0.	0.	X		N/A	X
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X
TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 610 VILLAGE DRIVE, DONNELLY, ID 83615	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A	0.	0.	X		N/A	X
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1784409, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	0.	0.	X		N/A	X
WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106	RADIOLOGY/IMAGING	MI	N/A	N/A	0.	0.	X		N/A	X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HACKLEY ORTHOTICS & PROSTHETICS - 38-2999815 1415 LEAHY ST. MUSKEGON, MI 49442	HEALTHCARE SERVICES	MI	N/A	C CORP	0.	0.	.00%
HACKLEY PROFESSIONAL CENTER - 38-3024797 1415 LEAHY ST. MUSKEGON, MI 49442	REAL ESTATE RENTAL	MI	N/A	C CORP	0.	0.	.00%
HACKLEY PROFESSIONAL PHARMACY - 38-2447870 1415 LEAHY ST. MUSKEGON, MI 49442	PHARMACY	MI	N/A	C CORP	0.	0.	.00%
HFP, INC. - 38-3086401 1415 LEAHY ST. MUSKEGON, MI 49442	OFFICE STAFFING	MI	N/A	C CORP	0.	0.	.00%
HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562 11801 TECH ROAD SILVER SPRING, MD 20904	HOME CARE SERVICES	MD	N/A	C CORP	0.	0.	.00%
HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR., PO BOX 992 ANN ARBOR, MI 48106	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	0.	0.	.00%
MARYLAND CARE GROUP, INC. - 52-1815313 11801 TECH ROAD SILVER SPRING, MD 20904	HEALTHCARE HOLDING	MD	N/A	C CORP	0.	0.	.00%
MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD NANPA, ID 83686	OUTPATIENT PHARMACY	ID	N/A	C CORP	0.	0.	.00%
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101	PRIMARY CARE PHYSICIANS	IA	N/A	C CORP	0.	0.	.00%
MICHIGAN PHYSICIAN SERVICES - 38-3293125 44405 WOODWARD AVENUE, H-5 PONTIAC, MI 48341	PHYSICIAN SERVICES	MI	N/A	C CORP	0.	0.	.00%
MICHIGAN ATHLETIC CLUB - 38-2647304 2500 BURTON GRAND RAPIDS, MI 49546	ATHLETIC CLUB	MI	N/A	C CORP	0.	0.	.00%
MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES, INC. - 31-0971510, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	BEHAVIORAL HEALTHCARE SERVICES	OH	N/A	C CORP	0.	0.	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MOUNT CARMEL HEALTH HORIZONS CORP. - 31-1177652 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICAL SERVICES/RENT	OH	N/A	C CORP	0.	0.	.00%
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	0.	0.	.00%
NORTH IOWA MERCY MEDICAL SERVICES, INC. - 42-1382308 1000 4TH ST. SW MASON CITY, IA 50401	MEDICAL SERVICES	IA	N/A	C CORP	0.	0.	.00%
PRIMARY CARE NETWORK OF OHIO, INC. - 31-1422486 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTH MANAGEMENT SERVICES	OH	N/A	C CORP	0.	0.	.00%
PRIORITY PLUS OF CALIFORNIA - 77-0395267 PO BOX 27230 FRESNO, CA 93729	FORMERLY HEALTH MANAGEMENT NOW DISCONTINUED	CA	N/A	C CORP	0.	0.	.00%
SAINT ALPHONSUS PHYSICIAN SERVICES, INC. - 82-0477852 1055 NORTH CURTIS ROAD BOISE, ID 83706	PHYSICIAN CLINICS	ID	N/A	C CORP	0.	0.	.00%
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261 1055 NORTH CURTIS ROAD BOISE, ID 83706-1370	PHYSICIANS	ID	N/A	C CORP	0.	0.	.00%
SAINT MARY'S HEALTH MANAGEMENT COMPANY - 38-3450733 1640 EAST PARIS, SE. GRAND RAPIDS, MI 49546	ATHLETIC CLUB	MI	N/A	C CORP	0.	0.	.00%
SURGERY CENTER FINANCING CORPORATION - 31-1531102 6150 EAST BROAD STREET COLUMBUS, OH 43213	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C CORP	0.	0.	.00%
TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377 27870 CABOT DRIVE NOVI, MI 48377-2920	GRANTOR TRUST	MI	N/A	TRUST	0.	0.	.00%
TRINITY HEALTH SELF-INSURANCE PLAN - 38-6742154 27870 CABOT DRIVE NOVI, MI 48377-2920	GRANTOR TRUST	MI	N/A	TRUST	0.	0.	.00%
TRINITY HEALTH SELF-INSURED WORKERS' COMPENSATION FUND - 38-6742157, 27870 CABOT DRIVE, NOVI, MI 48377-2920	GRANTOR TRUST	MI	N/A	TRUST	0.	0.	.00%

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

(a)	(e)	(b)	(c)
	Name of other organization	Transaction type (ext)	Amount involved
(7)	HOLY CROSS CARENET, INC.	P	257,341.
(8)	HOLY CROSS CARENET, INC.	R	147,110.
(9)	TRINITY HEALTH - MICHIGAN	J	196,515.
(10)	TRINITY HEALTH - MICHIGAN	K	1,681,291.
(11)	TRINITY CONTINUING CARE SERVICES-INDIANA, INC.	A	80,379.
(12)	TRINITY CONTINUING CARE SERVICES-INDIANA, INC.	B	19,079,677.
(13)	TRINITY CONTINUING CARE SERVICES-INDIANA, INC.	K	1,621,864.
(14)	TRINITY CONTINUING CARE SERVICES-INDIANA, INC.	P	929,523.
(15)	TRINITY CONTINUING CARE SERVICES-INDIANA, INC.	R	433,179.
(16)	TRINITY HEALTH CORPORATION	B	935,643.
(17)	TRINITY HEALTH CORPORATION	J	289,989.
(18)	TRINITY HEALTH CORPORATION	L	1,369,650.
(19)	TRINITY HEALTH CORPORATION	O	6,970,131.
(20)	TRINITY HEALTH CORPORATION	Q	4,254,216.
(21)	SAINT JOSEPH'S TOWER, INC.	A	502.
(22)			
(23)			
(24)			

2009 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	BUILDINGS AND IMPROVEMENTS * 990 PAGE 10 TOTAL	091593		39.00	16	105,786,811.		0.	105,786,811.	51,474,069.	0.	4,925,636.
5	BUILDINGS * 990 PAGE 10 TOTAL			15M	42	105,786,811.		0.	105,786,811.	51,474,069.	0.	4,925,636.
	OTHER MACHINERY & EQUIPMENT					105,786,811.		0.	105,786,811.	51,474,069.	0.	5,392,646.
3	MOVEABLE EQUIPMENT * 990 PAGE 10 TOTAL	070103		7.00	16	25,095,748.		0.	25,095,748.	15,511,438.	0.	1,376,226.
	MACHINERY & EQUIPM					25,095,748.		0.	25,095,748.	15,511,438.	0.	1,376,226.
1	LAND * 990 PAGE 10 TOTAL			.00	16	2,245,597.		0.	2,245,597.	0.	0.	0.
	LAND					2,245,597.		0.	2,245,597.	0.	0.	0.
4	OTHER CONSTRUCTION IN PROGRESS * 990 PAGE 10 TOTAL	063006		39.00	16	4,051,332.		0.	4,051,332.	0.	0.	0.
	OTHER					4,051,332.		0.	4,051,332.	0.	0.	0.
6	OTHER * 990 PAGE 10 TOTAL			.00	16	8,102,664.		0.	8,102,664.	0.	0.	0.
	OTHER					8,102,664.		0.	8,102,664.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					141,230,820.		0.	141,230,820.	66,985,507.	0.	6,768,872.