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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
TRINITY HEALTH CORPORATION

Doing Business As
TRINITY HEALTH
HOLY CROSS SHARED SERVICES

Number and street (or P O box if mail is not delivered to street address) | Room/suite
20555 VICTOR PARKWAY

City or town, state or country, and ZIP + 4
LIVONIA, MI 481527018

D Employer identification number
35-1443425

E Telephone number
(734) 343-1000

G Gross receipts $ 1,138,200,395

F Name and address of principal officer
LARRY WARREN
20555 VICTOR PARKWAY
LIVONIA, MI 481527018

H(a) Is this a group return for affiliates? [ ] Yes [x] 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 [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW TRINITY-HEALTH ORG

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶ | **L** Year of formation 1978 | **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	3,535
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	597,452
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	12,127

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	22,368	5,000
	9 Program service revenue (Part VIII, line 2g)	642,889,547	736,393,572
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	146,521,863	135,412,942
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,044,068	266,361,678
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	814,477,846	1,138,173,192
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,009,967	941,431
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	322,874,739	368,630,126
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	453,833,700	534,738,862
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	777,718,406	904,310,419
	19 Revenue less expenses Subtract line 18 from line 12	36,759,440	233,862,773

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	9,158,410,236	10,212,512,187
	21 Total liabilities (Part X, line 26)	4,043,143,792	5,361,662,557
	22 Net assets or fund balances Subtract line 21 from line 20	5,115,266,444	4,850,849,630

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 — 2013-05-15 Date

▶ JAMES BOSSCHER ASSISTANT TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ [ ]	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 876,757,284 including grants of $ 941,431) (Revenue $ 1,002,157,798)

TRINITY HEALTH CORPORATION'S PURPOSE IS TO GOVERN, MANAGE AND PROVIDE ADMINISTRATIVE SERVICES TO ITS FIRST TIER SUBSIDIARIES THESE FIRST TIER SUBSIDIARIES ARE HOSPITAL ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3) AND PROVIDE NEEDED HEALTHCARE SERVICES TO THE COMMUNITIES IN WHICH THEY ARE LOCATED THE SERVICES PROVIDED BY TRINITY HEALTH CORPORATION ALLOW FOR ECONOMIES OF SCALE THAT IN TURN PERMIT THE SUBSIDIARIES TO PROVIDE HEALTHCARE SERVICES TO PATIENTS AT A REASONABLE COST TRINITY HEALTH CORPORATION AND ITS SUBSIDIARIES ARE COLLECTIVELY KNOWN AS TRINITY HEALTH TRINITY HEALTH WAS CREATED BY THE CONSOLIDATION OF (CONTINUED) TWO CATHOLIC HEALTHCARE SYSTEMS, HOLY CROSS HEALTH SYSTEM AND MERCY HEALTH SERVICES, ON MAY 1, 2000 THE MISSION STATEMENT OF TRINITY HEALTH IS AS FOLLOWS WE SERVE TOGETHER IN TRINITY HEALTH IN THE SPIRIT OF THE GOSPEL TO HEAL BODY, MIND AND SPIRIT TO IMPROVE THE HEALTH OF OUR COMMUNITIES AND TO STEWARD THE RESOURCES ENTRUSTED TO US COMMUNITY BENEFIT MINISTRYCONSISTENT WITH ITS MISSION, THE HOSPITALS THAT ARE PART OF TRINITY HEALTH PROVIDE MEDICAL CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IN ADDITION, THE HOSPITALS PROVIDE 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 THEY OPERATE THE FOLLOWING SUMMARY HAS BEEN PREPARED IN ACCORDANCE WITH THE CATHOLIC 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 TRINITY HEALTH'S COMMUNITY BENEFIT MINISTRY FOR THE YEAR ENDED JUNE 30, 2012 MINISTRY FOR THE POOR AND UNDERSERVED (IN THOUSANDS) CHARITY CARE AT COST 177,747UNPAID COST OF MEDICAID AND OTHER PUBLIC PROGRAMS 211,104PROGRAMS FOR THE POOR AND UNDERSERVED COMMUNITY HEALTH SERVICES 18,210 SUBSIDIZED HEALTH SERVICES 39,296 FINANCIAL CONTRIBUTIONS 5,362 COMMUNITY BUILDING ACTIVITIES 1,908 COMMUNITY BENEFIT OPERATIONS 2,268 TOTAL PROGRAMS FOR THE POOR AND UNDERSERVED 67,044MINISTRY FOR THE POOR AND UNDERSERVED 455,895MINISTRY FOR THE BROADER COMMUNITY COMMUNITY HEALTH SERVICES 8,452 HEALTH PROFESSIONS EDUCATION 89,649 SUBSIDIZED HEALTH SERVICES 18,876 RESEARCH 9,203 FINANCIAL CONTRIBUTIONS 25,631 COMMUNITY BUILDING ACTIVITIES 4,410 COMMUNITY BENEFIT OPERATIONS 3,061MINISTRY FOR THE BROADER COMMUNITY 159,282COMMUNITY BENEFIT MINISTRY 615,177MINISTRY 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 MINISTRY FOR THE BROADER COMMUNITY REPRESENTS THE COST OF SERVICES PROVIDED FOR THE GENERAL BENEFIT OF THE COMMUNITIES IN WHICH TRINITY HEALTH HOSPITALS OPERATE MANY PROGRAMS ARE TARGETED TOWARD POPULATIONS THAT MAY BE POOR, BUT ALSO INCLUDE THOSE AREAS THAT MAY NEED SPECIAL HEALTH SERVICES AND SUPPORT THESE PROGRAMS ARE NOT INTENDED TO BE FINANCIALLY SELF-SUPPORTING CHARITY CARE AT COST REPRESENTS THE COST OF SERVICES PROVIDED TO PATIENTS WHO CANNOT AFFORD HEALTH CARE SERVICES DUE TO INADEQUATE RESOURCES AND/OR ARE UNINSURED OR UNDERINSURED A PATIENT IS CLASSIFIED AS A CHARITY PATIENT IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF TRINITY HEALTH HOSPITALS THE COST OF CHARITY CARE IS CALCULATED USING A COST TO CHARGE RATIO METHODOLOGY 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 COMMUNITY HEALTH SERVICES ARE ACTIVITIES AND SERVICES FOR WHICH NO PATIENT BILL EXISTS THESE SERVICES ARE NOT EXPECTED TO BE FINANCIALLY SELF-SUPPORTING, ALTHOUGH SOME MAY BE SUPPORTED BY OUTSIDE GRANTS OR FUNDING SOME EXAMPLES INCLUDE COMMUNITY HEALTH EDUCATION, FREE IMMUNIZATION SERVICES, FREE OR LOW COST PRESCRIPTION MEDICATIONS, AND RURAL AND URBAN OUTREACH PROGRAMS TRINITY HEALTH HOSPITALS ACTIVELY COLLABORATE WITH COMMUNITY GROUPS AND AGENCIES TO ASSIST THOSE IN NEED IN PROVIDING SUCH SERVICES HEALTH PROFESSIONS EDUCATION INCLUDES THE UNREIMBURSED COST OF TRAINING HEALTH PROFESSIONALS SUCH AS MEDICAL RESIDENTS, NURSING STUDENTS, TECHNICIANS AND STUDENTS IN ALLIED HEALTH PROFESSIONS SUBSIDIZED HEALTH SERVICES ARE NET COSTS FOR BILLED SERVICES THAT ARE SUBSIDIZED BY THE HOSPITALS THESE INCLUDE SERVICES OFFERED DESPITE A FINANCIAL LOSS BECAUSE THEY ARE NEEDED IN THE COMMUNITY AND EITHER OTHER PROVIDERS ARE UNWILLING TO PROVIDE THE SERVICES OR THE SERVICES WOULD OTHERWISE NOT BE AVAILABLE IN SUFFICIENT AMOUNT EXAMPLES OF SERVICES INCLUDE FREE-STANDING COMMUNITY CLINICS, HOSPICE CARE, MOBILE UNITS, AND BEHAVIORAL HEALTH SERVICES RESEARCH INCLUDES UNREIMBURSED CLINICAL AND COMMUNITY HEALTH RESEARCH AND STUDIES ON HEALTH CARE DELIVERY FINANCIAL CONTRIBUTIONS ARE MADE BY THE HOSPITALS ON BEHALF OF THE POOR AND UNDERSERVED TO COMMUNITY AGENCIES THESE AMOUNTS INCLUDE SPECIAL SYSTEM-WIDE FUNDS USED FOR CHARITABLE ACTIVITIES AS WELL AS RESOURCES CONTRIBUTED DIRECTLY TO PROGRAMS, ORGANIZATIONS, AND FOUNDATIONS FOR EFFORTS ON BEHALF OF THE POOR AND UNDERSERVED AMOUNTS INCLUDED HERE ALSO REPRESENT CERTAIN IN-KIND DONATIONS COMMUNITY BUILDING ACTIVITIES INCLUDE THE COSTS OF PROGRAMS THAT IMPROVE THE PHYSICAL ENVIRONMENT, PROMOTE ECONOMIC DEVELOPMENT, ENHANCE OTHER COMMUNITY SUPPORT SYSTEMS, DEVELOP LEADERSHIP SKILLS TRAINING, AND BUILD COMMUNITY COALITIONS COMMUNITY BENEFIT OPERATIONS INCLUDE COSTS ASSOCIATED WITH DEDICATED STAFF, COMMUNITY HEALTH NEEDS AND/OR ASSET ASSESSMENTS, AND OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT STRATEGY AND OPERATIONS

4b (Code) (Expenses $ including grants of $) (Revenue $)

CONTINUED IN SCHEDULE O

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 ▶ $ 876,757,284

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check 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	**1a**	727		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,535			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ , VI , BD 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? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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?			**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response 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	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IN , CA , OR

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KIM SAXTON
20555 VICTOR PARKWAY
LIVONIA, MI 481527018
(734) 343-0844

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								24,104,546	0	2,772,228

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 573

			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*	**3**	Yes	
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*	**4**	Yes	
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*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	SOFTWARE CONSULTING	25,143,908
MCKESSON INFORMATION SOLUTIONS PO BOX 98347 CHICAGO, IL 60693	CONSULTING	20,014,341
ACCENTURE LLP PO BOX 70629 CHICAGO, IL 60673	CONSULTING	8,783,691
BANK OF AMERICA PO BOX 15731 WILMINGTON, DE 19886	CONSULTING/BANKING	4,158,540
ATTACHMATE CORPORATION 1062 CHARLES H ORNDORF DR BRIGHTON, MI 48116	SOFTWARE SERVICES	3,944,359

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 239

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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,000			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		5,000			
Program Service Revenue			Business Code				
	2a	SUBSIDIARY FEES	900099	736,393,572	736,393,572		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		736,393,572			
	3	Investment income (including dividends, interest and other similar amounts)		119,994,090			119,994,090
	4	Income from investment of tax-exempt bond proceeds		12,577			12,577
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	15,433,478				
	b	Less cost or other basis and sales expenses	0	27,203			
	c	Gain or (loss)	15,433,478	-27,203			
	d	Net gain or (loss)		15,406,275			15,406,275
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	GAIN ON BARGAIN PURCHA		216,796,058	216,796,058		
	b	SVCS TO UNRELATED ORGS	541519	619,435		619,435	
	c	PARTNERSHIP UBI	900099	-21,983		-21,983	
	d	All other revenue		48,968,168	48,968,168		
	e	**Total.** Add lines 11a–11d		266,361,678			
	12	**Total revenue.** See Instructions		1,138,173,192	1,002,157,798	597,452	135,412,942

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	941,431	941,431		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	21,268,373		21,268,373	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	332,429		332,429	
7	Other salaries and wages	256,439,804	256,439,804		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,621,150	17,621,150		
9	Other employee benefits	54,668,207	54,668,207		
10	Payroll taxes	18,300,163	18,300,163		
11	Fees for services (non-employees)				
a	Management	2,061,902	2,061,902		
b	Legal	3,027,186		3,027,186	
c	Accounting	2,775,147		2,775,147	
d	Lobbying	150,000		150,000	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	47,945,441	47,945,441		
12	Advertising and promotion	497,215	497,215		
13	Office expenses	27,369,618	27,369,618		
14	Information technology	88,850,159	88,850,159		
15	Royalties . .				
16	Occupancy	5,439,497	5,439,497		
17	Travel	7,472,395	7,472,395		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,972,841	4,972,841		
20	Interest	99,804,275	99,804,275		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	82,208,809	82,208,809		
23	Insurance	91,516,104	91,516,104		
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	EQUIPMENT MAINTENANCE	55,684,323	55,684,323		
b	CONTRACT LABOR EXPENSES	7,317,145	7,317,145		
c	LETTER OF CREDIT EXP	3,561,109	3,561,109		
d	SUBSCRIPTIONS & DUES	1,703,618	1,703,618		
e					
f	All other expenses	2,382,078	2,382,078		
25	**Total functional expenses.** Add lines 1 through 24f	904,310,419	876,757,284	27,553,135	0
26	**Joint costs.** Check here ▶ ☐ 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	2,267,725	1	2,317,620
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	241,678	4	24,637,574
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,462,004,773	7	3,056,167,659
	8	Inventories for sale or use	6,004	8	5,257
	9	Prepaid expenses and deferred charges	31,985,178	9	29,347,939
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 627,590,359			
	b	Less accumulated depreciation — 10b: 309,796,839	305,262,625	10c	317,793,520
	11	Investments—publicly traded securities	713,962,624	11	512,497,566
	12	Investments—other securities See Part IV, line 11	712,536,685	12	653,670,576
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,930,142,944	15	5,616,074,476
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	9,158,410,236	16	10,212,512,187
Liabilities	17	Accounts payable and accrued expenses	611,868,215	17	1,241,452,306
	18	Grants payable		18	
	19	Deferred revenue	189,633	19	189,633
	20	Tax-exempt bond liabilities	2,632,899,135	20	3,086,134,883
	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	99,978,371	24	134,988,988
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	698,208,438	25	898,896,747
	26	**Total liabilities.** Add lines 17 through 25	4,043,143,792	26	5,361,662,557
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	5,115,178,770	27	4,850,761,504
	28	Temporarily restricted net assets	87,674	28	88,126
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	5,115,266,444	33	4,850,849,630
	34	Total liabilities and net assets/fund balances	9,158,410,236	34	10,212,512,187

Part XI Reconcilliation of Net Assets

Check 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	1,138,173,192
2	Total expenses (must equal Part IX, column (A), line 25)	2	904,310,419
3	Revenue less expenses Subtract line 2 from line 1	3	233,862,773
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	5,115,266,444
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-498,279,587
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	4,850,849,630

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 separated 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?	3a		No
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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
See Additional Data Table									
Total									472,973,823

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** 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

b **10%-facts-and-circumstances test—2010.** 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

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

Part III **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-1443425
Name: TRINITY HEALTH CORPORATION

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) TRINITY HEALTH - MICHIGAN	382113393	3	Yes		Yes		Yes		111021
(B) HOLY CROSS HOSPITAL OF SILVER SPRING INC	520738041	3	Yes		Yes		Yes		100000
(C) THE HOSPITAL SUBSIDIARIES OF MOUNT CARMEL HEALTH SYSTEM	311439334	3	Yes		Yes		Yes		0
(D) THE HOSPITAL SUBSIDIARIES OF SAINT JOSEPH REGIONAL MEDICAL CENTER INC	351568821	3	Yes		Yes		Yes		0
(E) THE HOSPITAL SUBSIDIARIES OF SAINT ALPHONSUS HEALTH SYSTEM INC	271929502	3	Yes		Yes		Yes		0
(F) SAINT AGNES MEDICAL CENTER	941437713	3	Yes		Yes		Yes		0
(G) MERCY HEALTH SERVICES - IOWA CORP	311373080	3	Yes		Yes		Yes		0
(H) HOSPITAL SUBSIDIARIES OF MERCY HEALTH PARTNERS	382589966	3	Yes		Yes		Yes		95163
(I) HOSPITAL SUBSIDIARIES OF MERCY HEALTH SYSTEM OF CHICAGO	363163327	3	Yes		Yes		Yes		179538275
(J) HOSPITAL SUBSIDIARIES OF LOYOLA UNIVERSITY HEALTH SYSTEM	363342448	3	Yes		Yes		Yes		293129364

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
TRINITY HEALTH CORPORATION	35-1443425

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		150,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities? If "Yes," describe in Part IV	Yes		750,000
j	Total lines 1c through 1i			900,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	INSPIRED BY TRINITY HEALTH'S MISSION, TRINITY HEALTH ADVOCACY LEVERAGES MINISTRY EXPERIENCES TO INFLUENCE POLICY SOLUTIONS THAT TRANSFORM THE HEALTH CARE SYSTEM DURING FY12, TRINITY HEALTH CONTINUED ITS "LEAD THE WAY" INITIATIVE WHICH BEGAN DURING FY11 (1) HEALTH CARE IS ON A TRANSFORMATIONAL JOURNEY AND TRINITY HEALTH IS PART OF IT (2) CALLS FOR PROVIDER, CONSUMER, GOVERNMENT AND PRIVATE PAYER ENGAGEMENT (3) INCLUDES EDUCATION AND GRASSROOTS TRINITY HEALTH'S FEDERAL AND STATE ADVOCACY PRIORITIES FOR FY12 INCLUDED (1) SECURE COVERAGE AND ACCESS FOR ALL (2) ACHIEVE COORDINATED CARE PROMOTE SAFE, HIGH-QUALITY COORDINATED CARE ACROSS THE HEALTH CARE CONTINUUM (3) ACHIEVE HIGH-VALUE CARE, INCLUDING - ADVOCATE FOR MEDICARE AND MEDICAID SAVINGS THROUGH PAYMENT AND DELIVERY REDESIGN - REFORM MEDICARE TO INCLUDE SUSTAINABLE SOLUTIONS TO ADDRESS GEOGRAPHIC PAYMENT DISPARITIES - SECURE ADEQUATE FUNDING FOR IMPLEMENTATION OF HEALTH CARE REFORM RULES - ENCOURAGE USE OF SAFETY/QUALITY MEASUREMENTS - PROMOTE IDEAS TO REDUCE HEALTH CARE COSTS TRINITY HEALTH HAS IDENTIFIED NINE ESSENTIAL ELEMENTS TO BE INCLUDED IN HEALTHCARE POLICY THAT WILL TRANSFORM CARE 1) MEDICAID AND STATE CHILDREN'S HEALTH INSURANCE PROGRAMS 2) INSURANCE EXCHANGE 3) INSURANCE PROTECTIONS 4) WORKFORCE POLICY 5) DELIVERY SYSTEM 6) REGULATORY RELIEF 7) HEALTH INFORMATION TECHNOLOGY 8) COMPARATIVE EFFECTIVENESS RESEARCH 9) PAYMENT REFORM LOBBYING ACTIVITY PERFORMED BY TRINITY HEALTH CORPORATION INCLUDED - ENCOURAGEMENT OF ASSOCIATES TO WRITE LETTERS TO PUBLIC OFFICIALS - AN "ADVOCACY ACTION" WEBSITE TO ENGAGE ASSOCIATES IN FEDERAL ADVOCACY - DESIGNATE AN ADVOCACY LIAISON FOR EACH MINISTRY ORGANIZATION OF TRINITY HEALTH - ENGAGEMENT OF A LOBBYIST IN WASHINGTON, D C - LEGISLATOR VISITS TO MINISTRY ORGANIZATIONS - COLLABORATION WITH THE CATHOLIC HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION - GRANTS FOR LOBBYING PURPOSES IN THE FORM OF MEMBERSHIP DUES PAID TO HEALTHCARE ORGANIZATIONS - ADVOCACY ACTION DAYS AT THE STATE LEVEL, ATTENDED BY TRINITY HEALTH EXECUTIVES AND EXECUTIVES REPRESENTING THE MEMBER HOSPITALS OF TRINITY HEALTH

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,946,658		19,946,658
b Buildings		10,005,258	6,564,090	3,441,168
c Leasehold improvements				
d Equipment		552,022,963	303,232,749	248,790,214
e Other		45,615,480		45,615,480
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				317,793,520

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) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	358,404,982	F
(B) INTEREST RATE SWAP AGREEMENTS	18,781,750	F
(C) EQUITY METHOD INVESTMENTS	276,483,844	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	653,670,576	

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

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

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	15,262,134
(2) INTERCOMPANY ACCOUNTS RECEIVABLE	156,408,566
(3) INVESTMENT IN UNCONSOLIDATED AFFILIATES	5,332,329,846
(4) DEFERRED FINANCING COSTS, NET OF AMORTIZATION	21,965,834
(5) OTHER LONG TERM ASSETS	443,027
(6) SWAP COLLATERAL	89,440,560
(7) INVESTMENT IN MICHIGAN CO-TENANCY LABORATORY	224,509
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	5,616,074,476

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERCOMPANY ACCOUNTS PAYABLE	3,663,023
INTERCOMPANY OTHER LONG TERM LIABILITIES	321,480,629
DEFERRED COMPENSATION LIABILITY	18,144,355
SECURITY LENDING OBLIGATION	111,290,665
ASSET RETIREMENT OBLIGATION (FIN 47)	1,262,483
OTHER LONG TERM LIABILITIES	301,546,975
OTHER CURRENT LIABILITIES	140,874,220
LEASE OBLIGATION	634,397
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	898,896,747

2. 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on 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 should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of 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 should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-1443425
Name: TRINITY HEALTH CORPORATION

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Amount
INTERCOMPANY ACCOUNTS PAYABLE	3,663,023
INTERCOMPANY OTHER LONG TERM LIABILITIES	321,480,629
DEFERRED COMPENSATION LIABILITY	18,144,355
SECURITY LENDING OBLIGATION	111,290,665
ASSET RETIREMENT OBLIGATION (FIN 47)	1,262,483
OTHER LONG TERM LIABILITIES	301,546,975
OTHER CURRENT LIABILITIES	140,874,220
LEASE OBLIGATION	634,397

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	WHOLLY-OWNED FOREIGN INSURANCE COMPANY	21,085,991
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		613,923,531
	0	0			
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		46,472,558
EUROPE	0	0	INVESTMENTS		118,457,051
NORTH AMERICA	0	0	INVESTMENTS		128,389,477
SOUTH AMERICA	0	0	INVESTMENTS		7,764,888
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		1,376,488
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		8,526,071
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	INVESTMENTS		6,270,011
SOUTH ASIA	0	0	INVESTMENTS		131,926
3a Sub-total	0	0			945,996,055
b Total from continuation sheets to Part I	0	0			6,401,937
c **Totals** (add lines 3a and 3b)	0	0			952,397,992

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 35-1443425
Name: TRINITY HEALTH CORPORATION

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DONATIONS MADE BY TRINITY HEALTH 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 TRINITY HEALTH ALSO HAS ESTABLISHED A "CALL TO CARE" PROGRAM THE PROGRAM STRIVES TO ELIMINATE BARRIERS TO HEALTHCARE, EXPAND ACCESS TO HEALTH SERVICES, AND BUILD HEALTHIER COMMUNITIES MEMBER ORGANIZATIONS OF THE TRINITY HEALTH SYSTEM MAY APPLY TO THIS FUND FOR GRANTS TO SUPPORT NEEDS WITHIN THEIR COMMUNITIES THAT HAVE BEEN IDENTIFIED BY THEIR COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-1443425
Name: TRINITY HEALTH CORPORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH LEADERSHIP NETWORK DBA COMMUNITIES JOINED IN ACTION 1910 4TH AVE E PMB 212 OLYMPIA, WA 98506	52-2305386	501(C)(3)	10,000				GENERAL SUPPORT
NATIONAL CENTER FOR HEALTHCARE LEADERSHIP1700 W VAN BUREN STE 126B CHICAGO, IL 60612	36-4483505	501(C)(3)	5,000				COMMUNITY WELFARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MERCY EDUCATION PROJECT1450 HOWARD STREET DETROIT,MI 48216	38-3209556	501(C)(3)	7,500				COMMUNITY WELFARE
COALITION TO PROECT AMERICA'S HEALTH CAREPO BOX 30211 BETHESDA,MD 20824	52-2253225	501(C)(4)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION OF THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVESONE NORTH FRANKLIN CHICAGO,IL 60606	36-0724325	501(C)(3)	10,000				COMMUNITY WELFARE
THE RICHARD STOCKTON COLLEGE OF NEW JERSEY FOUNDATION101 VERA KING FARRIS DR OFFICE K-204 GALLOWAY,NJ 08205	22-1957406	501(C)(3)	25,000				COMMUNITY WELFARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NETWORK EDUCATION PROGRAM25 E STREET NW WASHINGTON,DC 20001	52-1307764	501(C)(3)	20,600				COMMUNITY WELFARE
CATHOLIC RELIEF SERVICES INC228 WEST LEXINGTON STREET BALTIMORE,MD 21201	13-5563422	501(C)(3)	333,333				COMMUNITY WELFARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOLY CROSS HOSPITAL OF SILVER SPRING INC1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	52-0738041	501(C)(3)	100,000				COMMUNITY WELFARE - CALL TO CARE GRANT
MERCY HEALTH PARTNERS1415 LEAHY ST MUSKEGON, MI 49422	38-2589966	501(C)(3)	95,163				COMMUNITY WELFARE - CALL TO CARE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOUNT CARMEL HEALTH SYSTEM FOUNDATION6150 EAST BROAD STREET COLUMBUS,OH 43213	31-1113966	501(C)(3)	137,500				COMMUNITY WELFARE - CALL TO CARE GRANT
GREATER DETROIT AREA HEALTH COUNCIL INC407 EAST FORT STREET 6TH FLOOR DETROIT,MI 48226	38-1360904	501(C)(3)	5,000				COMMUNITY WELFARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152	38-2113393	501(C)(3)	111,021				COMMUNITY WELFARE - CALL TO CARE GRANT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT OR REIMBURSEMENT OF HOUSING EXPENSES DURING CALENDAR 2011 PRESTON GEE - $30,198 PAUL NEUMANN - $43,518 RICHARD O'CONNELL - $38,613 TERRENCE O'ROURKE - $42,885 JOSEPH SWEDISH - $12,505 THESE AMOUNTS WERE INCLUDED IN EACH INDIVIDUAL'S TAXABLE INCOME AND ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II THE FOLLOWING INDIVIDUAL RECEIVED REIMBURSEMENT OF COMPANION TRAVEL EXPENSES DURING CALENDAR 2011 TERRENCE O'ROURKE, MD - $1,662 THIS AMOUNT WAS INCLUDED IN DR O'ROURKE'S TAXABLE INCOME AND IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II
	PART I, LINE 4B	THE FOLLOWING IS A PARTICIPANT IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THE FOLLOWING SERP ACCRUAL FOR 2011 IS INCLUDED IN COLUMN C OF SCHEDULE J, PART II JOSEPH SWEDISH - $265,000 THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH PENSION RESTORATION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS ($245,000 FOR 2011) THE FOLLOWING ACCRUALS FOR 2011 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II KEDRICK ADKINS - $91,607 DONALD BIGNOTTI - $11,596 JAMES BOSSCHER - $42,578 PAUL BROWNE - $53,119 DEBRA CANALES - $54,412 BENJAMIN CARTER - $54,011 PAUL CONLON - $31,100 DANIEL DWYER - $15,775 GARRY FAJA - $79,098 LOUIS FIERENS - $29,740 PRESTON GEE - $28,495 DANIEL HALE - $42,034 REBECCA HAVLISCH - $25,331 MICHAEL HOLPER - $22,591 GAY LANDSTROM - $29,611 MICHAEL MURPHY - $27,513 PAUL NEUMANN - $49,293 RICHARD O'CONNELL - $66,279 ROGER SPOELMAN - $65,907 JOSEPH SWEDISH - $255,902 MARIA SZYMANSKI - $55,256 CLAUS VON ZYCHLIN - $52,433 PART II THE FOLLOWING INDIVIDUALS BECAME VESTED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) DURING CALENDAR 2011 AS A RESULT, THE VESTED AMOUNTS WERE INCLUDED IN THEIR 2011 TAXABLE INCOMES THE FOLLOWING VESTED SERP AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II KEDRICK ADKINS - $220,648 CYNTHIA SHEETS - $539,020 JOSEPH SWEDISH - $2,740,000 RONALD WHITESIDE - $1,364,200 COLUMN F OF SCHEDULE J INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS
	PART I, LINE 7	EXECUTIVE MANAGEMENT EMPLOYED BY TRINITY HEALTH ARE COMPENSATED UNDER A MULTI-TIERED, GOAL-BASED PROGRAM WHICH INCLUDES BASE PAY AND A VARIABLE PORTION THE VARIABLE PORTION IS REFERRED TO AS "AT RISK COMPENSATION" EACH OF THE ELIGIBLE MEMBERS OF EXECUTIVE MANAGEMENT IS ASSIGNED PERFORMANCE GOALS ALIGNED WITH ORGANIZATIONAL STRATEGIC GOALS EACH GOAL HAS MINIMUM THRESHOLD CRITERIA, TARGET CRITERIA AND A MAXIMUM

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-1443425
Name: TRINITY HEALTH CORPORATION

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other compensation				
JOSEPH SWEDISH	(I) (II)	1,279,458 0	677,642 0	3,229,560 0	548,602 0	27,600 0	5,762,862 0	2,698,342 0
PAUL NEUMANN	(I) (II)	464,258 0	161,126 0	107,407 0	69,874 0	27,920 0	830,585 0	0 0
AGNES HAGERTY	(I) (II)	345,590 0	0 0	33,859 0	37,512 0	13,713 0	430,674 0	0 0
BENJAMIN CARTER	(I) (II)	509,505 0	174,420 0	71,089 0	73,824 0	28,865 0	857,703 0	0 0
JAMES BOSSCHER	(I) (II)	318,984 0	118,226 0	86,244 0	73,915 0	14,927 0	612,296 0	36,335 0
KEDRICK ADKINS	(I) (II)	743,978 0	316,652 0	344,596 0	103,857 0	13,263 0	1,522,346 0	143,708 0
DEBRA CANALES	(I) (II)	498,701 0	190,895 0	201,026 0	73,012 0	13,359 0	976,993 0	86,184 0
DANIEL HALE	(I) (II)	479,340 0	186,340 0	260,274 0	87,640 0	18,585 0	1,032,179 0	155,414 0
MICHAEL MURPHY	(I) (II)	402,598 0	0 0	71,772 0	48,365 0	27,173 0	549,908 0	0 0
RICHARD O'CONNELL	(I) (II)	571,942 0	230,946 0	140,349 0	85,919 0	32,302 0	1,061,458 0	0 0
TERRENCE O'ROURKE MD	(I) (II)	500,415 0	209,835 0	153,331 0	22,851 0	27,858 0	914,290 0	0 0
PAUL BROWNE	(I) (II)	460,713 0	212,876 0	108,012 0	73,237 0	21,391 0	876,229 0	48,148 0
DONALD BIGNOTTI	(I) (II)	321,461 0	57,550 0	10,959 0	34,729 0	15,426 0	440,125 0	0 0
PAUL CONLON	(I) (II)	259,447 0	93,548 0	63,042 0	73,512 0	24,271 0	513,820 0	19,811 0
DANIEL DWYER	(I) (II)	217,646 0	66,471 0	74,984 0	32,925 0	24,153 0	416,179 0	20,312 0
LOUIS FIERENS	(I) (II)	321,453 0	110,855 0	57,400 0	49,874 0	15,226 0	554,808 0	12,188 0
PRESTON GEE	(I) (II)	300,426 0	110,215 0	76,974 0	49,086 0	27,523 0	564,224 0	0 0
REBECCA HAVLISCH	(I) (II)	298,419 0	91,560 0	46,491 0	49,652 0	20,438 0	506,560 0	4,333 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MICHAEL HOLPER	(I)	262,967	92,035	47,099	47,570	22,315	471,986	7,371
	(II)	0	0	0	0	0	0	0
GAY LANDSTROM	(I)	253,550	88,209	55,936	72,568	20,501	490,764	17,661
	(II)	0	0	0	0	0	0	0
MARIA SZYMANSKI	(I)	371,031	163,299	131,730	91,752	15,141	772,953	83,518
	(II)	0	0	0	0	0	0	0
MICHELLE SCHREIBER	(I)	236,639	0	34,365	0	16,886	287,890	0
	(II)	0	0	0	0	0	0	0
RONALD WHITESIDE	(I)	378,136	94,027	1,369,918	36,370	20,176	1,898,627	555,919
	(II)	0	0	0	0	0	0	0
GARRY FAJA	(I)	538,161	171,267	283,691	126,314	20,804	1,140,237	189,913
	(II)	0	0	0	0	0	0	0
CYNTHIA SHEETS	(I)	319,151	75,983	540,654	35,619	9,671	981,078	83,384
	(II)	0	0	0	0	0	0	0
ROGER SPOELMAN	(I)	458,609	153,850	143,364	99,098	21,565	876,486	78,178
	(II)	0	0	0	0	0	0	0
CLAUS VON ZYCHLIN	(I)	482,336	173,932	86,523	72,419	28,373	843,583	0
	(II)	0	0	0	0	0	0	0
MARIANNE CUNNINGHAM	(I)	162,045	0	784	13,313	18,293	194,435	0
	(II)	0	0	0	0	0	0	0
EDWARD CHADWICK	(I)	0	0	159,057	0	0	159,057	0
	(II)	0	0	0	0	0	0	0
MICHAEL SLUBOWSKI	(I)	13,394	0	137,444	500	601	151,939	136,445
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59465HQL3	05-14-2012	115,827,509	SEE PART VI - 2012MI		X		X		X
B	MONTGOMERY COUNTY MARYLAND	52-6000980	61336PDT5	10-20-2011	64,197,005	SEE PART VI - 2011MD		X		X		X
C	MICHIGAN FINANCE AUTHORITY	80-0596186	59447PFX8	10-20-2011	320,953,704	SEE PART VI - 2011MI		X		X		X
D	COUNTY OF FRANKLIN OHIO	31-6400067	353202FJ8	10-20-2011	14,485,000	SEE PART VI - 2011OH		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	115,827,509	64,197,064	320,957,556	14,485,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	129,500,913		14,523,020	
7	Issuance costs from proceeds	1,078,659	630,237	3,145,424	157,901
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		6,879,574	299,191,788	14,327,098
11	Other spent proceeds				
12	Other unspent proceeds		59	28,360,690	
13	Year of substantial completion		2011		2011

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?	X			X	X			X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X	X		X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X	X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
		2012 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2002C PART II, LINE 6 - AMOUNTS REPORTED AS "PROCEEDS IN REFUNDING ESCROWS" FOR CERTAIN BOND ISSUES INCLUDE AMOUNTS CONTRIBUTED TO THE REFUNDED ESCROW FROM GROSS PROCEEDS OF THE PRIOR BONDS OR OTHER EQUITY CONTRIBUTIONS BY THE ORGANIZATION PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2001 THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2002C THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 6 - AMOUNTS REPORTED AS "PROCEEDS IN REFUNDING ESCROWS" FOR CERTAIN BOND ISSUES INCLUDE AMOUNTS CONTRIBUTED TO THE REFUNDED ESCROW FROM GROSS PROCEEDS OF THE PRIOR BONDS OR OTHER EQUITY CONTRIBUTIONS BY THE ORGANIZATION PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN OHIO THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2011AB TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN ILLINOIS THE 2011AB BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2011CA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000C THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011IL TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN ILLINOIS THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000A MICHIGAN AND 2000B IOWA THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2010B TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1998 CALIFORNIA AND 1998 INDIANA THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2010C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1996 OHIO THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010D TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES AND THE ACQUISITION OF HOSPITAL FACILITIES IN IDAHO THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010E TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES AND THE ACQUISITION OF HOSPITAL FACILITIES IN OREGON THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010F TO FINANCE CERTAIN CAPITAL IMPROVEMENTS TO HEALTH CARE FACILITIES LOCATED AT VARIOUS LOCATIONS IN MICHIGAN THE 2010F BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2009A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PARTIALLY REFUND SERIES 1998 INDIANA AND 1998 CALIFORNIA OF PRIOR ISSUES, AND THE CHELSEA REFINANCING OF COMMERCIAL PAPER THE 2009A BONDS AND 2009BC BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2009BC - CUSIP NUMBERS 59465HMB9 AND 59465HMC7 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2009A BONDS AND 2009BC BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2008A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2003A, 2003F, 2003G, 2004A, 2004D, 2004E, 2004F OF PRIOR ISSUES THE 2008A BONDS AND 2008B BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2008B TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2002A, 2002B OF PRIOR ISSUES THE 2008A BONDS AND 2008B BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038
		2008C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000E, 2000F, 2003B, 2003D, 2003E, 2005C, 2005G, 2005H OF PRIOR ISSUES, AND THE HACKLEY REFINANCING OF COMMERCIAL PAPER THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY 2008D - CUSIP NUMBERS 455057QM4 AND 455057QN2 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000F, 2003C1, 2003C2, 2003H, 2004C1 REFINANCING OF COMMERCIAL PAPER, 2004C2 REFINANCING OF COMMERCIAL PAPER, 2005B, 2005I OF PRIOR ISSUES THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2006A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PART I, COLUMN (G) AND PART IV, LINE 5 - TRINITY HEALTH HAD PLANNED TO ALLOCATE PROCEEDS TO QUALIFIED EXPENDITURES IN FY11 - QUALIFIED EXPENDITURES WERE NOT AVAILABLE SO THE BONDS RELATED TO THE PROCEEDS WERE DEFEASED PART II, LINE 11 - DUE TO CIRCUMSTANCES THAT WERE NOT REASONABLY EXPECTED AS OF THE ISSUE DATE OF THE 2006AB BONDS, PROCEEDS OF THE 2006AB BONDS IN THE AMOUNT OF $32,946,774 WERE NOT SPENT AS OF JUNE 30, 2011 ON JUNE 30,2011, THE ORGANIZATION DEPOSITED SUCH PROCEEDS IN IRREVOCABLE YIELD RESTRICTED DEFEASANCE ESCROWS TO DEFEASE 2006AB BONDS IN THE AGGREGATE PRINCIPAL AMOUNT OF $27,235,000 THE 2006AB BONDS DEFEASED AND REDEEMED WERE SELECTED IN A MANNER CONSISTENT WITH THE REMEDIAL ACTION RULES OF TREASURY REGULATION SECTION 1 141-12 SUCH THAT THE DEFEASED BONDS WILL BE REDEEMED ON THEIR FIRST OPTIONAL REDEMPTION DATE THE AMOUNTS IN THE DEFEASANCE ESCROW USED AND TO BE USED TO PAY PRINCIPAL ON THE 2006AB BONDS ARE NOT TREATED BY THE ORGANIZATION AS "PROCEEDS" OF THE 2006B FOR PURPOSES OF PRIVATE BUSINESS USE COMPLIANCE, AS REPORTED IN PART III THESE AMOUNTS ARE, HOWEVER, REPORTED AS "PROCEEDS" IN PART I WITH RESPECT TO CERTAIN OF THE BOND ISSUES DESCRIBED IN PART I, THE ORGANIZATION HAS TAKEN AN "ALTERNATIVE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION PURSUANT TO TREASURY REGULATION SECTIONS 1 141-12(E) AND 1 145-2 IN CONNECTION WITH SUCH REMEDIAL ACTIONS, THE ORGANIZATION HAS FILED WITH THE SERVICE SUPPLEMENTAL FORMS 8038 WITH RESPECT TO PORTIONS OF BOND ISSUES TREATED AS "REISSUED" UNDER SECTIONS 141, 145, 147, 149 AND 150 OF THE TREASURY REGULATIONS SUCH "REISSUED" PORTIONS OF BOND ISSUES HAVE BEEN SEPARATELY REPORTED TO THE SERVICE IN SUPPLEMENTAL FORMS 8038, AND ARE NOT REPORTED IN THIS SCHEDULE K 2006B TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PART II, LINE 11 - SAME AS NOTE ABOVE IN 2006A PART I, COLUMN (G) AND PART IV, LINE 5 - TRINITY HEALTH HAD PLANNED TO ALLOCATE PROCEEDS TO QUALIFIED EXPENDITURES IN FY11 - QUALIFIED EXPENDITURES WERE NOT AVAILABLE SO THE BONDS RELATED TO THE PROCEEDS WERE DEFEASED 2005A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1996 OF PRIOR ISSUE THE 2005A BONDS AND 2005D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2005D TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1999X OF PRIOR ISSUE THE 2005A BONDS AND 2005D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2005EF - CUSIP NUMBERS 59465HBX3 AND 59465HBY1 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2005E BONDS AND 2005F BONDS (TOGETHER WITH THE 2005B BONDS, 2005C BONDS, 2005G BONDS, 2005H BONDS AND 2005I BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 THE INFORMATION FOR THE 2005E BONDS AND 2005F BONDS IN PART I IS PROVIDED FOR THE 2005E BONDS AND 2005F BONDS ONLY, INFORMATION WITH RESPECT TO THE 2005B BONDS, 2005C BONDS, 2005F BONDS, 2005G BONDS AND 2005I BONDS, WHICH HAVE BEEN RETIRED, IS NOT PROVIDED PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS PART IV, LINE 5 - TRINITY HEALTH HAD PLANNED TO ALLOCATE PROCEEDS TO QUALIFIED EXPENDITURES IN FY11 - QUALIFIED EXPENDITURES WERE NOT AVAILABLE SO THE MODEST PROCEEDS WERE MOVED BY THE TRUSTEE TO SERVICE THE BONDS, PER OPINION OF BOND COUNSEL OTHER NOTES IN ALL CASES, THE INFORMATION IN PART I (OTHER THAN LINES 14 AND 15) IS PROVIDED ON THE BASIS OF THE SERIES LISTED IN PART I, BUT THE INFORMATION IN PART I (LINES 14 AND 15 ONLY), PART II, PART III (TO THE EXTENT APPLICABLE), PART IV AND PART V IS PROVIDED ON THE BASIS OF THE "ISSUES" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE WITH RESPECT TO CERTAIN OF THE BOND ISSUES DESCRIBED IN PART I, THE ORGANIZATION HAS TAKEN AN "ALTERNATIVE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION PURSUANT TO TREASURY REGULATION SECTIONS 1 141-12(E) AND 1 145-2 IN CONNECTION WITH SUCH REMEDIAL ACTIONS, THE ORGANIZATION HAS FILED WITH THE SERVICE SUPPLEMENTAL FORMS 8038 WITH RESPECT TO PORTIONS OF BOND ISSUES TREATED AS "REISSUED" UNDER SECTIONS 141, 145, 147, 149 AND 150 OF THE TREASURY REGULATIONS SUCH "REISSUED" PORTIONS OF BOND ISSUES HAVE BEEN SEPARATELY REPORTED TO THE SERVICE IN SUPPLEMENTAL FORMS 8038, AND ARE NOT REPORTED IN THIS SCHEDULE K

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	NONEAVAIL	10-20-2011	100,000,000	SEE PART VI - 2011AB		X		X		X
B	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610	1307954K0	10-20-2011	106,300,000	SEE PART VI - 2011CA		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HDQ2	10-20-2011	146,570,820	SEE PART VI - 2011IL		X		X		X
D	MICHIGAN FINANCE AUTHORITY	80-0596186	59447PCF6	10-18-2010	56,625,000	SEE PART VI - 2010F		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				2,120,000
2	Amount of bonds defeased				
3	Total proceeds of issue	100,000,000	106,300,000	146,570,820	56,625,061
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	105,000	1,089,638	1,411,707	161,271
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	99,895,000	2,295,362	145,159,112	56,463,730
11	Other spent proceeds				
12	Other unspent proceeds				61
13	Year of substantial completion	2011	2011	2011	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59447PCB5	10-28-2010	141,744,110	SEE PART VI - 2010A		X		X		X
B	INDIANA FINANCE AUTHORITY	35-1602316	455057F87	10-28-2010	66,966,076	SEE PART VI - 2010B		X		X		X
C	COUNTY OF FRANKLIN OHIO	31-6400067	353202FH2	10-28-2010	25,918,487	SEE PART VI - 2010C		X		X		X
D	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	451295VL0	10-28-2010	28,675,233	SEE PART VI - 2010D		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	6,730,000		640,000	
2	Amount of bonds defeased				
3	Total proceeds of issue	141,744,110	66,966,076	25,918,487	28,675,233
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,806,310	922,023	350,614	407,805
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		43,851,990	23,128,952	28,267,428
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion		2011	2011	2010
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	X	X	X	X
15	Were the bonds issued as part of an advance refunding issue?	X	X	X	X
16	Has the final allocation of proceeds been made?	X	X	X	X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X	X	X	X

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X	X		X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X	X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSP FIN AUTH OF ONTARIO OREGON	93-6002229	683213AB8	10-28-2010	21,368,626	SEE PART VI - 2010E		X		X		X
B	INDIANA FINANCE AUTHORITY	35-1602316	455057VJ5	11-13-2009	240,002,153	SEE PART VI - 2009A		X		X		X
C	MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HMB9	11-13-2009	102,840,000	SEE PART VI - 2009BC		X		X		X
D	MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HKK1	11-13-2008	310,746,976	SEE PART VI - 2008A		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		16,645,000	2,230,000	
2	Amount of bonds defeased				
3	Total proceeds of issue	21,368,626	240,023,448	102,840,000	310,760,101
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	281,772	2,862,297	1,221,195	4,333,551
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	21,086,854	195,188,952	101,618,805	100,131,203
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010	2010	2010	2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X	X	

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶			0 530 %		0 530 %		0 170 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 210 %		0 210 %		0 160 %	
6	Total of lines 4 and 5			0 740 %		0 740 %		0 330 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X		X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	451295TG4	11-13-2008	174,671,330	SEE PART VI - 2008B		X		X		X
B	MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HKR6	11-13-2008	391,470,000	SEE PART VI - 2008C		X		X		X
C	INDIANA FINANCE AUTHORITY	35-1602316	455057QM4	11-13-2008	393,530,000	SEE PART VI - 2008D		X		X		X
D	MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HEE2	11-09-2006	123,295,015	SEE PART VI - 2006A	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		19,675,000	14,910,000	
2	Amount of bonds defeased				21,830,000
3	Total proceeds of issue	174,671,330	391,470,000	393,533,259	123,295,015
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	2,675,840	1,909,289	1,915,051	1,103,131
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	41,817,570		91,927,913	102,638,060
11	Other spent proceeds				25,582,073
12	Other unspent proceeds				
13	Year of substantial completion	2008	2008		2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X		X			X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 170 %		0 790 %		0 790 %		1 460 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 160 %		0 220 %		0 220 %		0 150 %	
6	Total of lines 4 and 5	0 330 %		1 010 %		1 010 %		1 610 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X		X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X	X	
6	Did the bond issue qualify for an exception to rebate?	X		X		X			X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDIANA HEALTH AND EDU FAC FIN AUTH	35-1611409	454795BR5	11-09-2006	11,457,083	SEE PART VI - 2006B	X			X		X
B	COUNTY OF FRANKLIN OHIO	31-6400067	353202FB5	11-17-2005	45,451,001	SEE PART VI - 2005A		X		X		X
C	MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HBW5	11-17-2005	43,811,312	SEE PART VI - 2005D		X		X		X
D	MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HBX3	11-17-2005	114,045,000	SEE PART VI - 2005EF		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		11,565,000		45,195,000
2	Amount of bonds defeased	5,405,000			
3	Total proceeds of issue	11,457,083	45,451,001	43,811,312	115,720,785
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	104,542	423,927	425,197	556,501
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	5,954,229			115,044,475
11	Other spent proceeds	6,364,701			
12	Other unspent proceeds				
13	Year of substantial completion	2006			2007

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X			X		X	X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X						X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 150 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 150 %						
6	Total of lines 4 and 5		0 300 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X			X		X	X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X	X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?	X			X		X	X	
6	Did the bond issue qualify for an exception to rebate?		X	X		X			X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1) CONSORTA INC	LOUIS FIERENS, KEY EMPLOYEE OF TRINITY HEALTH, IS A CONSORTA BOARD DIRECTOR	40,263,593	TRINITY HEALTH IS A MEMBER OF THE CONSORTA PURCHASING GROUP CONSORTA NEGOTIATES PURCHASE CONTRACTS ON BEHALF OF TRINITY HEALTH THE ABOVE AMOUNT PAID TO TRINITY HEALTH BY CONSORTA REPRESENTS PAYMENTS OF REBATES AND PATRONAGE DIVIDENDS THIS AMOUNT INCLUDES REBATES AND PATRONAGE DIVIDENDS THAT ARE PASSED ON TO MEMBERS OF THE TRINITY HEALTH SYSTEM CONSORTA DEDUCTS TRINITY HEALTH MEMBERSHIP FEES FROM THE GROSS PATRONAGE DIVIDENDS		No
(2) PREFERRED PROFESSIONAL INSURANCE (PPIC)	REBECCA HAVLISCH, TRINITY HLTH KEY EMPLOYEE, IS A COMMITTEE MEMBER OF PPIC	233,990	PREFERRED PROFESSIONAL INSURANCE COMPANY PROVIDES FRONTING PAPER FOR SEVERAL TRINITY HEALTH INSURANCE PROGRAMS THE AMOUNT SHOWN WAS PAID BY TRINITY HEALTH TO PPIC FOR THESE SERVICES		No
(3) THE HERITAGE FUND	LOUIS FIERENS, KEY EMP OF TRINITY HEALTH, IS A HERITAGE FUND BOARD DIRECTOR	786,500	TRINITY HEALTH INVESTED $786,500 IN THE HERITAGE FUND (THF) THF INVESTS IN HEALTHCARE ORIENTED, NON-PUBLIC COMPANIES		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PART I, ITEM C	DBA TRINITY INFORMATION SERVICES HOLY CROSS SHARED SERVICES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH CORPORATION IS ORGANIZED ON A NONSTOCK BASIS AS A CORPORATION GOVERNED BY A BOARD OF DIRECTORS WITH ONE CLASS OF DIRECTORS ALL PERSONS WHO ARE MEMBERS OF CATHOLIC HEALTH MINISTRIES SHALL BE DIRECTORS OF TRINITY HEALTH CORPORATION EACH DIRECTOR SHALL HOLD OFFICE UNTIL HIS OR HER SUCCESSOR IS APPOINTED OR UNTIL HIS OR HER RESIGNATION OR REMOVAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	ACTION BY CATHOLIC HEALTH MINISTRIES (CHM) IS REQUIRED FOR THE FOLLOWING MATTERS - ADOPT AND AMEND THE ARTICLES OF INCORPORATION OF TRINITY HEALTH CORPORATION (THC) - ADOPT AND APPROVE ANY AMENDMENTS TO THE BYLAWS OF THC - ADOPT AND APPROVE ANY CHANGES TO THE MISSION AND CORE VALUES OF THC, AND THE FOUNDING PRINCIPLES OF CHM AND THC, AND APPROVE MATTERS THAT AFFECT THE CATHOLIC IDENTITY OF THC - APPROVE THE SALE OR TRANSFER OF ANY PROPERTY OF THC, THE ALIENATION OF WHICH WOULD REQUIRE APPROVAL UNDER CANON LAW - APPROVE THE MERGER, CONSOLIDATION, LIQUIDATION, OR DISSOLUTION OF THC - APPROVE THE SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THC - RATIFY THE APPOINTMENT OF, AND TO REMOVE, THE PRESIDENT AND CEO OF THC - RATIFY THE ELECTION OF THE CHAIR OF THE BOARD OF DIRECTORS

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	TRINITY HEALTH 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 TRINITY HEALTH CORPORATION, WHICH INCLUDES DIRECTORS, PRINICPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH TRINITY HEALTH CORPORATION'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO TRINITY HEALTH 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 THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE BOARD OF DIRECTORS OF TRINITY HEALTH CORPORATION IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO TRINITY HEALTH 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 DIRECTORS OF TRINITY HEALTH CORPORATION ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	TRINITY HEALTH CORPORATION 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 TRINITY HEALTH 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	TRINITY HEALTH CORPORATION 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 IN ADDITION, TRINITY HEALTH CORPORATION'S WEBSITE INCLUDES COPIES OF THE MOST RECENTLY FILED SCHEDULE H FORMS FILED BY ALL OF ITS HOSPITAL SUBSIDIARIES

Identifier	Return Reference	Explanation
DIRECTORS/TRUSTEES OR OFFICERS	FORM 990, PART VII, SECTION A, LINE 1	SR SUZANNE BRENNAN, CSC, IS A MEMBER OF THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS HAVING TAKEN A VOW OF POVERTY, SR SUZANNE BRENNAN DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF $25,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS FOR SR SUZANNE BRENNAN'S SERVICES SR MARY MOLLISON, CSA, IS A MEMBER OF THE CONGREGATION OF SAINT AGNES HAVING TAKEN A VOW OF POVERTY, SR MARY MOLLISON DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF $50,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE CONGREGATION OF SAINT AGNES FOR SR MARY MOLLISON'S SERVICES SR LINDA WERTHMAN, RSM, IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY HAVING TAKEN A VOW OF POVERTY, SR LINDA WERTHMAN DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF $22,750 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR SR LINDA WERTHMAN'S SERVICES

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -125,695,054 EQUITY TRANSFERS TO AFFILIATES -346,671,473 CHANGE IN DEFERRED RETIREMENT COST -610,422,959 LOSS FROM DISCONTINUED OPERATIONS -5,447,000 LOSS ON DISPOSAL OF DISCONTINUED OPERATIONS -28,534,173 EQUITY EARNINGS IN AFFILIATES 228,793,191 OTHER TRANSACTIONS 389,697,881 TOTAL TO FORM 990, PART XI, LINE 5 -498,279,587

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2	THE AUDITED FINANCIAL STATEMENTS OF TRINITY HEALTH INCLUDE THE PARENT ORGANIZATION AND ITS SUBSIDIARIES THE FY 12 CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-1443425
Name: TRINITY HEALTH CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTHCARE SERVICES	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN	Yes	
AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	PROVIDE HOSPICE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC	Yes	
AUXILIARY OF HOLY ROSARY HOSPITAL 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	SUPPORTS SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	ACUTE/AMBULATORY HEALTHCARE SERVICES	IA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE I	BAUM HARMON MERCY HOSPITAL	Yes	
CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES	MI	501(C)(3)	11, TYPE II	TRINITY HEALTH-MICHIGAN	Yes	
COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440	HEALTHCARE SERVICES	IN	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
CRANBROOK HOSPICE CARE 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI 48302 38-3320699	PROVIDE HOSPICE HEALTH SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC	Yes	
DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HOSPITAL CAMPUS IN FAIRFIELD COUNTY OHIO	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM	Yes	
DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	SUPPORT THE SERVICES OF RELATED HOSPITAL	IL	501(C)(3)	9	GOTTLIEB MEMORIAL HOSPITAL	Yes	
GOTTLIEB MEMORIAL FOUNDATION 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011	SUPPORT THE SERVICES OF RELATED HOSPITAL	IL	501(C)(3)	11, TYPE III-FI	N/A		No
GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTHCARE SERVICES	IL	501(C)(3)	3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
HACKLEY HOSPITAL 1700 CLINTON ST PO BOX 3302 MUSKEGON, MI 494433302 38-1358196	HEALTHCARE SERVICES	MI	501(C)(3)	3	MERCY HEALTH PARTNERS	Yes	
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST PO BOX 3302 MUSKEGON, MI 494433302 38-2299878	SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY	MI	501(C)(3)	11, TYPE III-FI	MERCY HEALTH PARTNERS	Yes	
HACKLEY LIFE COUNSELING 1352 TERRACE ST MUSKEGON, MI 494423545 38-1386362	COUNSELING, EDUCATION, AND SUPPORT	MI	501(C)(3)	9	MERCY HEALTH PARTNERS	Yes	
HACKLEY VISITING NURSE SERVICES AND HOSPICE INC 888 TERRACE ST MUSKEGON, MI 49440 38-1359598	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	7	MERCY HEALTH PARTNERS	Yes	
HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48333 52-1945054	LONG-TERM CARE AND REHABILITATION FOR THE ELDERLY	MD	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES	Yes	
HOLY CROSS HOSPITAL FOUNDATION INC 11801 TECH ROAD SILVER SPRING, MD 20904 20-8428450	CHARITABLE FUNDRAISING	MD	501(C)(3)	11, TYPE I	HOLY CROSS HOSPITAL OF SILVER SPRING	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
HOLY CROSS HOSPITAL OF SILVER SPRING INC 1500 FOREST GLEN RD SILVER SPRING, MD 209101484 52-0738041	HEALTHCARE SERVICES	MD	501(C)(3)	3	TRINITY HEALTH CORPORATION	Yes	
HOLY CROSS MEDICAL CENTER 20555 VICTOR PARKWAY LIVONIA, MI 48152 95-1985442	HEALTHCARE SERVICES (FORMERLY)	CA	501(C)(3)	3	TRINITY HEALTH CORPORATION	Yes	
HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 504016208 42-1173708	HOSPICE HEALTH CARE SERVICES	IA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN	Yes	
HPCN 1675 LEAHY STREET MUSKEGON, MI 49442 30-0207909	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE II	MERCY HEALTH PARTNERS	Yes	
IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	PROVIDES OFFICE-BASED MEDICAL CARE	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN	Yes	
LAKESHORE COMMUNITY HOSPITAL INC 72 S STATE STREET SHELBY, MI 494551228 38-2549295	ACUTE HEALTHCARE SERVICES	MI	501(C)(3)	3	MERCY HEALTH PARTNERS	Yes	
LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	11, TYPE II	TRINITY HEALTH CORPORATION	Yes	
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTHCARE SERVICES	IL	501(C)(3)	3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	PROVIDE HOME HEALTH CARE SERVICES	IA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTHCARE SERVICES (FORMERLY)	MI	501(C)(3)	3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
MERCY AMICARE HOME HEALTHCARE OAKLAND 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI 483020312 38-3320698	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC	Yes	
MERCY AMICARE HOME HEALTHCARE PORT HURON 505 HURON AVENUE PORT HURON, MI 48060 38-3320701	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC	Yes	
MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	SUPPORTS THE SERVICES OF RELATED HEALTH CARE SYSTEM	IL	501(C)(3)	11, TYPE I	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 684 HARVEY STREET MUSKEGON, MI 49442 38-3321856	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC	Yes	
MERCY HEALTH PARTNERS 1415 LEAHY STREET MUSKEGON, MI 49442 38-2589966	HEALTHCARE SYSTEM SUPPORT	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN	Yes	
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE SERVICES	DE	501(C)(3)	3	TRINITY HEALTH-MICHIGAN	Yes	
MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTH SYSTEM OF CHICAGO LIABILITY SELF INSURANCE TRUST BK OF AMERICA 231 S LASALLE CHICAGO, IL 60697 91-2092113	SELF INSURANCE FOR PROFESSIONAL AND COMPREHENSIVE LIABILITY	IL	501(C)(3)	11, TYPE III-FI	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
MERCY HEALTHCARE FOUNDATION 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FUNDRAISING AND FINANCIAL ASSISTANCE FOR HOSPITAL CHARITABLE SERVICES	IA	501(C)(3)	11, TYPE I	MERCY MEDICAL CENTER-CLINTON	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTHCARE SERVICES	IL	501(C)(3)	3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
MERCY HOSPITAL CADILLAC FOUNDATION 400 HOBART CADILLAC, MI 496012331 20-3357131	SUPPORT THE SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN	Yes	
MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	VOLUNTEER SERVICE AUXILIARY	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN	Yes	
MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA 527322940 42-1336618	TO PROVIDE QUALITY HEALTH CARE	DE	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA 1000 4TH STREET SW MASON CITY, IA 504012800 42-1229151	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE III-FI	N/A		No
MERCY NORTH HOMECARE AND HOSPICE 7985 MACKINAW TRAIL CADILLAC, MI 49601 38-3313897	HOME HEALTH AND HOSPICE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC	Yes	
MERCY PHYSICIAN GROUP INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 20-8192593	TO PROVIDE QUALITY HEALTH CARE	ID	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION PO BOX 9184 FARMINGTON HILLS, MI 483339184 38-2719605	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MI	501(C)(3)	11, TYPE II	TRINITY CONTINUING CARE SERVICES INC	Yes	
MIDWEST MEDFLIGHT 1300 VICTORS WAY ANN ARBOR, MI 48108 38-2684671	AEROMEDICAL TRANSPORT	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN	Yes	
MOUNT CARMEL CARE CONTINUUM SERVICES CORP 793 WEST STATE STREET COLUMBUS, OH 43222 31-1126211	COOPERATIVE HOSPITAL SERVICE ORGANIZATION	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	2	MOUNT CARMEL HEALTH	Yes	
MOUNT CARMEL HEALTH 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-4379602	HEALTHCARE SERVICES	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO FOR SENIORS	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	OH	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION	Yes	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	SUPPORT THE SERVICES OF RELATED HOSPITAL	OH	501(C)(3)	11, TYPE I	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HOME CARE LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH 43215 26-2729300	PROVIDE HOME HEALTH CARE SERVICES	OH	501(C)(3)	9	TRINITY HOME HEALTH SERVICES INC	Yes	
MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL 7333 SMITHS MILL RD NEW ALBANY, OH 43054 87-0790288	HEALTHCARE SERVICES	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM	Yes	
MRI MOBILE SERVICES OF WEST MICHIGAN 1820 - 44TH STREET KENTWOOD, MI 49508 38-3073745	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MI	501(C)(3)	7	MERCY HEALTH PARTNERS	Yes	
OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE SERVICES	NE	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
OAKLAND MERCY HOSPITAL FOUNDATION 601 E 2ND STREET OAKLAND, NE 68045 31-1678345	SUPPORTS SERVICES OF RELATED HOSPITAL	NE	501(C)(3)	11, TYPE III-FI	N/A		No
PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN	Yes	
PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 494423257 38-2638284	MEDICAL CARE, TRANSPORTATION AND EDUCATION	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN	Yes	
PROFESSIONAL OFFICE CORPORATION 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	11, TYPE I	SAINT AGNES MEDICAL CENTER	Yes	
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTHCARE SERVICES	CA	501(C)(3)	3	TRINITY HEALTH CORPORATION	Yes	
SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	SUPPORTS SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	SUPPORTS SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS FOUNDATION-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
SAINT ALPHONSUS FOUNDATION-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	11, TYPE I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION	Yes	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	TO PROVIDE QUALITY HEALTH CARE	ID	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	SUPPORT THE SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTHCARE SERVICES	ID	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC 1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTHCARE SERVICES	IN	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC PO BOX 1935 SOUTH BEND, IN 466341935 35-0868157	HEALTHCARE SERVICES	IN	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285	HOSPITAL SERVICE AUXILIARY	IN	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER-S BEND	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY INC 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	HOSPITAL SERVICE AUXILIARY	IN	501(C)(3)	11, TYPE II	SAINT JOSEPH REGIONAL MEDICAL CENTER-PLYMOUTH	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER INC 801 EAST LASALLE AVE SOUTH BEND, IN 46617 35-1568821	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION	Yes	
SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI 483339184 31-1040468	PROVIDES HOUSING FOR LOW INCOME ELDERLY INDIVIDUALS	IN	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES-INDIANA	Yes	
SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW GRAND RAPIDS, MI 49505 38-3320700	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC	Yes	
SAINT MARY'S FOUNDATION (FKA SAINT MARY'S DORAN FOUNDATION) 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	SUPPORTS SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	7	TRINITY HEALTH-MICHIGAN	Yes	
ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	SUPPORTS SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN	Yes	
ST ANN'S HOSPITAL 500 SOUTH CLEVELAND AVE WESTERVILLE, OH 43081 31-4412701	HEALTHCARE SERVICES	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM	Yes	
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 4215 EDISON LAKES PARKWAY MISHAWAKA, IN 46545 35-1654543	SUPPORTS SERVICES OF RELATED HOSPITAL	IN	501(C)(3)	11, TYPE I	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	MRI SERVICES	MI	501(C)(3)	3	TRINITY HEALTH-MICHIGAN	Yes	
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 483339184 38-2559656	MANAGEMENT SERVICES FOR LONG TERM CARE AND SENIOR LIVING FACILITIES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION	Yes	
TRINITY CONTINUING CARE SERVICES - INDIANA INC PO BOX 9184 FARMINGTON HILLS, MI 483339184 93-0907047	PROVIDES LONG-TERM CARE AND RESIDENTIAL HOUSING	IN	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES	Yes	
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	3	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	11, TYPE I	N/A	Yes	
TRINITY HEALTH INTERNATIONAL 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTHCARE TRAINING AND SUPPORT SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE COVERAGE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
TRINITY HOME HEALTH SERVICES INC 17410 COLLEGE PARKWAY LIVONIA, MI 48152 38-2621935	HOME HEALTH CARE SYSTEM MANAGEMENT SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVENT REHABILITATION LLC 607 DEWEY AVENUE SUITE 300 GRAND RAPIDS, MI 49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A	N/A				No			No	
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	
CENTER FOR DIGESTIVE CARE LLC 5300 ELLIOTT DRIVE YPSILANTI, MI 48197 03-0447062	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A	N/A				No			No	
CENTRAL OHIO SLEEP MEDICINE LTD 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1701029	SLEEP MEDICINE SERVICES	OH	N/A	N/A				No			No	
CLINTON IMAGING SERVICES LLC 615 VALLEY VIEW DR STE 202 MOLINE, IL 61265 41-2044739	MRI DIAGNOSTIC SERVICES	IL	N/A	N/A				No			No	
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A				No			No	
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI 48104 38-2648446	LABORATORY	MI	N/A	N/A				No			No	
FRESNO IMAGING CENTER 1303 E HERNDON AVE FRESNO, CA 93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A	N/A				No			No	
HAWARDEN REGIONAL HEALTH CLINICS LLC 1122 AVENUE L HAWARDEN, IA 51023 20-1444339	MEDICAL CLINIC	IA	N/A	N/A				No			No	
IDAHO GYNONCOLOGY SERVICES LLC 1055 N CURTIS RD BOISE, ID 83706 20-2975807	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A				No			No	
INTERMOUNTAIN MEDICAL IMAGING LLC 877 WEST MAIN ST STE 603 BOISE, ID 83702 82-0514422	PROVIDE IMAGING SERVICES	ID	N/A	N/A				No			No	
LOYOLA AMBULATORY SURGERY CENTER 1S224 SUMMIT AVE STE 201 OAKBROOK TERRACE, IL 60181 36-4119522	SURGICAL SERVICES	IL	N/A	N/A				No			No	
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388	MRI SERVICES	IA	N/A	N/A				No			No	
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA 50401 20-1960348	SURGERY-SAME DAY	IA	N/A	N/A				No			No	
MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MCMC POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1392994	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	
MEDILUCENT MOB I 793 W STATE STREET COLUMBUS, OH 43222 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	
MERCY ADVANCED MRI LLC 2525 SOUTH MICHIGAN AVE CHICAGO, IL 60616 26-2116721	SUBLEASE MRI EQUIPMENT	IL	N/A	N/A				No			No	
MERCY HEART & VASCULAR LLC 2525 SOUTH MICHIGAN AVE CHICAGO, IL 60616 20-5272726	SUBLEASE CT EQUIPMENT	IL	N/A	N/A				No			No	
MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A	N/A				No			No	
MERCY OUTPATIENT SURGERY CENTER LLC 1512 12TH AVENUE ROAD NAMPA, ID 83686 84-1380439	OUTPATIENT SURGERY	ID	N/A	N/A				No			No	
MICHIANA HEALTH INFORMATION NETWORK LLC 215 WEST MADISON STREET SOUTH BEND, IN 46601 35-2050128	COMMUNITY BASED CLINICAL INFO SYS & DATA DEPOSITORY	IN	N/A	N/A				No			No	
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	
NEWCO AMBULATORY SURGERY CTR LLP 4190 24TH AVENUE FORT GRATIOT, MI 48059 30-0136708	OUTPATIENT SURGERY CENTER	MI	N/A	N/A				No			No	
RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1531135	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	
SARMED OUTPATIENT PHARMACY LLC 999 N CURTIS RD STE 102 BOISE, ID 83706 51-0483218	PHARMACY	ID	N/A	N/A				No			No	
SIXTY FOURTH STREET LLC 2373 64TH ST STE 2200 BYRON CENTER, MI 49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A				No			No	
ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID 83605 82-0526861	RADIATION ONCOLOGY	ID	N/A	N/A				No			No	
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	
TAMARACK MEDICAL CLINIC LLC 610 VILLAGE DRIVE DONNELLY, ID 83615 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1784409	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI 48106 76-0820959	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
COMMUNITY HEALTH VENTURES INC 565 W WESTERN AVE MUSKEGON, MI 49440 38-3522260	SOFTWARE MARKETING	MI	N/A	C			
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C			
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C			
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C			
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI 49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C			
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C			
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI 49442 38-2447870	PHARMACY	MI	N/A	C			
HEF INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3086401	OFFICE STAFFING	MI	N/A	C			
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD 20904 52-1986562	HOME CARE SERVICES	MD	N/A	C			
HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C			
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C			
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C			
LOYOLA UNIVERSITY OF CHICAGO INSURANCE CO LTD 23 LIME TREE BAY AVENUE GRAND CAYMAN CJ	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C			
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C			
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	OUTPATIENT PHARMACY	ID	N/A	C			
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C			
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C			
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI 49546 38-2647304	ATHLETIC CLUB	MI	N/A	C			
MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-0971510	BEHAVIORAL HEALTHCARE SERVICES	OH	N/A	C			
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA 50401 42-1382308	MEDICAL SERVICES	IA	N/A	C			
PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C			
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 837061370 33-1078261	PHYSICIANS	ID	N/A	C			
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI 49546 38-3450733	ATHLETIC CLUB	MI	N/A	C			
SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C			
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	TRINITY HEALTH CORPORATION	C	-13,887	183,705	99 000 %
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	TRINITY HEALTH CORPORATION	T			100 000 %
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C			
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	C			
WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI 49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	TRINITY HEALTH - MICHIGAN	D	179,000,000	PER BOOKS
(2)	TRINITY HEALTH - MICHIGAN	B	111,021	PER BOOKS
(3)	TRINITY HEALTH - MICHIGAN	C	17,608,310	PER BOOKS
(4)	TRINITY HEALTH - MICHIGAN	K	157,673,628	PER BOOKS
(5)	TRINITY HEALTH - MICHIGAN	L	298,714	PER BOOKS
(6)	TRINITY HEALTH - MICHIGAN	O	774,147	PER BOOKS
(7)	TRINITY HEALTH - MICHIGAN	P	119,601,430	PER BOOKS
(8)	TRINITY HEALTH - MICHIGAN	R	5,221,427	PER BOOKS
(9)	TRINITY HEALTH - MICHIGAN	A	35,584,331	PER BOOKS
(10)	SAINT AGNES MEDICAL CENTER	A	4,303,585	PER BOOKS
(11)	SAINT AGNES MEDICAL CENTER	C	3,653,000	PER BOOKS
(12)	SAINT AGNES MEDICAL CENTER	K	32,660,932	PER BOOKS
(13)	SAINT AGNES MEDICAL CENTER	O	2,219,161	PER BOOKS
(14)	SAINT AGNES MEDICAL CENTER	P	21,344,615	PER BOOKS
(15)	SAINT AGNES MEDICAL CENTER	R	656,326	PER BOOKS
(16)	MERCY HEALTH SERVICES - IOWA CORP	D	8,000,000	PER BOOKS
(17)	MERCY HEALTH SERVICES - IOWA CORP	A	8,973,520	PER BOOKS
(18)	MERCY HEALTH SERVICES - IOWA CORP	C	6,031,544	PER BOOKS
(19)	MERCY HEALTH SERVICES - IOWA CORP	K	60,213,740	PER BOOKS
(20)	MERCY HEALTH SERVICES - IOWA CORP	O	301,573	PER BOOKS

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	MERCY HEALTH SERVICES - IOWA CORP	P	36,890,879	PER BOOKS
(22)	MERCY HEALTH SERVICES - IOWA CORP	R	1,267,442	PER BOOKS
(23)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	A	8,496,109	PER BOOKS
(24)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	C	4,479,000	PER BOOKS
(25)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	K	44,113,112	PER BOOKS
(26)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	O	1,333,337	PER BOOKS
(27)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	P	15,435,008	PER BOOKS
(28)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	R	1,270,646	PER BOOKS
(29)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	D	5,477,000	PER BOOKS
(30)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	A	429,882	PER BOOKS
(31)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	C	347,000	PER BOOKS
(32)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	K	22,728,462	PER BOOKS
(33)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	O	2,047,205	PER BOOKS
(34)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	P	13,877,247	PER BOOKS
(35)	HOLY CROSS HOSPITAL OF SILVER SPRING INC	A	4,676,264	PER BOOKS
(36)	HOLY CROSS HOSPITAL OF SILVER SPRING INC	D	44,000,000	PER BOOKS
(37)	HOLY CROSS HOSPITAL OF SILVER SPRING INC	C	4,487,000	PER BOOKS
(38)	HOLY CROSS HOSPITAL OF SILVER SPRING INC	K	29,831,543	PER BOOKS
(39)	HOLY CROSS HOSPITAL OF SILVER SPRING INC	O	1,813,504	PER BOOKS
(40)	HOLY CROSS HOSPITAL OF SILVER SPRING INC	P	17,415,728	PER BOOKS

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41) HOLY CROSS HOSPITAL OF SILVER SPRING INC	R	709,445	PER BOOKS
(42) HOLY CROSS HOSPITAL OF SILVER SPRING INC	B	100,000	PER BOOKS
(43) MOUNT CARMEL HEALTH SYSTEM	D	45,797,642	PER BOOKS
(44) MOUNT CARMEL HEALTH SYSTEM	A	18,133,453	PER BOOKS
(45) MOUNT CARMEL HEALTH SYSTEM	C	13,914,000	PER BOOKS
(46) MOUNT CARMEL HEALTH SYSTEM	K	78,052,124	PER BOOKS
(47) MOUNT CARMEL HEALTH SYSTEM	O	1,565,722	PER BOOKS
(48) MOUNT CARMEL HEALTH SYSTEM	P	47,167,901	PER BOOKS
(49) MOUNT CARMEL HEALTH SYSTEM	R	2,660,455	PER BOOKS
(50) SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS INC	A	13,094,426	PER BOOKS
(51) SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS INC	R	2,048,510	PER BOOKS
(52) SAINT JOSEPH REGIONAL MEDICAL CENTER-PLYMOUTH CAMPUS INC	A	266,833	PER BOOKS
(53) MERCY HEALTH PARTNERS	A	2,281,923	PER BOOKS
(54) MERCY HEALTH PARTNERS	B	95,163	PER BOOKS
(55) MERCY HEALTH PARTNERS	K	40,853,459	PER BOOKS
(56) MERCY HEALTH PARTNERS	L	828,121	PER BOOKS
(57) MERCY HEALTH PARTNERS	O	67,108	PER BOOKS
(58) MERCY HEALTH PARTNERS	P	20,798,132	PER BOOKS
(59) MERCY HEALTH PARTNERS	R	249,814	PER BOOKS
(60) SAINT ALPHONSUS DIVERSIFIED CARE INC	K	89,075	PER BOOKS

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(61)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	D	11,363,000	PER BOOKS
(62)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	A	255,158	PER BOOKS
(63)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	K	1,013,836	PER BOOKS
(64)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	P	3,849,321	PER BOOKS
(65)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	D	3,160,000	PER BOOKS
(66)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	A	846,474	PER BOOKS
(67)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	K	910,940	PER BOOKS
(68)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	O	92,319	PER BOOKS
(69)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	P	2,252,402	PER BOOKS
(70)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	R	134,392	PER BOOKS
(71)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY	A	270,534	PER BOOKS
(72)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY	K	336,994	PER BOOKS
(73)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY	P	1,454,600	PER BOOKS
(74)	HACKLEY HOSPITAL	A	3,840,863	PER BOOKS
(75)	HACKLEY HOSPITAL	K	63,469	PER BOOKS
(76)	HACKLEY HOSPITAL	P	1,849,664	PER BOOKS
(77)	HACKLEY HOSPITAL	R	600,876	PER BOOKS
(78)	LAKESHORE COMMUNITY HOSPITAL INC	P	251,824	PER BOOKS
(79)	MOUNT CARMEL HEALTH SYSTEM FOUNDATION	B	137,500	PER BOOKS
(80)	MOUNT CARMEL HEALTH SYSTEM FOUNDATION	K	129,945	PER BOOKS

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(81)	PROFESSIONAL OFFICE CORPORATION	A	125,170	PER BOOKS
(82)	MERCY MEDICAL CENTER - CLINTON	A	920,772	PER BOOKS
(83)	MERCY MEDICAL CENTER - CLINTON	C	1,406,000	PER BOOKS
(84)	MERCY MEDICAL CENTER - CLINTON	K	7,915,574	PER BOOKS
(85)	MERCY MEDICAL CENTER - CLINTON	P	5,072,278	PER BOOKS
(86)	MERCY MEDICAL CENTER - CLINTON	R	119,666	PER BOOKS
(87)	TRINITY HEALTH INTERNATIONAL	A	2,041	PER BOOKS
(88)	ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	P	776,100	PER BOOKS
(89)	TRINITY HOME HEALTH SERVICES INC	A	685,978	PER BOOKS
(90)	TRINITY HOME HEALTH SERVICES INC	C	533,000	PER BOOKS
(91)	TRINITY HOME HEALTH SERVICES INC	K	2,998,183	PER BOOKS
(92)	TRINITY HOME HEALTH SERVICES INC	P	3,488,919	PER BOOKS
(93)	VENZKE INSURANCE COMPANY	C	2,110,009	PER BOOKS
(94)	VENZKE INSURANCE COMPANY	K	346,547	PER BOOKS
(95)	VENZKE INSURANCE COMPANY	O	21,085,991	PER BOOKS
(96)	TRINITY CONTINUING CARE SERVICES	A	4,435,980	PER BOOKS
(97)	TRINITY CONTINUING CARE SERVICES	C	1,252,000	PER BOOKS
(98)	TRINITY CONTINUING CARE SERVICES	K	2,399,683	PER BOOKS
(99)	TRINITY CONTINUING CARE SERVICES	P	6,762,722	PER BOOKS
(100)	TRINITY CONTINUING CARE SERVICES	R	652,829	PER BOOKS

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(101)	FRANCES WARDE MEDICAL LABORATORY	C	100,958	PER BOOKS
(102)	SAINT ALPHONSUS HEALTH SYSTEM INC	K	92,316	PER BOOKS
(103)	SAINT ALPHONSUS HEALTH SYSTEM INC	P	6,393,551	PER BOOKS
(104)	THRE SERVICES LLC	C	205,807	PER BOOKS
(105)	MERCY FOUNDATION INC	B	3,285,003	PER BOOKS
(106)	MERCY HOSPITAL AND MEDICAL CENTER	B	179,538,275	PER BOOKS
(107)	MERCY HOSPITAL AND MEDICAL CENTER	P	171,623	PER BOOKS
(108)	GOTTLIEB MEMORIAL HOSPITAL	B	75,892,286	PER BOOKS
(109)	GOTTLIEB MEMORIAL HOSPITAL	K	742,236	PER BOOKS
(110)	GOTTLIEB MEMORIAL HOSPITAL	P	5,050,065	PER BOOKS
(111)	LOYOLA UNIVERSITY MEDICAL CENTER	A	9,464,215	PER BOOKS
(112)	LOYOLA UNIVERSITY MEDICAL CENTER	B	217,237,078	PER BOOKS
(113)	LOYOLA UNIVERSITY MEDICAL CENTER	K	5,695,786	PER BOOKS
(114)	LOYOLA UNIVERSITY MEDICAL CENTER	P	42,572,887	PER BOOKS
(115)	LOYOLA UNIVERSITY MEDICAL CENTER	R	1,581,351	PER BOOKS
(116)	LOYOLA UNIVERSITY MEDICAL CENTER	D	328,435,000	PER BOOKS

Additional Data

Software ID:
Software Version:
EIN: 35-1443425
Name: TRINITY HEALTH CORPORATION

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

(A) Name and Title	(B) Average hours per week	(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			
JOSEPH SWEDISH PRESIDENT & CEO	55 00	X		X				5,186,660	0	576,202
MARY MOLLISON CSA CHAIR	2 00	X		X				0	0	0
MELANIE DREHER PHD RN VICE CHAIR	2 00	X		X				25,000	0	0
HENRY AUTRY DIRECTOR THROUGH 12/11	2 00	X						25,000	0	0
JAMES BENTLEY PHD DIRECTOR	2 00	X						23,500	0	0
SUZANNE BRENNAN CSC DIRECTOR	2 00	X						0	0	0
SARAH EAMES DIRECTOR	2 00	X						21,250	0	0
UMA KOTAGAL MD DIRECTOR	2 00	X						15,750	0	0
ROBERT LADENBURGER DIRECTOR THROUGH 12/11	2 00	X						20,500	0	0
PAUL ROBERTSON DIRECTOR	2 00	X						21,250	0	0
JOSE SANTILLAN DIRECTOR	2 00	X						21,250	0	0
LINDA WERTHMAN RSM DIRECTOR	2 00	X						0	0	0
JOSEPH BETANCOURT MD DIRECTOR AS OF 1/12	2 00	X						0	0	0
LARRY WARREN DIRECTOR AS OF 7/11	2 00	X						11,000	0	0
PAUL NEUMANN SECRETARY, SVP, GENERAL COUNSEL	50 00			X				732,791	0	97,794
AGNES HAGERTY ASST SEC, MANAGING COUNSEL	50 00			X				379,449	0	51,225
BENJAMIN CARTER TREASURER, SVP & CFO	50 00			X				755,014	0	102,689
JAMES BOSSCHER ASST TREASURER, SVP TREASURY	50 00			X				523,454	0	88,842
KEDRICK ADKINS PRES , INTEGRATED SERVICES	55 00				X			1,405,226	0	117,120
DEBRA CANALES EVP, CHIEF ADMINISTRATIVE OFFICER	50 00				X			890,622	0	86,371
DANIEL HALE EVP, TRINITY INSTITUTE FOR HEALTH	50 00				X			925,954	0	106,225
MICHAEL MURPHY EVP, HEALTH NETWORKS THROUGH 4/12	55 00				X			474,370	0	75,538
RICHARD O'CONNELL EVP & COO-HOSPITAL NETWORKS	55 00				X			943,237	0	118,221
TERRENCE O'ROURKE MD EVP & CHIEF CLINICAL OFFICER	50 00				X			863,581	0	50,709
PAUL BROWNE SVP & CIO THROUGH 6/12	50 00				X			781,601	0	94,628

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

(A) Name and Title	(B) Average hours per week	(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			
DONALD BIGNOTTI SVP, CHIEF MED OFFICER AS OF 10/11	50 00				X			389,970	0	50,155
PAUL CONLON SVP, CLINICAL QLTY & PATIENT SAFETY	50 00				X			416,037	0	97,783
DANIEL DWYER SVP, MISSION INTEGRATION	50 00				X			359,101	0	57,078
LOUIS FIERENS SVP, SUPPLY CHAIN & CAPITAL MGT	50 00				X			489,708	0	65,100
PRESTON GEE SVP, STRATEGIC PLANNING & MKTG	50 00				X			487,615	0	76,609
REBECCA HAVLISCH SVP, INSURANCE & RISK MGMT SVCS	50 00				X			436,470	0	70,090
MICHAEL HOLPER SVP, ORG INTEGRITY & AUDIT SVCS	50 00				X			402,101	0	69,885
GAY LANDSTROM SVP, CHIEF NURSING OFFICER	50 00				X			397,695	0	93,069
MARIA SZYMANSKI SVP & CHIEF DEV OFFICER	50 00				X			666,060	0	106,893
MICHELLE SCHREIBER SVP, CHIEF MED OFFICER THROUGH 9/11	50 00				X			271,004	0	16,886
RONALD WHITESIDE COO, MCHS, COLUMBUS	55 00					X		1,842,081	0	56,546
GARRY FAJA REG MKT EXEC - EAST MICH	55 00					X		993,119	0	147,118
CYNTHIA SHEETS SVP, MCHS, COLUMBUS	55 00					X		935,788	0	45,290
ROGER SPOELMAN CEO, MERCY HLTH PTRS, MUSKEGON	55 00					X		755,823	0	120,663
CLAUS VON ZYCHLIN CEO, MCHS, COLUMBUS	55 00					X		742,791	0	100,792
MARIANNE CUNNINGHAM FORMER OFFICER, DIRECTOR INVESTMENTS	45 00						X	162,829	0	31,606
EDWARD CHADWICK FORMER OFFICER	0 00						X	159,057	0	0
MICHAEL SLUBOWSKI FORMER KEY EMPLOYEE	0 00						X	150,838	0	1,101