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CHANGE OF ACCOUNTING PERIOD

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning **JAN 3, 2011** and ending **JUN 30, 2011****B** Check if applicable

- ☐ Address change
☐ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**IHA HEALTH SERVICES CORPORATION**Doing Business As **SEE SCHEDULE O FOR LIST**

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

24 FRANK LLOYD WRIGHT DR., LOBBY J

Room/suite

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

ANN ARBOR, MI 48106**F** Name and address of principal officer: **WILLIAM FILETI
SAME AS C ABOVE****D** Employer identification number**38-3316559****E** Telephone number**734-995-2950****G** Gross receipts \$ **136,170,829.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.IHACARES.COM****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **2010** **M** State of legal domicile **MI****Part I Summary**

| Activities & Governance | | Revenue | | Expenses | | Net Assets or Fund Balances | |
|-------------------------|--|-----------|----------------------------------|----------|---------------------|-----------------------------|--|
| 1 | Briefly describe the organization's mission or most significant activities: TO MEET COMMUNITY NEEDS BY PROVIDING PERSONALIZED, HIGH-QUALITY MEDICAL SERVICES. | | | | | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | | | | | |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | | | | | |
| 5 | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | | | | | |
| 6 | Total number of volunteers (estimate if necessary) | 6 | | | | | |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | | | | | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | | | | | |
| | | | Prior Year | | Current Year | | |
| 8 | Contributions and grants (Part VIII, line 1h) | | | | 84,011,003. | | |
| 9 | Program service revenue (Part VIII, line 2g) | | | | 50,286,594. | | |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | 958. | | |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | 1,872,274. | | |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | | 136,170,829. | | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | | 23,052. | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | 0. | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | 37,370,539. | | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | | 0. | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | | | | | |
| 17 | Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24f) | | | | 33,894,354. | | |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | | 71,287,945. | | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | | | | 64,882,884. | | |
| | | | Beginning of Current Year | | End of Year | | |
| 20 | Total assets (Part X, line 16) | | | | 83,326,257. | | |
| 21 | Total liabilities (Part X, line 26) | | | | 18,443,373. | | |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | | | | 64,882,884. | | |

Part II Signature Block

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

| | | | |
|-------------------------------|--|------------------------------|---|
| Sign Here | Signature of officer | Date | 5/14/12 |
| | LOWELL SPRAGUE, VP OF FINANCE/CFO | Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | Firm's name ▶ | Firm's EIN ▶ | Check if self-employed <input type="checkbox"/> |
| | Firm's address ▶ | Phone no | PTIN |

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

☐ Yes ☐ No

SCANNED JUN 13 2012

916

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

IHA HEALTH SERVICES CORPORATION EXISTS TO MEET COMMUNITY NEEDS BY PROVIDING PERSONALIZED, HIGH-QUALITY HEALTH AND MEDICAL SERVICES TO EVERY PATIENT. WE STRIVE TO ACHIEVE UNPARALLELED PATIENT SATISFACTION WITH OUR CLINICAL QUALITY, SERVICE, ACCESSIBILITY AND VALUE.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 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 \$ 42431561. including grants of \$ 23,052.) (Revenue \$ 52158868.)
IHA HEALTH SERVICES CORPORATION (IHA) CONSISTS OF 32 OFFICE LOCATIONS IN SOUTHEAST MICHIGAN THAT SERVE OVER 260,000 ACTIVE PATIENTS.

CONSISTENT WITH ITS MISSION, IHA HEALTH SERVICES CORPORATION PROVIDES MEDICAL CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IN ADDITION, IHA PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED, INCLUDING THOSE PERSONS WHO CANNOT AFFORD HEALTH INSURANCE OR OTHER PAYMENTS SUCH AS COPAYS AND DEDUCTIBLES BECAUSE OF INADEQUATE RESOURCES AND/OR ARE UNINSURED OR UNDERINSURED, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH IT OPERATES.

THE FOLLOWING SUMMARY HAS BEEN PREPARED IN ACCORDANCE WITH THE CATHOLIC

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 42,431,561.

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Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a 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 |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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 |
| b 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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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 |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |
| 20b | | |

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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> | 21 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> | 22 | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | 24a | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| 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? | 24c | |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3) 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> | 25a | 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> | 25b | 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> | 26 | 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> | 27 | 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 X | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 X | |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 X | |

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

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

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c | 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 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 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 |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 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? | | |
| 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). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | | |
| b | 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? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

| | Yes | No |
|--|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b Enter the number of voting members included in line 1a, above, who 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 control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 Did the organization become aware during the year of a significant 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: | | |
| a The governing body? | X | |
| 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 |
| 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? | | |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | X |
| b 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 | |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 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? | | |
| a The organization's CEO, Executive Director, or top management official | X | |
| 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 |
| 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: **LOWELL SPRAGUE - 734-747-6766**
24 FRANK LLOYD WRIGHT DR., ANN ARBOR, MI 48106

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

Check if Schedule O contains a response to any question in this Part VII

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| ROBERT BREAKEY, MD CHAIR | 50.00 | X | | X | | | | 0. | 0. | 0. |
| GAYLE MOYER, MD SECRETARY | 40.00 | X | | X | | | | 0. | 0. | 0. |
| MELISSA SOKOL-KEITH, MD TREASURER | 50.00 | X | | X | | | | 0. | 0. | 0. |
| WILLIAM FILETI PRESIDENT & CEO | 50.00 | X | | X | | | | 0. | 0. | 0. |
| LOWELL SPRAGUE CFO | 50.00 | | | X | | | | 0. | 0. | 0. |
| WESLEY BEEMER, MD TRUSTEE | 30.00 | X | | | | | | 0. | 0. | 0. |
| ROBERT CASALOU TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| MARY DURFEE, MD TRUSTEE | 50.00 | X | | | | | | 0. | 0. | 0. |
| JULIE GARGAN KOZMA TRUSTEE | 50.00 | X | | | | | | 0. | 0. | 0. |
| MIKE KUCERA, MD TRUSTEE | 50.00 | X | | | | | | 0. | 0. | 0. |
| MARK LINDLEY, MD TRUSTEE | 50.00 | X | | | | | | 0. | 0. | 0. |
| THOMAS SHEHAB, MD TRUSTEE | 50.00 | X | | | | | | 0. | 0. | 0. |
| NANCY SPANGLER, MD TRUSTEE | 50.00 | X | | | | | | 0. | 0. | 0. |
| STEVEN THIRY, MD TRUSTEE | 50.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0 | | |

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 | 83,786,646. | | | |
| | e | Government grants (contributions) | 1e | 224,357. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | | 84,011,003. | | | |
| Program Service Revenue | 2 a | NET PATIENT SVC REV | Business Code 621110 | 50,286,594. | 50,286,594. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 50,286,594. | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 958. | | |
| 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 | | | | |
| | | c | Gain or (loss) | | | | |
| | | d | Net gain or (loss) | | | | |
| 8 a | | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | b | Less: direct expenses | b | | | |
| | | c | Net income or (loss) from fundraising events | | | | |
| 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 | OTHER REVENUE | 900099 | 1872274. | 1872274. | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 1872274. | | | | |
| 12 | Total revenue. See instructions | | 136,170,829. | 52,158,868. | 0. | 958. | |

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 | 23,052. | 23,052. | | |
| 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 | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 31,254,227. | 25,891,002. | 5,363,225. | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 829,413. | 687,086. | 142,327. | |
| 9 Other employee benefits | 4,209,476. | 3,487,130. | 722,346. | |
| 10 Payroll taxes | 1,077,423. | 892,537. | 184,886. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 13,946. | | 13,946. | |
| c Accounting | 59,455. | | 59,455. | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 1,070,465. | 886,773. | 183,692. | |
| 12 Advertising and promotion | 113,794. | 94,267. | 19,527. | |
| 13 Office expenses | 1,088,308. | 901,554. | 186,754. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,060,458. | 3,363,683. | 696,775. | |
| 17 Travel | 75,894. | 62,871. | 13,023. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 100,788. | 83,493. | 17,295. | |
| 20 Interest | 39,379. | 39,379. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,655,811. | 1,371,674. | 284,137. | |
| 23 Insurance | 574,215. | 475,680. | 98,535. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a TAX UNDER SEC. 337 | 20,774,716. | | 20,774,716. | |
| b MEDICAL SUPPLIES | 3,724,256. | 3,724,256. | | |
| c CONTRACT LABOR | 347,485. | 287,857. | 59,628. | |
| d SUBSCRIPTIONS & DUES | 142,553. | 118,091. | 24,462. | |
| e | | | | |
| f All other expenses | 52,831. | 41,176. | 11,655. | |
| 25 Total functional expenses. Add lines 1 through 24f | 71,287,945. | 42,431,561. | 28,856,384. | 0. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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 | 1 | 9,915. | |
| | 2 Savings and temporary cash investments | 2 | 13,452,045. | |
| | 3 Pledges and grants receivable, net | 3 | | |
| | 4 Accounts receivable, net | 4 | 8,929,148. | |
| | 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | 6 | | |
| | 7 Notes and loans receivable, net | 7 | 96,334. | |
| | 8 Inventories for sale or use | 8 | 854,944. | |
| | 9 Prepaid expenses and deferred charges | 9 | 789,018. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 6,149,279. | |
| | b Less: accumulated depreciation | 10b | 927,975. | |
| | | 0. | 10c | 5,221,304. |
| | 11 Investments - publicly traded securities | 11 | 148,343. | |
| | 12 Investments - other securities. See Part IV, line 11 | 12 | | |
| | 13 Investments - program-related. See Part IV, line 11 | 13 | | |
| | 14 Intangible assets | 14 | 53,259,161. | |
| 15 Other assets. See Part IV, line 11 | 0. | 15 | 566,045. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 0. | 16 | 83,326,257. | |
| Liabilities | 17 Accounts payable and accrued expenses | 17 | 11,812,856. | |
| | 18 Grants payable | 18 | | |
| | 19 Deferred revenue | 19 | 225,560. | |
| | 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 | 0. | 25 | 6,404,957. |
| | 26 Total liabilities. Add lines 17 through 25 | 0. | 26 | 18,443,373. |
| 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 | 27 | 64,882,884. | |
| | 28 Temporarily restricted net assets | 28 | | |
| | 29 Permanently restricted net assets | 29 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 32 | | |
| 33 Total net assets or fund balances | 0. | 33 | 64,882,884. | |
| 34 Total liabilities and net assets/fund balances | 0. | 34 | 83,326,257. | |

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

| | | | |
|---|--|---|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 136,170,829. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 71,287,945. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 64,882,884. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 0. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 0. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 64,882,884. |

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

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 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 separate basis, consolidated 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 (2010)

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.

OMB No 1545-0047

2010

Open to Public Inspection

IHA HEALTH SERVICES CORPORATION

38-3316559

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)(vii).** (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?

(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).

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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"/> | | |

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | 84,011,003. | 84,011,003. |
| 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 | | | | | 50,286,594. | 50,286,594. |
| 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 | | | | | 134,297,597. | 134,297,597. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | | | | | 82,424,938. | 82,424,938. |
| c Add lines 7a and 7b | | | | | 82,424,938. | 82,424,938. |
| 8 Public support. (Subtract line 7c from line 6) | | | | | | 51,872,659. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|--------------|--------------|
| 9 Amounts from line 6 | | | | | 134,297,597. | 134,297,597. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | 958. | 958. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | 958. | 958. |
| 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.) | | | | | 1,872,274. | 1,872,274. |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | 136,170,829. | 136,170,829. |
| 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 <input checked="" type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ☐

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.

2010

Open to Public
Inspection

Name of the organization

IHA HEALTH SERVICES CORPORATION

Employer identification number

38-3316559

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).

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

| | |
|--|------------|
| (i) 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 (ASC 958) 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | 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 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 | | | | |
| b Buildings | | 2,301,122. | 309,769. | 1,991,353. |
| c Leasehold improvements | | | | |
| d Equipment | | 3,729,252. | 618,206. | 3,111,046. |
| e Other | | 118,905. | | 118,905. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 5,221,304. |

Schedule D (Form 990) 2010

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 |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | | |

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 |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| 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 |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | |

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

| 1. (a) Description of liability | (b) Amount |
|--|------------|
| (1) Federal income taxes | |
| (2) INTERCOMPANY PAYABLES | 824,539. |
| (3) INTERCOMPANY NOTES PAYABLE | 2,782,738. |
| (4) DEFERRED COMPENSATION | 148,343. |
| (5) DEFERRED INCOME TAXES | 1,223,700. |
| (6) OTHER LONG TERM LIABILITIES | 1,425,637. |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | |

6,404,957.

FIN 48 (ASC 740) 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 (ASC 740).

032053
12-20-10

| | | | |
|----|--|----|--|
| 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 | |

| | | | | |
|----------|--|-----------|-----------|--|
| 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 | |

| | | | | |
|----------|---|-----------|-----------|--|
| 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 | |

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.

Name of the organization

IHA HEALTH SERVICES CORPORATION

| Part I | General Information on Grants and Assistance |
|--------|--|
|--------|--|

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

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

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

recipent that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash | (f) Method of valuation (book, FMV, appraisal, etc.) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|------------------------|--|--|------------------------------------|
|--|---------|-------------------------------|--------------------------|------------------------|--|--|------------------------------------|

ANN ARBOR/YPSILANTI REGIONAL
CHAMBER - 115 WEST HURON ST., 3RD
FLOOR - ANN ARBOR, MI 48104

38-0303680 501(C)(6)

5.500.


0

GENERAL SUPPORT

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

Enter total number of other organizations

○ ●
▲



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

Schedule I (Form 990) (2010)

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.
Part III can be duplicated 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 IHA HEALTH SERVICES CORPORATION 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

IHA HEALTH SERVICES CORPORATION

Employer identification number

38-3316559

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH ASSOCIATION OF THE UNITED STATES (CHA), A GUIDE FOR PLANNING AND
REPORTING COMMUNITY BENEFIT, 2008 EDITION.

THE AMOUNTS BELOW REFLECT THE QUANTIFIABLE COSTS OF IHA'S COMMUNITY
BENEFIT MINISTRY FOR THE YEAR ENDED JUNE 30, 2011:

MINISTRY FOR THE POOR AND UNDERSERVED:

UNPAID COST OF MEDICAID AND OTHER PUBLIC PROGRAMS \$1,639,643

MINISTRY FOR THE POOR AND UNDERSERVED REPRESENTS THE FINANCIAL
COMMITMENT TO SEEK OUT AND SERVE THOSE WHO NEED HELP THE MOST,
ESPECIALLY THE POOR, THE UNINSURED AND THE INDIGENT. THIS IS DONE WITH
THE CONVICTION THAT HEALTHCARE IS A BASIC HUMAN RIGHT.

UNPAID COST OF MEDICAID AND OTHER PUBLIC PROGRAMS REPRESENTS THE COST
(DETERMINED USING A COST TO CHARGE RATIO) OF PROVIDING SERVICES TO
BENEFICIARIES OF PUBLIC PROGRAMS, INCLUDING STATE MEDICAID AND INDIGENT
CARE PROGRAMS, IN EXCESS OF GOVERNMENTAL AND MANAGED CARE CONTRACT
PAYMENTS.

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

FORM 990, PART VI, SECTION A, LINE 7A: TRINITY HEALTH-MICHIGAN IS THE SOLE

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

IHA HEALTH SERVICES CORPORATION

Employer identification number
38-3316559

MEMBER OF IHA HEALTH SERVICES CORPORATION. TRINITY HEALTH-MICHIGAN HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF TRUSTEES OF IHA HEALTH SERVICES CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B: AS SOLE MEMBER, TRINITY HEALTH-MICHIGAN MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET. TRINITY HEALTH-MICHIGAN 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: IHA HEALTH SERVICES CORPORATION'S FORM 990 WAS REVIEWED BY MANAGEMENT. MANAGEMENT REVIEW TOOK PLACE BEFORE THE FORM 990 WAS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: IHA HEALTH SERVICES CORPORATION 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 IHA HEALTH SERVICES CORPORATION, WHICH INCLUDES TRUSTEES, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS.

INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH IHA HEALTH SERVICES CORPORATION'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO IHA HEALTH SERVICES CORPORATION 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

Name of the organization

IHA HEALTH SERVICES CORPORATION

Employer identification number

38-3316559

THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE BOARD OF TRUSTEES OF IHA HEALTH SERVICES CORPORATION IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO IHA HEALTH SERVICES CORPORATION.

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 IHA HEALTH SERVICES CORPORATION 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 BENEFITS OF CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF IHA HEALTH SERVICES CORPORATION 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.

Name of the organization

IHA HEALTH SERVICES CORPORATION

Employer identification number

38-3316559

FORM 990, PART VI, SECTION C, LINE 19: IHA HEALTH SERVICES CORPORATION 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.

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:

GAYLE MOYER, MD - 10 HOURS

WESLEY BEEMER, MD - 20 HOURS

ROBERT CASALOU - 49 HOURS

FORM 990, PART XII, LINE 2:

IHA HEALTH SERVICES CORPORATION'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY11 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

FORM 990, PART I, DOING BUSINESS AS:

INTEGRATED HEALTH ASSOCIATES, INC.

MICHIGAN HYPERTENSION CENTER

IHA

032212
01-24-11

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|---|---|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| 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 | | X |
| 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. | | X |
| 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 | | X |
| CAPITAL PARK FAMILY HEALTH CENTER, INC. - 31-1387838, 6150 EAST BROAD STREET, COLUMBUS, OH 43213 | OPERATION OF A FEDERALLY QUALIFIED HEALTH CENTER (FORMERLY) FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES | OHIO | 501(C)(3) | 3 | MOUNT CARMEL HEALTH SYSTEM | | X |
| CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106 | | MICHIGAN | 501(C)(3) | 11, TYPE II | TRINITY HEALTH-MICHIGAN | | X |
| COMMUNITY HEALTH PARTNERS OF SOUTH BEND - 26-3051440, PO BOX 3998, SOUTH BEND, IN 46619 | | INDIANA | 501(C)(3) | 3 | SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. | | X |
| CRANBROOK HOSPICE CARE - 38-3320699 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI 48302 | HEALTHCARE SERVICES PROVIDE HOSPICE HEALTH SERVICES | MICHIGAN | 501(C)(3) | 11, TYPE I | TRINITY HOME HEALTH SERVICES, INC. | | X |
| 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 | | X |
| 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. | | X |
| 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. | | X |
| HACKLEY HOSPITAL - 38-1358196 1700 CLINTON ST., PO BOX 3302 MUSKEGON, MI 49443-3302 | HEALTHCARE SERVICES | MICHIGAN | 501(C)(3) | 3 | MERCY HEALTH PARTNERS | | X |
| HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443-3302 | SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY | MICHIGAN | 501(C)(3) | 11, TYPE III-FI | MERCY HEALTH PARTNERS | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|---|---|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| HACKLEY LIFE COUNSELING - 38-1386362 1352 TERRACE ST. MUSKEGON, MI 49442-3545 | COUNSELING, EDUCATION, AND SUPPORT | MICHIGAN | 501(C)(3) | 9 | MERCY HEALTH PARTNERS | | X |
| HACKLEY VISITING NURSE SERVICES AND HOSPICE, INC. - 38-1359598, 888 TERRACE ST., MUSKEGON, MI 49440 | PROVIDE HOME HEALTH CARE SERVICES | MICHIGAN | 501(C)(3) | 7 | MERCY HEALTH PARTNERS | | X |
| 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 | | X |
| 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, | | X |
| 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 | | X |
| HOLY CROSS MEDICAL CENTER - 95-1985442 27870 CABOT DRIVE NOVI, MI 48377-2920 | HEALTHCARE SERVICES (FORMERLY) | CALIFORNIA | 501(C)(3) | 3 | TRINITY HEALTH CORPORATION | | X |
| 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 | | X |
| 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. | | X |
| HOSPICE OF WASHTENAW II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108 | HOSPICE HEALTH CARE SERVICES | MICHIGAN | 501(C)(3) | 11, TYPE I | TRINITY HEALTH-MICHIGAN | | X |
| HPCN - 30-0207909 1675 LEAHY STREET MUSKEGON, MI 49442 | HEALTHCARE SERVICES | MICHIGAN | 501(C)(3) | 11, TYPE II | MERCY HEALTH PARTNERS | | X |
| IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106 | PROVIDES OFFICE-BASED MEDICAL CARE | MICHIGAN | 501(C)(3) | 9 | TRINITY HEALTH-MICHIGAN | | X |
| 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, | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|--|---|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| 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 | | X |
| 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. | | X |
| 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. | | X |
| 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. | | X |
| MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 505 HURON AVENUE, PORT HURON, MI 48060 | PROVIDE HOME HEALTH CARE SERVICES | MICHIGAN | 501(C)(3) | 11, TYPE I | TRINITY HOME HEALTH SERVICES, INC. | | X |
| 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. | | X |
| MERCY HEALTH PARTNERS - 38-2589966 1415 LEAHY STREET MUSKEGON, MI 49442 | HEALTHCARE SYSTEM SUPPORT | MICHIGAN | 501(C)(3) | 11, TYPE I | TRINITY HEALTH-MICHIGAN | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|--|--|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| MERCY MEDICAL 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. | | X |
| 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. | | X |
| 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. | | X |
| 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 | | X |
| 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. | | X |
| 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 | | X |
| 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 | | X |
| MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333-9184 | PROVIDES LONG-TERM CARE FOR THE ELDERLY | MICHIGAN | 501(C)(3) | 11, TYPE II | TRINITY CONTINUING CARE SERVICES | | X |
| MIDWEST MEDFLIGHT - 38-2684671 1300 VICTORS WAY ANN ARBOR, MI 48108 | AEROMEDICAL TRANSPORT | MICHIGAN | 501(C)(3) | 9 | TRINITY HEALTH-MICHIGAN | | X |
| MOUNT CARMEL CARE CONTINUUM SERVICES CORP. - 31-1126211, 793 WEST STATE STREET, COLUMBUS, OH 43222 | COOPERATIVE HOSPITAL SERVICE ORGANIZATION | OHIO | 501(C)(3) | 3 | MOUNT CARMEL HEALTH SYSTEM | | X |
| MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213 | COLLEGE OF NURSING | OHIO | 501(C)(3) | 2 | MOUNT CARMEL HEALTH | | X |
| MOUNT CARMEL HEALTH - 31-4379602 6150 EAST BROAD STREET COLUMBUS, OH 43213 | HEALTHCARE SERVICES | OHIO | 501(C)(3) | 3 | MOUNT CARMEL HEALTH SYSTEM | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|---|---|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213 | HEALTH INSURANCE | OHIO | 501(C)(4) | N/A | MOUNT CARMEL HEALTH SYSTEM | | X |
| MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET | | | | | | | |
| COLUMBUS, OH 43213 | MEDICARE HMO FOR SENIORS | OHIO | 501(C)(4) | N/A | MOUNT CARMEL HEALTH SYSTEM | | X |
| MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET | HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT | OHIO | 501(C)(3) | 11, TYPE I | TRINITY HEALTH CORPORATION | | X |
| COLUMBUS, OH 43213 | SUPPORT THE SERVICES OF RELATED HOSPITAL | OHIO | 501(C)(3) | 11, TYPE I | MOUNT CARMEL HEALTH SYSTEM | | X |
| MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213 | PROVIDE HOME HEALTH CARE SERVICES | OHIO | 501(C)(3) | 9 | TRINITY HOME HEALTH SERVICES, INC. | | X |
| MOUNT CARMEL HOME CARE, LLC - 26-2729300 1144 DUBLIN ROAD, SUITE B COLUMBUS, OH 43215 | HEALTHCARE SERVICES | OHIO | 501(C)(3) | 3 | MOUNT CARMEL HEALTH SYSTEM | | X |
| MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL - 87-0790288, 7333 SMITH'S MILL RD., NEW ALBANY, OH 43054 | OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY) | MICHIGAN | 501(C)(3) | 9 | MERCY HEALTH PARTNERS | | X |
| MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 - 44TH STREET, KENTWOOD, MI 49508 | FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES | MICHIGAN | 501(C)(3) | 7 | MERCY HEALTH SERVICES-IOWA, CORP. | | X |
| MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440 | HEALTHCARE SERVICES | NEBRASKA | 501(C)(3) | 3 | OAKLAND MERCY HOSPITAL | | X |
| OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045 | SUPPORTS SERVICES OF RELATED HOSPITAL | NEBRASKA | 501(C)(3) | 11, TYPE III-FI | TRINITY HEALTH-MICHIGAN | | X |
| OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, 601 E. 2ND STREET, OAKLAND, NE 68045 | HEALTHCARE SERVICES | MICHIGAN | 501(C)(3) | 11, TYPE I | TRINITY HEALTH-MICHIGAN | | X |
| PORT HURON MERCY FAMILY CARE, INC. - 20-1855647, 2601 ELECTRIC AVE., PORT HURON, MI 48060 | MEDICAL CARE, TRANSPORTATION AND EDUCATION | MICHIGAN | 501(C)(3) | 9 | TRINITY HEALTH-MICHIGAN | | X |
| PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442-3257 | | | | | | | |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|---|---|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| 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 | | X |
| SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720 | HEALTHCARE SERVICES | CALIFORNIA | 501(C)(3) | 3 | TRINITY HEALTH CORPORATION | | X |
| 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. | | X |
| 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. | | X |
| 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 | | X |
| 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. | | X |
| SAINT ALPHONSUS MEDICAL CENTER-NAMPA - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686 | TO PROVIDE QUALITY HEALTH CARE | IDAHO | 501(C)(3) | 3 | SAINT ALPHONSUS HEALTH SYSTEM, INC. | | X |
| 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. | | X |
| SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706 | HEALTHCARE SERVICES | IDAHO | 501(C)(3) | 3 | SAINT ALPHONSUS HEALTH SYSTEM, INC. | | X |
| 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. | | X |
| 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. | | X |
| 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 | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|--|---|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| SAINT JOSEPH'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 | | X |
| SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 | PROVIDES HOUSING FOR LOW INCOME ELDERLY INDIVIDUALS | INDIANA | 501(C)(3) | 9 | TRINITY CONTINUING CARE SERVICES-INDIANA | | X |
| FARMINGTON HILLS, MI 48333-9184 | | | | | | | |
| SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, GRAND RAPIDS, MI 49505 | PROVIDE HOME HEALTH CARE SERVICES | MICHIGAN | 501(C)(3) | 11, TYPE I | TRINITY HOME HEALTH SERVICES, INC. | | X |
| 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 | | X |
| ST JOHN'S HEALTH SYSTEM - 35-0877584 27870 CABOT DRIVE | HEALTHCARE SERVICES (FORMERLY) | INDIANA | 501(C)(3) | 3 | TRINITY HEALTH CORPORATION | | X |
| NOVI, MI 48377-2920 | | | | | | | |
| 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 | | X |
| ST. ANN'S HOSPITAL - 31-4412701 500 SOUTH CLEVELAND AVE. WESTERVILLE, OH 43081 | HEALTHCARE SERVICES | OHIO | 501(C)(3) | 3 | MOUNT CARMEL HEALTH SYSTEM | | X |
| 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 - BAKER CITY | | X |
| 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 | | X |
| 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. | | X |
| 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 | | X |
| 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 | | X |

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? | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|--------------------------------|
| | | | | | | | Yes | No | | | |
| ADVANCED IMAGING SERVICES OF | | | | | | | | | | | |
| BATTLE CREEK - 20-4594297, | | | | | | | | | | | |
| 5352 BECKLEY ROAD, STE A, | | | | | | | | | | | |
| BATTLE CREEK, MI 49015 | RADIOLOGY/IMAGI | MI | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| ADVENT REHABILITATION LLC - | | | | | | | | | | | |
| 38-3306673, 607 DEWEY AVENUE, | REHABILITATION | | | | | | | | | | |
| SUITE 300, GRAND RAPIDS, MI | THERAPY | | | | | | | | | | |
| 49504 | SERVICES | MI | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| BIG RUN MEDICAL OFFICE | | | | | | | | | | | |
| BUILDING LIMITED PARTNERSHIP | | | | | | | | | | | |
| - 31-1608125, 793 W. STATE | MEDICAL OFFICE | | | | | | | | | | |
| STREET, COLUMBUS, OH 43222 | BUILDING RENTAL | OH | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| CENTER FOR DIGESTIVE CARE, | | | | | | | | | | | |
| LLC - 03-0447062, 5300 | PROVIDE | | | | | | | | | | |
| ELLIOTT DRIVE, YPSILANTI, MI | GASTROINTESTINAL | | | | | | | | | | |
| 48197 | SERVICES | MI | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |

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% |
| 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. | OTHER MEDICAL SERVICES | MI | N/A | C CORP | 0. | 0. | .00% |
| MUSKEGON, MI 49442 | | | | | | | |
| HACKLEY HEALTHCARE EQUIPMENT - 38-2578569 | | | | | | | |
| 1415 LEAHY ST. | HOME MEDICAL EQUIPMENT | MI | N/A | C CORP | 0. | 0. | .00% |
| MUSKEGON, MI 49442 | | | | | | | |
| HACKLEY PROFESSIONAL CENTER - 38-3024797 | | | | | | | |
| 1415 LEAHY ST. | | | | | | | |
| MUSKEGON, MI 49442 | REAL ESTATE RENTAL | MI | N/A | C CORP | 0. | 0. | .00% |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|--------------------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| 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 | .00% |
| CLINTON IMAGING SERVICES, LLC - 41-2044739, 615 VALLEY VIEW DR., STE 202, MOLINE, IL 61265 | MRI DIAGNOSTIC SERVICES | IA | N/A | N/A | 0. | 0. | | X | N/A | | X | .00% |
| 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 | .00% |
| 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 | .00% |
| 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 | .00% |
| 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 | .00% |
| 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 | .00% |
| INTERMOUNTAIN MEDICAL IMAGING, LLC - 82-0514422, 877 WEST MAIN ST., STE 603, BOISE, ID 83702 | PROVIDE IMAGING SERVICES | ID | N/A | N/A | 0. | 0. | | X | N/A | | X | .00% |
| MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401 | | IA | N/A | N/A | 0. | 0. | | X | N/A | | X | .00% |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|---|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| 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 | .00% |
| 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 | .00% |
| 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 | .00% |
| 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 | .00% |
| 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 | .00% |
| MERCY OUTPATIENT SURGERY CENTER, LLC - 84-1380439, 1512 12TH AVENUE ROAD, NAMPA, ID 83686 | OUTPATIENT SURGERY | ID | N/A | N/A | 0. | 0. | | X | N/A | | X | .00% |
| MICHIANA HEALTH INFORMATION NETWORK LLC - 35-2050128, 215 WEST MADISON STREET, SOUTH BEND, IN 46601 | COMMUNITY BASED CLINICAL INFORMATION SYSTEM AND DATA | IN | N/A | N/A | 0. | 0. | | X | N/A | | X | .00% |
| 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 | .00% |
| 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 | .00% |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) Percentage ownership |
|--|--|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|--------------------------------|
| | | | | | | | Yes | No | | | |
| RIVERVIEW MEDICAL OFFICE | | | | | | | | | | | |
| BUILDING LIMITED PARTNERSHIP | | | | | | | | | | | |
| - 31-1531135, 793 W. STATE | MEDICAL OFFICE | | | | | | | | | | |
| STREET, COLUMBUS, OH 43222 | BUILDING RENTAL | OH | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| ROSENBERG & BRUNO PROPERTIES, LLC (FKA BSV MEDICAL OFFICE BUILDING II, LLC), 855 "M" | MEDICAL OFFICE | | | | | | | | | | |
| STREET, TENTH FLOOR, FRESNO, SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706 | BUILDING RENTAL PHARMACY | CA | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315 | PROVIDE OUTPATIENT SURGICAL CARE | ID | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605 | RADIATION ONCOLOGY | MI | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 793 W. STATE STREET, COLUMBUS, OH 43222 | MEDICAL OFFICE BUILDING RENTAL | ID | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 610 VILLAGE DRIVE, DONNELLY, ID 83615 WESTAR MEDICAL OFFICE | OUTPATIENT MEDICAL SERVICES | OH | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| BUILDING LIMITED PARTNERSHIP - 31-1784409, 793 W. STATE STREET, COLUMBUS, OH 43222 WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106 | MEDICAL OFFICE BUILDING RENTAL RADIOLOGY/IMAGI | ID | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| | | OH | N/A | N/A | 0. | 0. | X | | N/A | X | .00% |
| | | MI | N/A | N/A | 0. | 0. | X | | N/A | X | .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 |
|--|---------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| HACKLEY PROFESSIONAL PHARMACY - 38-2447870 1415 LEAHY ST. | PHARMACY | MI | N/A | C CORP | 0. | 0. | .00% |
| MUSKEGON, MI 49442 HEP, INC. - 38-3086401 1415 LEAHY ST. | OFFICE STAFFING | MI | N/A | C CORP | 0. | 0. | .00% |
| MUSKEGON, MI 49442 HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562 11801 TECH ROAD | HOME CARE SERVICES | MD | N/A | C CORP | 0. | 0. | .00% |
| SILVER SPRING, MD 20904 HPC CO-OWNERS ASSOCIATION - 27-0734448 1700 CLINTON | CONDOMINIUM ASSOCIATION | MI | N/A | C CORP | 0. | 0. | .00% |
| MUSKEGON, MI 49442 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% |
| INTEGRATED HEALTH ASSOCIATES, INC. - 38-3126920 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106 | MEDICAL MANAGEMENT | MI | N/A | C CORP | 0. | 0. | .00% |
| IHA AFFILIATION CORPORATION - 38-3188895 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106 | MEDICAL MANAGEMENT | MI | N/A | C CORP | 0. | 0. | .00% |
| IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106 | MEDICAL SERVICES | MI | N/A | C CORP | 0. | 0. | .00% |
| MARYLAND CARE GROUP, INC. - 52-1815313 11801 TECH ROAD | HEALTHCARE HOLDING | MD | N/A | C CORP | 0. | 0. | .00% |
| SILVER SPRING, MD 20904 MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD | OUTPATIENT PHARMACY | ID | N/A | C CORP | 0. | 0. | .00% |
| NAMPA, ID 83686 MERCY COMMUNITY PHYSICIANS - 26-4252468 363 FREMONT STREET | HEALTHCARE SERVICES | MI | N/A | C CORP | 0. | 0. | .00% |
| BATTLE CREEK, MI 49017 MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101 | PRIMARY CARE PHYSICIANS | IA | 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 |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| 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 | BEHAVIORAL HEALTHCARE | | | | | | |
| 43213 | SERVICES | OH | N/A | C CORP | 0. | 0. | .00% |
| 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 | HEALTH MANAGEMENT | | | | | | |
| COLUMBUS, OH 43213 | SERVICES | OH | N/A | C CORP | 0. | 0. | .00% |
| PRIORITY PLUS OF CALIFORNIA - 77-0395267 | | | | | | | |
| PO BOX 27230 | FORMERLY HEALTH | | | | | | |
| FRESNO, CA 93729 | MANAGEMENT NOW | CA | N/A | C CORP | 0. | 0. | .00% |
| SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261 | DISCONTINUED | | | | | | |
| 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 | FINANCE, INSURANCE | | | | | | |
| COLUMBUS, OH 43213 | 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% |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
| (1) TRINITY HEALTH-MICHIGAN | C | 83,786,646. | PER BOOKS |
| (2) TRINITY HEALTH-MICHIGAN | O | 816,190. | PER BOOKS |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | 47 | | |

Part VII Supplemental Information

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

Area for supplemental information with horizontal lines.