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EXTENDED TO MAY 16, 2016

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MERCY HEALTH PARTNERS		D Employer identification number 38-2589966
	Doing business as SEE SCHEDULE O FOR LIST		E Telephone number 231-672-2000
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 E. SHERMAN BLVD.		G Gross receipts \$ 542,566,808.
	City or town, state or province, country, and ZIP or foreign postal code MUSKEGON, MI 49444		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: GREGORY LOOMIS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MERCYHEALTHMUSKEGON.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Year of formation: 1984 M State of legal domicile: MI			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTHCARE AND HOSPITAL SERVICES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	4324	
	6 Total number of volunteers (estimate if necessary)	6	385	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,125,555.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	1,334,532.	1,313,153.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		392,799,192.	521,241,437.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,739,414.	4,865,558.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,103,261.	11,287,940.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		409,976,399.	538,708,088.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		856,329.	1,259,466.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		201,869,437.	256,676,884.	
b Total fundraising expenses (Part IX, column (D), line 25) 54,000.		54,000.	54,000.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	187,313,577.	247,978,283.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	390,093,343.	505,968,633.	
	19 Revenue less expenses. Subtract line 18 from line 12	19,883,056.	32,739,455.	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	350,309,360.	377,160,393.	
	22 Net assets or fund balances. Subtract line 21 from line 20	191,980,250.	201,399,649.	
		158,329,110.	175,760,744.	

Part II Signature Block

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

Sign Here	Signature of officer	Date
	GARY ALLORE, CFO	5/12/16
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name	Firm's EIN
	Firm's address	Phone no.

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

☐ Yes ☒ No

Gm #

9-250

1

Part III Statement of Program Service Accomplishments

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

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

WE, MERCY HEALTH AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES.

MERCY HEALTH PARTNERS IS A MEMBER OF MERCY HEALTH AND TRINITY HEALTH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

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

4a (Code) (Expenses \$ 422,167,955. Including grants of \$ 1,259,466.) (Revenue \$ 527,381,448.)

MERCY HEALTH PARTNERS IS A TEACHING HOSPITAL WITH MULTIPLE LOCATIONS, INCLUDING THREE HOSPITALS TOTALING OVER 400 LICENSED BEDS, LOCATED IN THE MUSKEGON, MICHIGAN AREA. THE HOSPITALS HAVE OVER 60,000 INPATIENT DISCHARGES AND 120,000 EMERGENCY ROOM VISITS ANNUALLY. THE SYSTEM IS THE LARGEST EMPLOYER IN MUSKEGON COUNTY, WITH A TEAM OF MORE THAN 4,000 EMPLOYEES AND 375 PHYSICIANS COMMITTED TO THE QUALITY CARE OF PATIENTS AND THEIR FAMILIES. THE MERCY AND HACKLEY CAMPUSES ARE ACUTE FACILITIES LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON, OCEANA AND NEWAYGO COUNTIES. THE LAKESHORE CAMPUS IS A CRITICAL CARE FACILITY SERVING OCEANA AND NEWAYGO COUNTIES. HEALTHGRADES HAS RANKED THE SYSTEM IN THE TOP 5% IN THE NATION FOR COMMITMENT TO CLINICAL QUALITY AND SUPERIOR PATIENT OUTCOMES.

4b (Code) (Expenses \$ Including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ Including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses 422,167,955.

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 405		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 4324		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

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

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11	
1b Enter the number of voting members included in line 1a, above, who are independent	8	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **TAMARA RICCO - 616-685-3573**
1820 44TH STREET S.E., KENTWOOD, MI 49508

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROGER SPOELMAN DIRECTOR; W. MI REG. PRES. & CEO	29.00 26.00	X		X				0.	958,333.	49,378.
(2) CHARLES FRAYER DIRECTOR; CHAIR	2.00 3.00	X		X				0.	0.	0.
(3) MICHAEL GLUHANICH DIRECTOR	2.00 3.00	X						0.	0.	0.
(4) MARK FAZAKERLEY DIRECTOR	2.00 3.00	X						0.	0.	0.
(5) CAMILLE S. JOURDEN-MARK DIRECTOR	2.00 3.00	X						0.	0.	0.
(6) LUANN MARY HANNASCH, RSM DIRECTOR	2.00 3.00	X						0.	0.	0.
(7) BRUCE OLSON, MD DIRECTOR; MHP CHIEF OF STAFF	49.00 1.00	X						369,982.	0.	35,951.
(8) MARY PERSICO, IHM (SCH O) DIRECTOR; TH EVP MISSION INTEGRATION	2.00 48.00	X						0.	0.	25,865.
(9) JULIE RIDENOUR DIRECTOR	2.00 3.00	X						0.	0.	0.
(10) KENNETH SIKKEMA DIRECTOR	2.00 3.00	X						0.	0.	0.
(11) TERRENCE WRIGHT, MD DIRECTOR	2.00 3.00	X						0.	0.	0.
(12) CAROL TARNOWSKY SECRETARY; TH MANAGING COUNSEL	24.00 26.00			X				0.	264,592.	15,998.
(13) GARY ALLORE TREASURER; WEST MI REGIONAL CFO	38.00 17.00			X				0.	384,091.	33,873.
(14) GREGORY LOOMIS PRES AND CEO MERCY HEALTH PARTNERS	50.00 0.00				X			0.	530,925.	48,453.
(15) JEFFREY ALEXANDER VP SUBS & STRATEGIC INTEGRATION	49.00 1.00				X			0.	308,480.	23,602.
(16) F. REMINGTON SPRAGUE VP & CMO	49.00 1.00				X			0.	434,827.	43,552.
(17) MARY BOYD MHP VP NETWORK DEVELOPMENT	30.00 25.00				X			0.	359,121.	29,094.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIMBERLY MAGUIRE VP & CNO	49.00 1.00				X			0.	272,746.	31,916.
(19) KEN UGANSKI VP CLINICAL OPERATIONS	50.00 0.00				X			220,651.	0.	23,012.
(20) RICK EDGAR PHYSICIAN	50.00 0.00					X		886,629.	0.	16,709.
(21) JEREMY BARBER PHYSICIAN	50.00 0.00					X		809,974.	0.	27,035.
(22) DAVID DIRK BONNEMA PHYSICIAN	50.00 0.00					X		714,352.	0.	32,286.
(23) CHRISTOPHER LOUIS MARQUART PHYSICIAN	50.00 0.00					X		697,108.	0.	27,244.
(24) RICHARD JASZEWSKI PHYSICIAN	50.00 0.00					X		623,005.	0.	14,895.
(25) J. RICHARD O'CONNELL FORMER KEY EMPLOYEE	0.00 50.00						X	0.	1,748,402.	54,577.
(26) KEDRICK ADKINS FORMER KEY EMPLOYEE	0.00 50.00						X	0.	1,069,394.	1,656.
1b Sub-total								4,321,701.	6,330,911.	535,096.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,321,701.	6,330,911.	535,096.

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

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- 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
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
LAKESHORE ANESTHESIA SERVICES, P.C., 550 W. WESTERN AVE., STE B, MUSKEGON, MI 48440	ANESTHESIA SERVICES	5,492,338.
PROGRESSIVE AE 800 ELLIS RD, MUSKEGON, MI 49441	ARCHITECTURE SERVICES	3,305,827.
NINA JOHNSON, MD PC 740 LAKE DRIVE, MUSKEGON, MI 49445	HEALTH CARE SERVICES	2,004,062.
ORTHOPAEDIC ASSOC OF MKG PLC, 1400 MERCY DR, SUITE 100, MUSKEGON, MI 49444	HEALTH CARE SERVICES	1,806,929.
SECURITAS SECURITY SERVICE USA P.O. BOX 403412, ATLANTA, GA 30384	SECURITY SERVICES	1,584,997.

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

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	43,329.				
	d Related organizations	1d	774.				
	e Government grants (contributions)	1e	558,014.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	711,036.				
	g Noncash contributions included in lines 1a-1f \$		39,832.				
	h Total. Add lines 1a-1f			1,313,153.			
Program Service Revenue			Business Code				
	2 a NET PATIENT SVC REV		622110	504,387,920.	504,387,920.		
	b PHARMACY REVENUE		446110	14,494,975.	11,836,278.	2,658,697.	
	c LABORATORY REVENUE		621500	2,358,542.		2,358,542.	
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			521,241,437.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,878,455.			2,878,455.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			-1,201,912.			-1,201,912.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			1,987,103.			1,987,103.
	8 a Gross income from fundraising events (not including \$ 43,329. 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			8,983.			8,983.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			4,337.			4,337.	
Miscellaneous Revenue		Business Code					
11 a PROVIDER INCENTIVE REV		622110	5,919,566.	5,919,566.			
b CAFETERIA		722514	1,210,966.			1,210,966.	
c GOVT'T SUBSIDY - EHR		622110	862,082.	862,082.			
d All other revenue		622110	4,483,918.	4,375,602.	108,316.		
e Total. Add lines 11a-11d			12,476,532.				
12 Total revenue. See instructions.			538,708,088.	527,381,448.	5,125,555.	4,887,932.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,259,466.	1,259,466.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,750,398.	405,933.	3,344,465.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	367,330.	285,291.	82,039.	
7 Other salaries and wages	209,046,452.	196,252,666.	12,793,786.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,549,167.	6,208,233.	340,934.	
9 Other employee benefits	22,845,854.	21,241,351.	1,604,503.	
10 Payroll taxes	14,117,683.	12,909,355.	1,208,328.	
11 Fees for services (non-employees):				
a Management	385.	385.		
b Legal	949,692.		949,692.	
c Accounting				
d Lobbying	13,415.		13,415.	
e Professional fundraising services. See Part IV, line 17	54,000.			54,000.
f Investment management fees	175,495.		175,495.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	27,319,924.	24,940,876.	2,379,048.	
12 Advertising and promotion	183,785.	27,088.	156,697.	
13 Office expenses	5,151,642.	3,731,303.	1,420,339.	
14 Information technology	24,733,243.	921,314.	23,811,929.	
15 Royalties				
16 Occupancy	11,544,160.	8,945,201.	2,598,959.	
17 Travel	375,902.	182,209.	193,693.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	865,598.	711,518.	154,080.	
20 Interest	4,598,820.	4,598,820.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,021,526.	12,199,087.	9,822,439.	
23 Insurance	3,894,474.	3,894,474.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	83,456,512.	83,456,512.	0.	0.
b INTERC. PURCH SVCS	21,762,196.	4,301,619.	17,460,577.	0.
c BAD DEBT EXPENSE	14,196,700.	14,196,700.	0.	0.
d HOSPITAL PROVIDER TAX	9,403,600.	9,403,600.	0.	0.
e All other expenses	17,331,214.	12,094,954.	5,236,260.	
25 Total functional expenses. Add lines 1 through 24e	505,968,633.	422,167,955.	83,746,678.	54,000.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,070,342.	1	1,380,544.
	2 Savings and temporary cash investments	29,890.	2	29,300.
	3 Pledges and grants receivable, net	1,078,714.	3	726,621.
	4 Accounts receivable, net	54,259,178.	4	58,395,784.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	14,504,001.	7	10,085,073.
	8 Inventories for sale or use	6,791,479.	8	8,891,872.
	9 Prepaid expenses and deferred charges	1,571,272.	9	1,341,920.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 424,595,889.		
	b Less: accumulated depreciation	10b 323,894,849.	10c	100,701,040.
	11 Investments - publicly traded securities	98,063,531.	11	83,228,106.
	12 Investments - other securities. See Part IV, line 11	74,522,709.	12	72,525,816.
	13 Investments - program-related. See Part IV, line 11	57,385,761.	13	
	14 Intangible assets	3,202,405.	14	4,311,176.
	15 Other assets. See Part IV, line 11	37,830,078.	15	35,543,141.
16 Total assets. Add lines 1 through 15 (must equal line 34)	350,309,360.	16	377,160,393.	
Liabilities	17 Accounts payable and accrued expenses	44,372,112.	17	54,116,716.
	18 Grants payable		18	
	19 Deferred revenue		19	18,972.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,593,191.	23	2,055,215.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	146,014,947.	25	145,208,746.
	26 Total liabilities. Add lines 17 through 25	191,980,250.	26	201,399,649.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	152,594,677.	27	170,200,595.
	28 Temporarily restricted net assets	4,752,411.	28	4,664,263.
	29 Permanently restricted net assets	982,022.	29	895,886.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	158,329,110.	33	175,760,744.
	34 Total liabilities and net assets/fund balances	350,309,360.	34	377,160,393.

Form 990 (2014)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	538,708,088.
2	Total expenses (must equal Part IX, column (A), line 25)	2	505,968,633.
3	Revenue less expenses. Subtract line 2 from line 1	3	32,739,455.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	158,329,110.
5	Net unrealized gains (losses) on investments	5	-3,224,421.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,083,400.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	175,760,744.

Part XII Financial Statements and Reporting

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?	X	
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	X	

Form 990 (2014)

OMB No. 1545-0047

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

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, conference, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g. Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

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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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

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

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

2 Political expenditures

▶ \$

3 Volunteer hours

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

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

▶ \$

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

▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a Was a correction made?

☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$

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

▶ \$

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

☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-

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

Schedule C (Form 990 or 990-EZ) 2014

LHA
432041
10-21-14

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		20,235.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		13,415.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			33,650.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

Part IV Supplemental Information (continued)

MERCY HEALTH PARTNERS MADE NO CONTRIBUTIONS TO ANY LEGISLATORS OR CANDIDATES.

MERCY HEALTH PARTNERS ALSO PAID THIRD PARTY LOBBYING FIRMS DURING THE YEAR TO LOBBY FOR OR AGAINST LEGISLATION DETERMINED TO BE OF INTEREST TO MERCY HEALTH PARTNERS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number
38-2589966

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	962,590.	913,189.	1,492,191.	1,594,320.	1,636,005.
b Contributions					500.
c Net investment earnings, gains, and losses	15,688.	49,401.	196,336.	-11,173.	118,553.
d Grants or scholarships					
e Other expenditures for facilities and programs	101,824.		756,527.	90,956.	160,738.
f Administrative expenses					
g End of year balance	876,454.	962,590.	932,000.	1,492,191.	1,594,320.

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100.00 %
 c Temporarily restricted endowment ☐ %

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,693,225.		6,693,225.
b Buildings		204,358,094.	144,605,409.	59,752,685.
c Leasehold improvements				
d Equipment		204,903,255.	175,814,947.	29,088,308.
e Other		8,641,315.	3,474,493.	5,166,822.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED FUNDS DIRECTLY		
(B) HOLDING SECURITIES	20,307,229.	END-OF-YEAR MARKET VALUE
(C) EQUITY METHOD INVESTMENTS	27,559,810.	COST
(D) HEDGE FUNDS	24,658,777.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	72,525,816.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MISCELLANEOUS RECEIVABLES	3,377,479.
(2) INTERCOMPANY LONG TERM ASSETS	26,873,310.
(3) OTHER LONG TERM ASSETS	241,047.
(4) INVESTMENT IN UNCONSOLIDATED AFFILIATES	4,072,476.
(5) INTERCOMPANY RECEIVABLES	978,829.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	35,543,141.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY NOTES PAYABLE	127,527,247.
(3) INTERCOMPANY ACCOUNTS PAYABLE	6,248,213.
(4) SHORT TERM GUARANTEES	2,282,263.
(5) DEFERRED COMPENSATION	3,469,646.
(6) ASSET RETIREMENT OBLIGATIONS (FIN	
(7) 47)	3,970,101.
(8) LONG TERM GUARANTEES	1,711,276.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	145,208,746.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: A PORTION OF MERCY HEALTH PARTNERS' ENDOWMENT FUNDS ARE FOR PATIENT RELATED PURPOSES INCLUDING PATIENT CARE, SPECIALIZED EQUIPMENT AND FACILITIES, AND FREE CARE AND OPERATIONS. THE REMAINING FUNDS ARE FOR NURSING EDUCATION AND TRAINING.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☒ Solicitation of government grants
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HILLARY LYONS ASSOC. - PO BOX 99, DIMONDALE, MI 48821	CONSULTS ON MAJOR GIFT SOLICITATIONS		X	641,814.	54,000.	587,814.
Total				641,814.	54,000.	587,814.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MI

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

Schedule G (Form 990 or 990-EZ) 2014

432081
08-28-14

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BENEFIT BALL (event type)	THE RIDE (event type)	1 (total number)	
Revenue	1 Gross receipts	62,580.	30,704.	24,849.	118,133.
	2 Less: Contributions	15,300.	20,012.	8,017.	43,329.
	3 Gross income (line 1 minus line 2)	47,280.	10,692.	16,832.	74,804.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		1,658.		1,658.
	6 Rent/facility costs	4,143.	831.		4,974.
	7 Food and beverages	22,600.	330.	5,756.	28,686.
	8 Entertainment	3,986.		150.	4,136.
	9 Other direct expenses	10,607.	10,610.	5,150.	26,367.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				65,821.
	11 Net income summary. Subtract line 10 from line 3, column (d)				8,983.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer
☐ Employee
☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: HILLARY LYONS ASSOC.

(I) ADDRESS OF FUNDRAISER: PO BOX 99, DIMONDALE, MI 48821

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
 ► **Attach to Form 990.**
 ► **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- 1b** If "Yes," was it a written policy?
 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
- 2**
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?
 If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b		X
5c		
6a	X	
6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	3	23,629	5,897,072.	1,795,182.	4,101,890.	.83%
b Medicaid (from Worksheet 3, column a)	3	136,747	80,277,981.	64,566,911.	15,711,070.	3.19%
c Costs of other means-tested government programs (from Worksheet 3, column b)	14	549	1,440,506.	1,898,042.	-457,536.	.00%
d Total Financial Assistance and Means-Tested Government Programs	20	160,925	87,615,559.	68,260,135.	19,355,424.	4.02%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	33	113,189	3,888,457.	233,370.	3,655,087.	.74%
f Health professions education (from Worksheet 5)	4	161	6,016,618.	1,647,556.	4,369,062.	.89%
g Subsidized health services (from Worksheet 6)	1	1,345	14,016,144.	7,267,454.	6,748,690.	1.37%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	50,667	437,051.		437,051.	.09%
j Total. Other Benefits	41	165,362	24,358,270.	9,148,380.	15,209,890.	3.09%
k Total. Add lines 7d and 7j	61	326,287	111,973,829.	77,408,515.	34,565,314.	7.11%

Part V	Facility Information
---------------	-----------------------------

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A.)

Name of hospital facility or letter of facility reporting group MERCY HEALTH PARTNERS MERCY CAMPUSLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group MERCY HEALTH PARTNERS MERCY CAMPUS

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

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Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group MERCY HEALTH PARTNERS MERCY CAMPUS

- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
19		X

If "Yes", check all actions in which the hospital facility or a third party engaged

- a ☐ Reporting to credit agency(ies)
 b ☐ Selling an individual's debt to another party
 c ☐ Actions that require a legal or judicial process
 d ☐ Other similar actions (describe in Section C)

- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Notified individuals of the financial assistance policy on admission
 b ☒ Notified individuals of the financial assistance policy prior to discharge
 c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 e ☐ Other (describe in Section C)
 f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

21	X	

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
 b ☐ The hospital facility's policy was not in writing
 c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 d ☐ Other (describe in Section C)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
 b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
 c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
 d ☒ Other (describe in Section C)

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

23		X
24		X

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group MERCY HEALTH PARTNERS LAKESHORE CAMPUSLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group **MERCY HEALTH PARTNERS LAKESHORE CAMPUS**

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP.		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

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Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group MERCY HEALTH PARTNERS LAKESHORE CAMPUS

- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
19		X

If "Yes", check all actions in which the hospital facility or a third party engaged:

- a ☐ Reporting to credit agency(ies)
 b ☐ Selling an individual's debt to another party
 c ☐ Actions that require a legal or judicial process
 d ☐ Other similar actions (describe in Section C)

- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Notified individuals of the financial assistance policy on admission
 b ☒ Notified individuals of the financial assistance policy prior to discharge
 c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 e ☐ Other (describe in Section C)
 f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
21	X	

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
 b ☐ The hospital facility's policy was not in writing
 c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 d ☐ Other (describe in Section C)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
 b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
 c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
 d ☒ Other (describe in Section C)

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

	Yes	No
23		X

If "Yes," explain in Section C.

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

	Yes	No
24		X

If "Yes," explain in Section C

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A.)

Name of hospital facility or letter of facility reporting group MERCY HEALTH PARTNERS HACKLEY CAMPUSLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group **MERCY HEALTH PARTNERS HACKLEY CAMPUS**

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

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Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group MERCY HEALTH PARTNERS HACKLEY CAMPUS

- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
19		X

If "Yes", check all actions in which the hospital facility or a third party engaged:

- a ☐ Reporting to credit agency(ies)
 b ☐ Selling an individual's debt to another party
 c ☐ Actions that require a legal or judicial process
 d ☐ Other similar actions (describe in Section C)

- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a ☒ Notified individuals of the financial assistance policy on admission
 b ☒ Notified individuals of the financial assistance policy prior to discharge
 c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 e ☐ Other (describe in Section C)
 f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
21	X	

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
 b ☐ The hospital facility's policy was not in writing
 c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 d ☐ Other (describe in Section C)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
 b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
 c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
 d ☒ Other (describe in Section C)

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

	Yes	No
23		X

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
24		X

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 3J: MERCY HEALTH PARTNERS' (MERCY HEALTH MUSKEGON)

2013 CHNA ALSO INCLUDED:

-INTRODUCTION AND MISSION REVIEW STATEMENT

-LOOKING BACK AT THE 2009 CHNA: A PROGRESS REPORT

-REFLECTIONS ON THE CHNA PROCESS: LESSONS LEARNED AND NEXT STEPS

-9 APPENDICES, INCLUDING (FOR ALL 3 COUNTIES): COMMUNITY, HEALTH AND

ENVIRONMENTAL DATA TABLES; HEALTH DISPARITIES INDICATORS & REPORT CARD;

UNIVERSITY OF WISCONSIN COUNTY HEALTH RANKINGS DATA; CALL 2-1-1 TOP HEALTH

CARE AND RELATED SERVICE REQUESTS AND UNMET NEEDS; 2012 MICHIGAN PROFILE

FOR HEALTH YOUTH SURVEY RESULTS; CONSUMER HEALTH ISSUES SURVEY

QUESTIONNAIRE; COMMUNITY PARTICIPANTS IN FOCUS GROUPS.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 3J: MERCY HEALTH PARTNERS' (MERCY HEALTH MUSKEGON)

2013 CHNA ALSO INCLUDED:

-INTRODUCTION AND MISSION REVIEW STATEMENT

-LOOKING BACK AT THE 2009 CHNA: A PROGRESS REPORT

-REFLECTIONS ON THE CHNA PROCESS: LESSONS LEARNED AND NEXT STEPS

-9 APPENDICES, INCLUDING (FOR ALL 3 COUNTIES): COMMUNITY, HEALTH AND

ENVIRONMENTAL DATA TABLES; HEALTH DISPARITIES INDICATORS & REPORT CARD;

UNIVERSITY OF WISCONSIN COUNTY HEALTH RANKINGS DATA; CALL 2-1-1 TOP HEALTH

CARE AND RELATED SERVICE REQUESTS AND UNMET NEEDS; 2012 MICHIGAN PROFILE

FOR HEALTH YOUTH SURVEY RESULTS; CONSUMER HEALTH ISSUES SURVEY

QUESTIONNAIRE; COMMUNITY PARTICIPANTS IN FOCUS GROUPS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 3J: MERCY HEALTH PARTNERS' (MERCY HEALTH MUSKEGON)

2013 CHNA ALSO INCLUDED:

-INTRODUCTION AND MISSION REVIEW STATEMENT

-LOOKING BACK AT THE 2009 CHNA: A PROGRESS REPORT

-REFLECTIONS ON THE CHNA PROCESS: LESSONS LEARNED AND NEXT STEPS

-9 APPENDICES, INCLUDING (FOR ALL 3 COUNTIES): COMMUNITY, HEALTH AND

ENVIRONMENTAL DATA TABLES; HEALTH DISPARITIES INDICATORS & REPORT CARD;

UNIVERSITY OF WISCONSIN COUNTY HEALTH RANKINGS DATA; CALL 2-1-1 TOP HEALTH

CARE AND RELATED SERVICE REQUESTS AND UNMET NEEDS; 2012 MICHIGAN PROFILE

FOR HEALTH YOUTH SURVEY RESULTS; CONSUMER HEALTH ISSUES SURVEY

QUESTIONNAIRE; COMMUNITY PARTICIPANTS IN FOCUS GROUPS.

MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 5: THE CHNA PROCESS BEGAN WITH A STEERING

COMMITTEE REPRESENTING A BROAD RANGE OF INTERESTS IN THE 3-COUNTY SERVICE

AREA. PARTNER ORGANIZATIONS THAT PARTICIPATED INCLUDED: HEALTH PROJECT

ADVISORY BOARD, UNITED WAY OF THE LAKESHORE, MUSKEGON COUNTY PUBLIC

HEALTH, DISTRICT HEALTH DEPARTMENT #10, LAKESHORE HEALTH NETWORK,

WESTSHORE PHARMACY, MERCY VNS AND HARBOR HOSPICE, COMMUNITY MENTAL HEALTH

SERVICES OF MUSKEGON COUNTY, WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM,

HACKLEY COMMUNITY CARE CENTER (FQHC), MUSKEGON FAMILY CARE (FQHC),

COMMUNITY ACTION LINE OF THE LAKESHORE (CALL 2-1-1), MUSKEGON AREA

INTERMEDIATE SCHOOL DISTRICT, GRAND VALLEY STATE UNIVERSITY, UNITED WAY OF

MASON COUNTY, CHILD ABUSE COUNCIL OF MUSKEGON COUNTY, AND PADNOS ALUMINUM.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY PARTICIPATION AND INPUT: A SERIES OF ACTIVITIES, INCLUDING THE EXECUTION OF A DETAILED CONSUMER HEALTH SURVEY, ONE-ON-ONE INTERVIEWS WITH HEALTH CARE RECIPIENTS, INPUT FROM NATIVE AMERICANS GENERATED THROUGH LOCALLY ARRANGED TALKING CIRCLES, AND THE FACILITATION OF A SEQUENCE OF COMMUNITY CONVERSATIONS AND FOCUS GROUPS WERE HELD TO ACHIEVE BROAD PUBLIC PARTICIPATION IN IDENTIFYING THE HEALTH CARE NEEDS OF THE COMMUNITY.

A CONSUMER HEALTH ISSUES SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON THE DEMOGRAPHIC CHARACTERISTICS AND PERSONAL WELL-BEING OF RESPONDENTS AND THEIR HOUSEHOLD MEMBERS, FEEDBACK ON ABILITY TO ACCESS HEALTH CARE SERVICES AND THE QUALITY OF CARE RECEIVED.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEY VIA THE USE OF SURVEY MONKEY. FACILITATED COMMUNITY CONVERSATIONS TOOK PLACE IN TWO COUNTIES FOR A PERIOD OF 2-3 HOURS TO DISCUSS TOPICS RAISED BY THE SURVEY. FOCUS GROUPS WERE CONDUCTED AROUND THE TOPICAL AREAS RAISED IN THE SURVEYS AND FORUMS, INCLUDING ONE PHYSICIAN FOCUS GROUP. ONE-ON-ONE INTERVIEWS WERE CONDUCTED BY TRAINED INTERVIEWERS IN BOTH ENGLISH AND SPANISH WITH RESIDENTS ON THEIR HEALTH CARE EXPERIENCES.

MERCY HEALTH MUSKEGON'S 2013 CHNA INCLUDES THE FOLLOWING INFORMATION ELEMENTS:

1) DEMOGRAPHIC INFORMATION, HEALTH AND ENVIRONMENTAL DATA, DATA ON HEALTH DISPARITIES.

2) CONSUMER SURVEY, ADMINISTERED VIA PAPER QUESTIONNAIRES AT A VARIETY OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

COMMUNITY VENUES AND ELECTRONIC MEDIA. RESPONSES TO THE SURVEY INCLUDED
2,084 SURVEYS.

3)FOUR COMMUNITY FORUMS, CALLED "COMMUNITY CONVERSATIONS," IN TWO OF THE
THREE COUNTIES. ABOUT 160 PEOPLE PARTICIPATED IN THE FOUR CONVERSATIONS.

4)TEN FOCUS GROUPS ON DIFFERENT TOPICAL AREAS. SEVENTY-FIVE PEOPLE
PARTICIPATED.

5)FIFTY-TWO ONE-ON-ONE INTERVIEWS WERE CONDUCTED WITH CURRENT AND FORMER
PATIENTS OF THE LOCAL HEALTH SYSTEM AND HUMAN SERVICE PROVIDERS.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 5: THE CHNA PROCESS BEGAN WITH A STEERING
COMMITTEE REPRESENTING A BROAD RANGE OF INTERESTS IN THE 3-COUNTY SERVICE
AREA. PARTNER ORGANIZATIONS THAT PARTICIPATED INCLUDED: HEALTH PROJECT
ADVISORY BOARD, UNITED WAY OF THE LAKESHORE, MUSKEGON COUNTY PUBLIC
HEALTH, DISTRICT HEALTH DEPARTMENT #10, LAKESHORE HEALTH NETWORK,
WESTSHORE PHARMACY, MERCY VNS AND HARBOR HOSPICE, COMMUNITY MENTAL HEALTH
SERVICES OF MUSKEGON COUNTY, WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM,
HACKLEY COMMUNITY CARE CENTER (FQHC), MUSKEGON FAMILY CARE (FQHC),
COMMUNITY ACTION LINE OF THE LAKESHORE (CALL 2-1-1), MUSKEGON AREA
INTERMEDIATE SCHOOL DISTRICT, GRAND VALLEY STATE UNIVERSITY, UNITED WAY OF
MASON COUNTY, CHILD ABUSE COUNCIL OF MUSKEGON COUNTY, AND PADNOS ALUMINUM.

COMMUNITY PARTICIPATION AND INPUT: A SERIES OF ACTIVITIES, INCLUDING THE
EXECUTION OF A DETAILED CONSUMER HEALTH SURVEY, ONE-ON-ONE INTERVIEWS WITH
HEALTH CARE RECIPIENTS, INPUT FROM NATIVE AMERICANS GENERATED THROUGH
LOCALLY ARRANGED TALKING CIRCLES, AND THE FACILITATION OF A SEQUENCE OF
COMMUNITY CONVERSATIONS AND FOCUS GROUPS WERE HELD TO ACHIEVE BROAD PUBLIC

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PARTICIPATION IN IDENTIFYING THE HEALTH CARE NEEDS OF THE COMMUNITY.

A CONSUMER HEALTH ISSUES SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON THE DEMOGRAPHIC CHARACTERISTICS AND PERSONAL WELL-BEING OF RESPONDENTS AND THEIR HOUSEHOLD MEMBERS, FEEDBACK ON ABILITY TO ACCESS HEALTH CARE SERVICES AND THE QUALITY OF CARE RECEIVED.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEY VIA THE USE OF SURVEY MONKEY. FACILITATED COMMUNITY CONVERSATIONS TOOK PLACE IN TWO COUNTIES FOR A PERIOD OF 2-3 HOURS TO DISCUSS TOPICS RAISED BY THE SURVEY. FOCUS GROUPS WERE CONDUCTED AROUND THE TOPICAL AREAS RAISED IN THE SURVEYS AND FORUMS, INCLUDING ONE PHYSICIAN FOCUS GROUP. ONE-ON-ONE INTERVIEWS WERE CONDUCTED BY TRAINED INTERVIEWERS IN BOTH ENGLISH AND SPANISH WITH RESIDENTS ON THEIR HEALTH CARE EXPERIENCES.

MERCY HEALTH MUSKEGON'S 2013 CHNA INCLUDES THE FOLLOWING INFORMATION ELEMENTS:

1) DEMOGRAPHIC INFORMATION, HEALTH AND ENVIRONMENTAL DATA, DATA ON HEALTH DISPARITIES.

2) CONSUMER SURVEY, ADMINISTERED VIA PAPER QUESTIONNAIRES AT A VARIETY OF COMMUNITY VENUES AND ELECTRONIC MEDIA. RESPONSES TO THE SURVEY INCLUDED 2,084 SURVEYS.

3) FOUR COMMUNITY FORUMS, CALLED "COMMUNITY CONVERSATIONS," IN TWO OF THE THREE COUNTIES. ABOUT 160 PEOPLE PARTICIPATED IN THE FOUR CONVERSATIONS.

4) TEN FOCUS GROUPS ON DIFFERENT TOPICAL AREAS. SEVENTY-FIVE PEOPLE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTICIPATED.

5) FIFTY-TWO ONE-ON-ONE INTERVIEWS WERE CONDUCTED WITH CURRENT AND FORMER PATIENTS OF THE LOCAL HEALTH SYSTEM AND HUMAN SERVICE PROVIDERS.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 5: THE CHNA PROCESS BEGAN WITH A STEERING COMMITTEE REPRESENTING A BROAD RANGE OF INTERESTS IN THE 3-COUNTY SERVICE AREA. PARTNER ORGANIZATIONS THAT PARTICIPATED INCLUDED: HEALTH PROJECT ADVISORY BOARD, UNITED WAY OF THE LAKESHORE, MUSKEGON COUNTY PUBLIC HEALTH, DISTRICT HEALTH DEPARTMENT #10, LAKESHORE HEALTH NETWORK, WESTSHORE PHARMACY, MERCY VNS AND HARBOR HOSPICE, COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY, WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM, HACKLEY COMMUNITY CARE CENTER (FQHC), MUSKEGON FAMILY CARE (FQHC), COMMUNITY ACTION LINE OF THE LAKESHORE (CALL 2-1-1), MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT, GRAND VALLEY STATE UNIVERSITY, UNITED WAY OF MASON COUNTY, CHILD ABUSE COUNCIL OF MUSKEGON COUNTY, AND PADNOS ALUMINUM.

COMMUNITY PARTICIPATION AND INPUT: A SERIES OF ACTIVITIES, INCLUDING THE EXECUTION OF A DETAILED CONSUMER HEALTH SURVEY, ONE-ON-ONE INTERVIEWS WITH HEALTH CARE RECIPIENTS, INPUT FROM NATIVE AMERICANS GENERATED THROUGH LOCALLY ARRANGED TALKING CIRCLES, AND THE FACILITATION OF A SEQUENCE OF COMMUNITY CONVERSATIONS AND FOCUS GROUPS WERE HELD TO ACHIEVE BROAD PUBLIC PARTICIPATION IN IDENTIFYING THE HEALTH CARE NEEDS OF THE COMMUNITY.

A CONSUMER HEALTH ISSUES SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON THE DEMOGRAPHIC CHARACTERISTICS AND PERSONAL WELL-BEING OF RESPONDENTS AND THEIR HOUSEHOLD MEMBERS, FEEDBACK ON ABILITY TO ACCESS HEALTH CARE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

SERVICES AND THE QUALITY OF CARE RECEIVED.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEY VIA THE USE OF SURVEY MONKEY. FACILITATED COMMUNITY CONVERSATIONS TOOK PLACE IN TWO COUNTIES FOR A PERIOD OF 2-3 HOURS TO DISCUSS TOPICS RAISED BY THE SURVEY. FOCUS GROUPS WERE CONDUCTED AROUND THE TOPICAL AREAS RAISED IN THE SURVEYS AND FORUMS, INCLUDING ONE PHYSICIAN FOCUS GROUP. ONE-ON-ONE INTERVIEWS WERE CONDUCTED BY TRAINED INTERVIEWERS IN BOTH ENGLISH AND SPANISH WITH RESIDENTS ON THEIR HEALTH CARE EXPERIENCES.

MERCY HEALTH MUSKEGON'S 2013 CHNA INCLUDES THE FOLLOWING INFORMATION ELEMENTS:

- 1) DEMOGRAPHIC INFORMATION, HEALTH AND ENVIRONMENTAL DATA, DATA ON HEALTH DISPARITIES.
- 2) CONSUMER SURVEY, ADMINISTERED VIA PAPER QUESTIONNAIRES AT A VARIETY OF COMMUNITY VENUES AND ELECTRONIC MEDIA. RESPONSES TO THE SURVEY INCLUDED 2,084 SURVEYS.
- 3) FOUR COMMUNITY FORUMS, CALLED "COMMUNITY CONVERSATIONS," IN TWO OF THE THREE COUNTIES. ABOUT 160 PEOPLE PARTICIPATED IN THE FOUR CONVERSATIONS.
- 4) TEN FOCUS GROUPS ON DIFFERENT TOPICAL AREAS. SEVENTY-FIVE PEOPLE PARTICIPATED.
- 5) FIFTY-TWO ONE-ON-ONE INTERVIEWS WERE CONDUCTED WITH CURRENT AND FORMER PATIENTS OF THE LOCAL HEALTH SYSTEM AND HUMAN SERVICE PROVIDERS.

MERCY HEALTH PARTNERS MERCY CAMPUS:

Part V. Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility

PART V, SECTION B, LINE 6A: THE 2013 CHNA WAS CONDUCTED WITH THE THREE HOSPITAL SYSTEM FACILITIES COMPRISING MERCY HEALTH MUSKEGON: MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS. THE MERCY AND HACKLEY CAMPUSES ARE ACUTE FACILITIES LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON, OCEANA AND NEWAYGO COUNTIES. THE LAKESHORE CAMPUS IS A CRITICAL ACCESS FACILITY SERVING OCEANA COUNTY AND PARTS OF NEWAYGO COUNTY.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 6A: THE 2013 CHNA WAS CONDUCTED WITH THE THREE HOSPITAL SYSTEM FACILITIES COMPRISING MERCY HEALTH MUSKEGON: MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS. THE MERCY AND HACKLEY CAMPUSES ARE ACUTE FACILITIES LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON, OCEANA AND NEWAYGO COUNTIES. THE LAKESHORE CAMPUS IS A CRITICAL ACCESS FACILITY SERVING OCEANA COUNTY AND PARTS OF NEWAYGO COUNTY.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 6A: THE 2013 CHNA WAS CONDUCTED WITH THE THREE HOSPITAL SYSTEM FACILITIES COMPRISING MERCY HEALTH MUSKEGON: MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS. THE MERCY AND HACKLEY CAMPUSES ARE ACUTE FACILITIES LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON, OCEANA AND NEWAYGO COUNTIES. THE LAKESHORE CAMPUS IS A CRITICAL ACCESS FACILITY SERVING OCEANA COUNTY AND PARTS OF NEWAYGO COUNTY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 7D: MERCY HEALTH MUSKEGON'S MARKETING DEPARTMENT PUBLISHED A 4-PAGE CHNA SUMMARY IN NOVEMBER 2012 AS AN INSERT IN THE LOCAL NEWSPAPER, THE MUSKEGON CHRONICLE, WITH AN APPROXIMATE CIRCULATION OF 35,000. A 10,000 COPY OVER-RUN WAS PRINTED AND HAS BEEN USED REPEATEDLY BY MERCY PERSONNEL FOR DISTRIBUTION AT MEETINGS, SPEAKING ENGAGEMENTS, CONFERENCES AND A VARIETY OF COMMUNITY OUTREACH EVENTS. IT IS ALSO AVAILABLE AT HEALTH PROJECT OFFICES AND ALL THREE MERCY HEALTH MUSKEGON CAMPUSES.

PART V, SECTION B, LINE 7A: WWW.MERCYHEALTHMUSKEGON.COM/CHNA

PART V, SECTION B, LINE 7B:

HTTP://MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

PART V, SECTION B, LINE 10A: WWW.MERCYHEALTHMUSKEGON.COM/CHNA

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 7D: MERCY HEALTH MUSKEGON'S MARKETING DEPARTMENT PUBLISHED A 4-PAGE CHNA SUMMARY IN NOVEMBER 2012 AS AN INSERT IN THE LOCAL NEWSPAPER, THE MUSKEGON CHRONICLE, WITH AN APPROXIMATE CIRCULATION OF 35,000. A 10,000 COPY OVER-RUN WAS PRINTED AND HAS BEEN USED REPEATEDLY BY MERCY PERSONNEL FOR DISTRIBUTION AT MEETINGS, SPEAKING ENGAGEMENTS, CONFERENCES AND A VARIETY OF COMMUNITY OUTREACH EVENTS. IT IS ALSO AVAILABLE AT HEALTH PROJECT OFFICES AND ALL THREE MERCY HEALTH MUSKEGON CAMPUSES.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 7A: WWW.MERCYHEALTHMUSKEGON.COM/CHNA

PART V, SECTION B, LINE 7B:

HTTP://MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

PART V, SECTION B, LINE 10A: WWW.MERCYHEALTHMUSKEGON.COM/CHNA

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 7D: MERCY HEALTH MUSKEGON'S MARKETING DEPARTMENT PUBLISHED A 4-PAGE CHNA SUMMARY IN NOVEMBER 2012 AS AN INSERT IN THE LOCAL NEWSPAPER, THE MUSKEGON CHRONICLE, WITH AN APPROXIMATE CIRCULATION OF 35,000. A 10,000 COPY OVER-RUN WAS PRINTED AND HAS BEEN USED REPEATEDLY BY MERCY PERSONNEL FOR DISTRIBUTION AT MEETINGS, SPEAKING ENGAGEMENTS, CONFERENCES AND A VARIETY OF COMMUNITY OUTREACH EVENTS. IT IS ALSO AVAILABLE AT HEALTH PROJECT OFFICES AND ALL THREE MERCY HEALTH MUSKEGON CAMPUSES.

PART V, SECTION B, LINE 7A: WWW.MERCYHEALTHMUSKEGON.COM/CHNA

PART V, SECTION B, LINE 7B:

HTTP://MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

PART V, SECTION B, LINE 10A: WWW.MERCYHEALTHMUSKEGON.COM/CHNA

MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 11: THE FOLLOWING WERE DETERMINED TO BE THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SIGNIFICANT HEALTH NEEDS FOR THE MERCY CAMPUS TO ADDRESS:

-HIGH BLOOD PRESSURE/ CARDIOVASCULAR DISEASE - NEIGHBORHOOD BASED COMMUNITY EVENTS PROVIDE FREE OF COST SCREENING AND REFERRALS TO INDIVIDUALS IN THE COMMUNITY. AS PART OF THE PATHWAYS TO BETTER HEALTH PROGRAM, HYPERTENSION PATIENTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO HELP ADDRESS SOCIAL DETERMINANTS, ENSURE COMMUNITY CARE COORDINATION, EDUCATE ON SELF-MANAGEMENT PRACTICES AND HEALTHY BEHAVIORS, AND IMPROVE PATIENT ADHERENCE TO TREATMENT REGIMENS.

-DIABETES - NEIGHBORHOOD BASED COMMUNITY EVENTS PROVIDE FREE OF COST SCREENING AND REFERRALS TO INDIVIDUALS IN THE COMMUNITY. AS PART OF THE PATHWAYS TO BETTER HEALTH PROGRAM, DIABETES PATIENTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO HELP ADDRESS SOCIAL DETERMINANTS, ENSURE COMMUNITY CARE COORDINATION, EDUCATE ON SELF-MANAGEMENT PRACTICES AND HEALTHY BEHAVIORS, AND IMPROVE PATIENT ADHERENCE TO TREATMENT REGIMENS.

-EMERGENCY ROOM OVERUSE - THE ADDITION OF MORE PRIMARY CARE PHYSICIANS HAS MADE IT EASIER TO GET APPOINTMENTS AT PRIMARY CARE OFFICES FOR AMBULATORY NEEDS, KEEPING A GREAT NUMBER OF AMBULATORY CASES OUT OF THE EMERGENCY ROOM. THE PATHWAYS TO BETTER HEALTH PROGRAM ALSO TARGETS INDIVIDUALS WHO FREQUENTLY USE THE EMERGENCY DEPARTMENT (ED) FOR CHRONIC DISEASE MANAGEMENT AND PAIRS THEM WITH A COMMUNITY HEALTH WORKER TO HELP COORDINATE PROPER CARE AND ADDRESS SOCIAL DETERMINANTS. MERCY HEALTH MUSKEGON CONDUCTED A STUDY OF ED UTILIZATION, WHICH ANALYZED FREQUENT USERS, WHERE THEY WERE COMING FROM, DAYS OF THE WEEK/TIME OF DAY, ETC. TO HELP DEVELOP STRATEGIES AND PROGRAMS TO REDUCE ED USAGE. FREQUENT ED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

USERS FOR PRIMARY CARE NEEDS-LOW ACUITY CONDITIONS-ARE BEING IDENTIFIED
FOR FOLLOW-UP ENROLLMENT IN HEALTH COVERAGE AND A PRIMARY CARE HOME.

MERCY CAMPUS ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT
EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY
FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING,
UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO IMPACT NEEDED CHANGE WITHIN THE
3-YEAR CHNA PERIOD. MERCY CAMPUS WILL NOT TAKE PRIMARY ACTION ON THE
FOLLOWING HEALTH NEEDS:

-SEXUALLY TRANSMITTED DISEASES - DETERMINED TO BE PRIMARILY IN THE PUBLIC
HEALTH DOMAIN, WITH ASSISTANCE OF COMMUNITY- AND FAITH-BASED
ORGANIZATIONS.

-DEPRESSION - DETERMINED TO BE IN THE COMMUNITY DOMAIN, INCLUDING PUBLIC
HEALTH, COMMUNITY MENTAL HEALTH, AND COALITION FOR DRUG FREE MUSKEGON,
WITH THE ASSISTANCE OF MERCY LIFE COUNSELING.

-ACCESS TO DENTAL CARE - DETERMINED TO BE IN THE PUBLIC HEALTH DOMAIN,
INCLUDING THE FQHC DENTAL CLINICS.

-PREVENTIVE CARE - DETERMINED TO FALL IN THE PUBLIC HEALTH DOMAIN, WITH
ASSISTANCE FROM SCHOOL DISTRICTS, COMMUNITY GROUPS, AND LOCAL PRIMARY CARE
PROVIDERS.

-NUTRITION EDUCATION/ACCESS TO HEALTHY FOODS (AND OBESITY) - DETERMINED
TO BE IN THE PUBLIC HEALTH AND COMMUNITY DOMAINS, INCLUDING SCHOOL
DISTRICTS, MSU EXTENSION, AND COMMUNITY WELLNESS COALITIONS.

-NEED FOR HEALTH INSURANCE - DETERMINED TO BE IN THE COMMUNITY DOMAIN,
WITH THE ASSISTANCE OF THE MUSKEGON COMMUNITY HEALTH PROJECT.

-SMOKING - DETERMINED TO BE IN THE PUBLIC HEALTH DOMAIN, WITH ASSISTANCE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FROM SCHOOL DISTRICTS, COMMUNITY MENTAL HEALTH AND LOCAL BEHAVIORAL HEALTH PROVIDERS, COMMUNITY WELLNESS COALITIONS, AND THE MUSKEGON COMMUNITY HEALTH PROJECT.

HOWEVER, MERCY CAMPUS ACTIVELY PARTICIPATES IN COMMUNITY COLLABORATIVES, COALITIONS, AND WORK GROUPS, BY PROVIDING STAFF, FACILITY AND OTHER MATERIAL RESOURCES TO SUPPORT THEIR ACTIVITIES.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 11: THE FOLLOWING WERE DETERMINED TO BE THE SIGNIFICANT HEALTH NEEDS FOR THE LAKESHORE CAMPUS TO ADDRESS:

-HIGH BLOOD PRESSURE/ CARDIOVASCULAR DISEASE - NEIGHBORHOOD BASED COMMUNITY EVENTS PROVIDE FREE OF COST SCREENING AND REFERRALS TO INDIVIDUALS IN THE COMMUNITY. AS PART OF THE PATHWAYS TO BETTER HEALTH PROGRAM, HYPERTENSION PATIENTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO HELP ADDRESS SOCIAL DETERMINANTS, ENSURE COMMUNITY CARE COORDINATION, EDUCATE ON SELF-MANAGEMENT PRACTICES AND HEALTHY BEHAVIORS, AND IMPROVE PATIENT ADHERENCE TO TREATMENT REGIMENS.

-DIABETES - NEIGHBORHOOD BASED COMMUNITY EVENTS PROVIDE FREE OF COST SCREENING AND REFERRALS TO INDIVIDUALS IN THE COMMUNITY. AS PART OF THE PATHWAYS TO BETTER HEALTH PROGRAM, DIABETES PATIENTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO HELP ADDRESS SOCIAL DETERMINANTS, ENSURE COMMUNITY CARE COORDINATION, EDUCATE ON SELF-MANAGEMENT PRACTICES AND HEALTHY BEHAVIORS, AND IMPROVE PATIENT ADHERENCE TO TREATMENT REGIMENS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility

-PATIENT/PROVIDER COMMUNICATION - THE "TEACH BACK METHOD" CONTINUES TO BE USED IN THE PRIMARY CARE OFFICES AND THE HOSPITAL. ADDITIONALLY, TEN SPANISH LANGUAGE TRANSLATORS HAVE BEEN TRAINED AND CERTIFIED, ALONG WITH A REMOTE TRANSLATION MOVING COMPUTER STATION THAT CAN BE USED FOR SPANISH AND ASL TRANSLATIONS.

LAKESHORE CAMPUS ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO IMPACT NEEDED CHANGE WITHIN THE 3-YEAR CHNA PERIOD. LAKESHORE CAMPUS WILL NOT TAKE PRIMARY ACTION ON THE FOLLOWING HEALTH NEEDS:

-SEXUALLY TRANSMITTED DISEASES - DETERMINED TO BE PRIMARILY IN THE PUBLIC HEALTH DOMAIN, WITH ASSISTANCE OF COMMUNITY- AND FAITH-BASED ORGANIZATIONS.

-DEPRESSION - DETERMINED TO BE IN THE COMMUNITY DOMAIN, INCLUDING PUBLIC HEALTH, COMMUNITY MENTAL HEALTH, AND COALITION FOR DRUG FREE MUSKEGON, WITH THE ASSISTANCE OF MERCY LIFE COUNSELING.

-ACCESS TO DENTAL CARE - DETERMINED TO BE IN THE PUBLIC HEALTH DOMAIN, INCLUDING THE FQHC DENTAL CLINICS.

-PREVENTIVE CARE - DETERMINED TO FALL IN THE PUBLIC HEALTH DOMAIN, WITH ASSISTANCE FROM SCHOOL DISTRICTS, COMMUNITY GROUPS, AND LOCAL PRIMARY CARE PROVIDERS.

-NUTRITION EDUCATION/ACCESS TO HEALTHY FOODS (AND OBESITY) - DETERMINED TO BE IN THE PUBLIC HEALTH AND COMMUNITY DOMAINS, INCLUDING SCHOOL DISTRICTS, MSU EXTENSION, AND COMMUNITY WELLNESS COALITIONS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

-NEED FOR HEALTH INSURANCE - DETERMINED TO BE IN THE COMMUNITY DOMAIN,

WITH THE ASSISTANCE OF THE MUSKEGON COMMUNITY HEALTH PROJECT.

-SMOKING - DETERMINED TO BE IN THE PUBLIC HEALTH DOMAIN, WITH ASSISTANCE FROM SCHOOL DISTRICTS, COMMUNITY MENTAL HEALTH AND LOCAL BEHAVIORAL HEALTH PROVIDERS, COMMUNITY WELLNESS COALITIONS, AND THE MUSKEGON COMMUNITY HEALTH PROJECT.

HOWEVER, LAKESHORE CAMPUS ACTIVELY PARTICIPATES IN COMMUNITY COLLABORATIVES, COALITIONS, AND WORK GROUPS, BY PROVIDING STAFF, FACILITY AND OTHER MATERIAL RESOURCES TO SUPPORT THEIR ACTIVITIES.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 11: THE FOLLOWING WERE DETERMINED TO BE THE SIGNIFICANT HEALTH NEEDS FOR THE HACKLEY CAMPUS TO ADDRESS:

-HIGH BLOOD PRESSURE/ CARDIOVASCULAR DISEASE - NEIGHBORHOOD BASED COMMUNITY EVENTS PROVIDE FREE OF COST SCREENING AND REFERRALS TO INDIVIDUALS IN THE COMMUNITY. AS PART OF THE PATHWAYS TO BETTER HEALTH PROGRAM, HYPERTENSION PATIENTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO HELP ADDRESS SOCIAL DETERMINANTS, ENSURE COMMUNITY CARE COORDINATION, EDUCATE ON SELF-MANAGEMENT PRACTICES AND HEALTHY BEHAVIORS, AND IMPROVE PATIENT ADHERENCE TO TREATMENT REGIMENS.

-DIABETES - NEIGHBORHOOD BASED COMMUNITY EVENTS PROVIDE FREE OF COST SCREENING AND REFERRALS TO INDIVIDUALS IN THE COMMUNITY. AS PART OF THE PATHWAYS TO BETTER HEALTH PROGRAM, DIABETES PATIENTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO HELP ADDRESS SOCIAL DETERMINANTS, ENSURE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY CARE COORDINATION, EDUCATE ON SELF-MANAGEMENT PRACTICES AND HEALTHY BEHAVIORS, AND IMPROVE PATIENT ADHERENCE TO TREATMENT REGIMENS.

-EMERGENCY ROOM OVERUSE - THE ADDITION OF MORE PRIMARY CARE PHYSICIANS HAS MADE IT EASIER TO GET APPOINTMENTS AT PRIMARY CARE OFFICES FOR AMBULATORY NEEDS, PREVENTING A GREAT NUMBER OF AMBULATORY CASES FROM NEEDING THE EMERGENCY ROOM. THE PATHWAYS TO BETTER HEALTH PROGRAM ALSO TARGETS INDIVIDUALS WHO FREQUENTLY USE THE EMERGENCY DEPARTMENT (ED) FOR CHRONIC DISEASE MANAGEMENT AND PAIRS THEM WITH A COMMUNITY HEALTH WORKER TO HELP COORDINATE PROPER CARE AND ADDRESS SOCIAL DETERMINANTS. MERCY HEALTH MUSKEGON CONDUCTED A STUDY OF ED UTILIZATION, WHICH ANALYZED FREQUENT USERS, WHERE THEY WERE COMING FROM, DAYS OF THE WEEK/TIME OF DAY, ETC. TO HELP DEVELOP STRATEGIES AND PROGRAMS TO REDUCE ED USAGE. FREQUENT ED USERS FOR PRIMARY CARE NEEDS-LOW ACUITY CONDITIONS-ARE BEING IDENTIFIED FOR FOLLOW-UP ENROLLMENT IN HEALTH COVERAGE AND A PRIMARY CARE HOME. HACKLEY CAMPUS ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO IMPACT NEEDED CHANGE WITHIN THE 3-YEAR CHNA PERIOD. HACKLEY CAMPUS WILL NOT TAKE PRIMARY ACTION ON THE FOLLOWING HEALTH NEEDS:

-SEXUALLY TRANSMITTED DISEASES - DETERMINED TO BE PRIMARILY IN THE PUBLIC HEALTH DOMAIN, WITH ASSISTANCE OF COMMUNITY- AND FAITH-BASED ORGANIZATIONS.

-DEPRESSION - DETERMINED TO BE IN THE COMMUNITY DOMAIN, INCLUDING PUBLIC HEALTH, COMMUNITY MENTAL HEALTH, AND COALITION FOR DRUG FREE MUSKEGON,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WITH THE ASSISTANCE OF MERCY LIFE COUNSELING.

-ACCESS TO DENTAL CARE - DETERMINED TO BE IN THE PUBLIC HEALTH DOMAIN,
INCLUDING THE FQHC DENTAL CLINICS.

-PREVENTIVE CARE - DETERMINED TO FALL IN THE PUBLIC HEALTH DOMAIN, WITH
ASSISTANCE FROM SCHOOL DISTRICTS, COMMUNITY GROUPS, AND LOCAL PRIMARY CARE
PROVIDERS.

-NUTRITION EDUCATION/ACCESS TO HEALTHY FOODS (AND OBESITY) - DETERMINED
TO BE IN THE PUBLIC HEALTH AND COMMUNITY DOMAINS, INCLUDING SCHOOL
DISTRICTS, MSU EXTENSION, AND COMMUNITY WELLNESS COALITIONS.

-NEED FOR HEALTH INSURANCE - DETERMINED TO BE IN THE COMMUNITY DOMAIN,
WITH THE ASSISTANCE OF THE MUSKEGON COMMUNITY HEALTH PROJECT.

-SMOKING - DETERMINED TO BE IN THE PUBLIC HEALTH DOMAIN, WITH ASSISTANCE
FROM SCHOOL DISTRICTS, COMMUNITY MENTAL HEALTH AND LOCAL BEHAVIORAL HEALTH
PROVIDERS, COMMUNITY WELLNESS COALITIONS, AND THE MUSKEGON COMMUNITY
HEALTH PROJECT.

HOWEVER, HACKLEY CAMPUS ACTIVELY PARTICIPATES IN COMMUNITY COLLABORATIVES,
COALITIONS, AND WORK GROUPS, BY PROVIDING STAFF, FACILITY AND OTHER
MATERIAL RESOURCES TO SUPPORT THEIR ACTIVITIES.

MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON
AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED
PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

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

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility

MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS
ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF
OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE
UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN
ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS
TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A
SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY
PATIENTS.

MERCY HEALTH PARTNERS MERCY CAMPUS

PART V, LINE 16A, FAP WEBSITE:

LINE 16B: WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

PART V, LINE 16A, FAP WEBSITE:

LINE 16B: WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS HACKLEY CAMPUS

PART V, LINE 16A, FAP WEBSITE:

LINE 16B: WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS MERCY CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:

LINE 16B: WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

LINE 16B: WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS HACKLEY CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:

LINE 16B: WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS MERCY CAMPUS

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

LINE 16B: WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

LINE 16B: WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS HACKLEY CAMPUS

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

LINE 16B: WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON

MERCY HEALTH PARTNERS MERCY CAMPUS:

PART V, SECTION B, LINE 22D: PATIENTS WITH INCOME AT OR BELOW 200% OF THE
FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE
OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. ACUTE CARE PATIENTS
WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL
CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE
ACUTE CARE CONTRACTUAL ADJUSTMENT FOR MEDICARE. AMBULATORY PATIENTS WITH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility

INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE PHYSICIAN CONTRACTUAL ADJUSTMENT FOR MEDICARE. THE ACUTE AND PHYSICIAN AVERAGE CONTRACTUAL ADJUSTMENT AMOUNTS FOR MEDICARE ARE CALCULATED UTILIZING THE LOOK BACK METHODOLOGY OF CALCULATING THE SUM OF PAID CLAIMS DIVIDED BY THE TOTAL GROSS CHARGES FOR THOSE CLAIMS ANNUALLY USING TWELVE MONTHS OF PAID CLAIMS WITH A 30 DAY LAG FROM REPORT DATE TO THE MOST RECENT DISCHARGE DATE.

MERCY HEALTH PARTNERS LAKESHORE CAMPUS:

PART V, SECTION B, LINE 22D: PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. ACUTE CARE PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE ACUTE CARE CONTRACTUAL ADJUSTMENT FOR MEDICARE. AMBULATORY PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE PHYSICIAN CONTRACTUAL ADJUSTMENT FOR MEDICARE. THE ACUTE AND PHYSICIAN AVERAGE CONTRACTUAL ADJUSTMENT AMOUNTS FOR MEDICARE ARE CALCULATED UTILIZING THE LOOK BACK METHODOLOGY OF CALCULATING THE SUM OF PAID CLAIMS DIVIDED BY THE TOTAL GROSS CHARGES FOR THOSE CLAIMS ANNUALLY USING TWELVE MONTHS OF PAID CLAIMS WITH A 30 DAY LAG FROM REPORT DATE TO THE MOST RECENT DISCHARGE DATE.

MERCY HEALTH PARTNERS HACKLEY CAMPUS:

PART V, SECTION B, LINE 22D: PATIENTS WITH INCOME AT OR BELOW 200% OF THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. ACUTE CARE PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE ACUTE CARE CONTRACTUAL ADJUSTMENT FOR MEDICARE. AMBULATORY PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE PHYSICIAN CONTRACTUAL ADJUSTMENT FOR MEDICARE. THE ACUTE AND PHYSICIAN AVERAGE CONTRACTUAL ADJUSTMENT AMOUNTS FOR MEDICARE ARE CALCULATED UTILIZING THE LOOK BACK METHODOLOGY OF CALCULATING THE SUM OF PAID CLAIMS DIVIDED BY THE TOTAL GROSS CHARGES FOR THOSE CLAIMS ANNUALLY USING TWELVE MONTHS OF PAID CLAIMS WITH A 30 DAY LAG FROM REPORT DATE TO THE MOST RECENT DISCHARGE DATE.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 28

Name and address	Type of Facility (describe)
1 MUSKEGON SURGERY CENTER 1400 MERCY DRIVE, SUITE 150 MUSKEGON, MI 49444	OUTPATIENT SURGERY
2 JOHNSON FAMILY CENTER FOR CANCER CARE 1440 E. SHERMAN BLVD. MUSKEGON, MI 49444	CANCER TREATMENT FACILITY
3 NORTON FAMILY PRACTICE 3535 PARK STREET, SUITE 110 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
4 WESTSHORE FAMILY MEDICINE 1223 MERCY DRIVE MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
5 BEAR CREEK HEALTH CENTER 1877 N. GETTY STREET NORTH MUSKEGON, MI 49445	PRIMARY CARE PHYSICIAN OFFICE
6 HARBORWOOD FAMILY MEDICINE 1675 LEAHY STREET, SUITE 301A MUSKEGON, MI 49442	PRIMARY CARE PHYSICIAN OFFICE
7 HARBOUR POINTE MEDICAL ASSOCIATES 3587 HENRY STREET, SUITE 200 MUSKEGON, MI 49441	PRIMARY CARE PHYSICIAN OFFICE
8 HARBORWOOD AT THE LAKES 6401 PRAIRIE STREET, SUITE 1600 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
9 NORTHSHORE FAMILY PRACTICE 1915 HOLTON ROAD MUSKEGON, MI 49445	PRIMARY CARE PHYSICIAN OFFICE
10 MERCY WESTSHORE INTERNAL MEDICINE 1150 E. SHERMAN BLVD., SUITE 1100 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE

Schedule H (Form 990) 2014

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
11 HART PAVILION 611 E. MAIN STREET HART, MI 49420	LAB, RADIOLOGY
12 GERIATRIC MEDICAL ASSOCIATES 1150 E. SHERMAN BLVD., SUITE 1125 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
13 LAKES FAMILY MEDICINE 6207 HARVEY STREET MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
14 MERCY H.E.A.R.T. CENTER 1212 E. SHERMAN BLVD. MUSKEGON, MI 49444	WELLNESS & REHABILITATION FACILITY
15 LAKESHORE FAMILY CARE 601 W. SAVIDGE STREET SPRING LAKE, MI 49456	PRIMARY CARE PHYSICIAN OFFICE
16 KINNEY & PARRETT FAMILY PRACTICE 1325 MERCY DRIVE MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
17 HARBOUR VIEW FAMILY MEDICINE 1909 RUDDIMAN DRIVE NORTH MUSKEGON, MI 49445	PRIMARY CARE PHYSICIAN OFFICE
18 ADULT MEDICINE SPECIALIST 6401 PRAIRIE STREET, SUITE 2800 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
19 WEST VIEW FAMILY MEDICINE 6401 PRAIRIE STREET, SUITE 2600 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
20 WOMEN'S HEALTH CENTER 1787 WAGNER MUSKEGON, MI 49444	OBSTETRICS / GYNECOLOGY

Schedule H (Form 990) 2014

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
21 NORRIS CREEK 14 N. 3RD AVE. FRUITPORT, MI 49415	PRIMARY CARE PHYSICIAN OFFICE
22 MERCY HEALTH PARTNERS LAKES CAMPUS 6401 PRAIRIE ST NORTON SHORES, MI 49444	OUTPATIENT SERVICES, LAB, URGENT CARE, REHAB, IMAGING
23 HART FAMILY MEDICAL CENTER 611 E. MAIN STREET HART, MI 49420	PRIMARY CARE PHYSICIAN OFFICE
24 LAKESHORE MEDICAL CENTER - SHELBY 71 W. BEVIER ROAD SHELBY, MI 49455	PRIMARY CARE PHYSICIAN OFFICE
25 LAKESHORE MEDICAL CENTER - WHITEHALL 905 E. COLBY STREET WHITEHALL, MI 49461	PRIMARY CARE PHYSICIAN OFFICE
26 FRUITPORT FAMILY 3443 FARR RD. FRUITPORT, MI 49415	PRIMARY CARE PHYSICIAN OFFICE
27 SABLE POINT 300 S. RATH AVE. SUITE 102 LUDINGTON, MI 49431	PRIMARY CARE PHYSICIAN OFFICE
28 NORTHSIDE IMMEDIATE CARE 420 N WHITEHALL ROAD SUITE 4 NORTH MUSKEGON, MI 49445	PRIMARY CARE PHYSICIAN OFFICE

Schedule H (Form 990) 2014

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES,
OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR
ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:

MERCY HEALTH PARTNERS REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF
THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH
(EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT
WWW.TRINITY-HEALTH.ORG.

IN ADDITION, MERCY HEALTH PARTNERS INCLUDES A COPY OF ITS MOST RECENTLY
FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN
ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND
MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE

Part VI Supplemental Information (Continuation)

CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$14,196,700, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

MERCY HEALTH PARTNERS MERCY CAMPUS IS ENGAGED IN THE COMMUNITY IN MANY WAYS:

-COALITION FOR A DRUG FREE MUSKEGON COUNTY

THE COALITION FOR A DRUG FREE MUSKEGON COUNTY'S PURPOSE IS TO CONVENE THE COMMUNITY TO PREVENT THE USE AND ABUSE OF SUBSTANCES AMONG YOUTH. THE COALITION HAS INDIVIDUAL SUBCOMMITTEE GROUPS TO IDENTIFY AND ADDRESS THE LOCAL CONDITIONS THAT CONTRIBUTE TO EACH ISSUE WHICH INCLUDE ALCOHOL, TOBACCO, PRESCRIPTION DRUGS, AND NOW MARIJUANA. SINCE 2008 THE COALITION HAS HAD DRAMATIC OUTCOMES INCLUDING A 47% REDUCTION IN TEEN BINGE DRINKING; A 61% REDUCTION IN TEEN DRIVING AFTER DRINKING; A 39% REDUCTION IN TEEN SMOKING, AND HAS COLLECTED 16,000 POUNDS IN MEDICATIONS AND SHARPS.

-THE MUSKEGON ALCOHOL LIABILITY INITIATIVE IS PRIMARILY A LAW ENFORCEMENT AND PREVENTION ORGANIZATION TEAM FOCUSED ON TEEN ALCOHOL ISSUES. DURING

Part VI Supplemental Information (Continuation)

THIS FISCAL YEAR THEY HAVE WORKED ON ENHANCING ENFORCEMENT, ALCOHOL RETAIL EDUCATION AND COMPLIANCE, AND STUDENT EDUCATION AND AWARENESS PROGRAMS. THE "FACETHEBOOK" PROGRAM, NOW IN ITS FIFTH YEAR, IS A COUNTY-WIDE CAMPAIGN IMPLEMENTED IN ALL TWELVE PUBLIC SCHOOL DISTRICTS AND TWO LOCAL COLLEGES, INCORPORATING SOCIAL MEDIA, PSA'S, EDUCATION MATERIALS, AND SPEAKERS.

-THE KNOW SMOKE COALITION IS MUSKEGON'S TOBACCO REDUCTION COALITION WORKING ON SMOKE-FREE ENVIRONMENTS AND EDUCATION AND AWARENESS. THEY ALSO WORK WITH YOUTH ON MESSAGING AND HAVE CREATED MULTIPLE YOUTH EVENTS PROMOTING SMOKE-FREE LIFESTYLES; INCLUDING THE POPULAR ANNUAL MULTI-SCHOOL ZOMBIE WALK, WHICH IS ATTENDED BY OVER 150 INDIVIDUALS, AND OVER 60 ADULT VOLUNTEERS

-THE ALLIANCE FOR MARIJUANA PREVENTION TASKFORCE IS WORKING ON ENGAGING PARENTS ABOUT SPEAKING TO THEIR KIDS ABOUT MARIJUANA THROUGH THE "TALKSOONER" EDUCATION PROGRAM. IN ADDITION TO DEVELOPING A SMART PHONE APPLICATION, THEY ARE WORKING ON COMMUNITY MEDIA AND AWARENESS OF THE DANGERS OF MARIJUANA. THEY HAVE ALSO ENGAGED THE BUSINESS COMMUNITY IN SURVEYING AND DEVELOPING IMPACT STATEMENTS ON COMMUNITY HEALTH, WORKFORCE, AND ECONOMIC DEVELOPMENT ISSUES ASSOCIATED WITH POTENTIAL MARIJUANA LEGALIZATION.

-MUSKEGON END OF LIFE COALITION
THE MUSKEGON END OF LIFE COALITION'S WORK FOCUSED ON INCREASING THE USE OF ADVANCE DIRECTIVES IN MUSKEGON COUNTY FOR ALL AREA RESIDENTS. DURING THIS PERIOD, THE COLLABORATIVE HAS WORKED ON STRATEGIC PLANNING, PROVIDING THE "RESPECTING CHOICES" TRAINING TO SEVERAL PROFESSIONALS WHO ARE HAVING

Part VI Supplemental Information (Continuation)

THESE CONVERSATIONS WITH PATIENTS, AND DEVELOPING OF A MULTI-TIERED COMMUNITY CAMPAIGN. THE COMMUNITY ENGAGEMENT CAMPAIGN USES EDUCATIONAL MATERIALS, BILLBOARDS, RADIO PSA'S, AND A WEBSITE TO PROMOTE THE FIVE WISHES DOCUMENT AMONG MUSKEGON COUNTY RESIDENTS.

-LEGISLATIVE ADVOCACY

MERCY HEALTH MUSKEGON'S ADVOCACY EFFORTS FOR THE STATE OF MICHIGAN HAVE INCLUDED MEDICAID EXPANSION, ADVOCATING FOR GRADUATE MEDICAL EDUCATION (GME) THAT SUPPORTS MERCY HEALTH'S RESIDENCY PROGRAM AND THEIR PRIMARY CARE RESIDENCE CLINIC, THE CREATION CERTIFICATION FOR COMMUNITY HEALTH WORKERS, AND THE SUPPORT OF POPULATION HEALTH INITIATIVES.

-MUSKEGON-OCEANA COUNTY HEALTH DISPARITIES REDUCTION COALITION (HDRC)

IN ITS 4TH YEAR, THE HDRC IS COMPRISED OF 48 INDIVIDUALS, REPRESENTING 30 HEALTH AND HUMAN SERVICE ORGANIZATIONS IN MUSKEGON AND OCEANA COUNTIES. THE HDRC COLLECTS AND MONITORS DATA ON SIGNIFICANT HEALTH DISPARITIES IDENTIFIED IN THE 2012 HEALTH DISPARITIES REPORT CARD; PROMOTES HEALTH LITERACY AND THE FEDERAL CULTURALLY AND LINGUISTICALLY APPROPRIATE STANDARDS (CLAS) AROUND LANGUAGE SERVICES AND CULTURAL COMPETENCY; IMPROVES ACCESS TO CARE AND QUALITY OF CARE FOR RACIAL AND ETHNIC MINORITIES; AND GENERALLY IMPROVES THE PATIENT EXPERIENCE OF ALL INDIVIDUALS. IN THE LAST YEAR, THE MUSKEGON COUNTY AND OCEANA COUNTY GROUPS HAVE DIVIDED TO BETTER TARGET DISPARITIES BY GEOGRAPHIC REGION.

-MUSKEGON COUNTY HIV/AIDS PREVENTION (MCHAP)

MCHAP CONSOLIDATED WITH MERCY PREVENTION PRACTICES IN FY 14. DURING THE COURSE OF THE YEAR MERCY PREVENTION PRACTICES CONDUCTED NUMEROUS SCREENINGS AND HANDED OUT A RECORD NUMBER OF INFORMATION BROCHURES AND

Part VI Supplemental Information (Continuation)

OTHER EDUCATIONAL MATERIALS IN A WIDE VARIETY OF LOCATIONS, INCLUDING HEALTH FAIRS, LOCAL CLUBS AND FESTIVALS. THE GOAL IS TO REACH AS MANY PEOPLE AS POSSIBLE AND TO INFORM THEM OF THE SERVICES AVAILABLE.

-ADULT DENTAL CARE - VOLUNTEER FOR DENTAL CARE (VDC)

IN ITS 3RD YEAR OF OPERATION, THE VDC IS AN ORGANIZATION OF 17 LOCAL DENTISTS WHO PROVIDE DENTAL CARE TO LOW-INCOME, UNINSURED PATIENTS IN EXCHANGE FOR VOLUNTEER HOURS OF COMMUNITY SERVICE WORK. PATIENTS ARE REFERRED BY THE EMERGENCY DEPARTMENT, PRIMARY CARE PRACTICES AND OTHER HEALTH AND HUMAN SERVICE PROVIDERS IN MUSKEGON COUNTY.

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

MERCY HEALTH PARTNERS USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR CHARITY: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MERCY HEALTH PARTNERS IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS

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OF THE PREDICTIVE MODEL. THEREFORE, MERCY HEALTH PARTNERS IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

MERCY HEALTH PARTNERS IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 15 OF THOSE STATEMENTS: "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME. AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS). FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES AND FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."

PART III, LINE 8:

MERCY HEALTH PARTNERS DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT

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PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER
COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE
OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON
MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH
EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE
CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE
DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES
FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON
COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION
PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR
FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT
QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING
BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY.
THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT
PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND
FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - MERCY HEALTH MUSKEGON ASSESSES THE HEALTH STATUS OF
ITS COMMUNITY IN THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS
EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY.
THE HOSPITAL SYSTEM USES PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY
HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF

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HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH INDICATES POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED, IN THE ASSESSMENT OF THE COMMUNITY. THE HOSPITAL ALSO USES PRESS-GANEY AND OTHER STANDARD QUALITY MEASURES TO MONITOR PATIENT SATISFACTION AND IMPROVE INPATIENT SERVICES AND QUALITY OF CARE.

ADDITIONALLY, SEVERAL COMMUNITY COALITIONS AND WORK GROUPS ARE CONVENED AND SUPPORTED BY THE MUSKEGON COMMUNITY HEALTH PROJECT (THE HEALTH PROJECT), A COMMUNITY BENEFIT MINISTRY OF MERCY HEALTH. THESE COALITIONS DESCRIBED IN PART II ABOVE MEET REGULARLY TO DISCUSS HEALTH PROBLEMS, ISSUES AND CONCERNS AFFECTING THEIR RESPECTIVE TOPICAL AREAS AND/OR AFFINITY CONSTITUENCIES. THESE ISSUES MAY OR MAY NOT BE CITED IN THE CHNA, BUT IN ANY CASE, THE HEALTH PROJECT BRINGS THE ISSUES TO THE ATTENTION OF THE APPROPRIATE HOSPITAL SYSTEM LEADERSHIP FOR REVIEW AND RESOLUTION ACTIVITIES, IF POSSIBLE.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCY HEALTH PARTNERS IS COMMITTED TO:

-PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES

-CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES

-ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY

Part VI Supplemental Information (Continuation)

RECEIVE

-BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY

IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, MERCY HEALTH PARTNERS HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

-PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS

-MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS

-OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS

-IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER

-IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

MERCY HEALTH PARTNERS COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE

Part VI Supplemental Information (Continuation)

PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT.

MERCY HEALTH PARTNERS OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH, REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

MERCY HEALTH PARTNERS HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. MERCY HEALTH PARTNERS MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED

Part VI Supplemental Information (Continuation)

MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION - MERCY HEALTH MUSKEGON'S SERVICE AREA INCLUDES NEWAYGO, OCEANA AND MUSKEGON COUNTIES, LOCATED IN CENTRAL WEST MICHIGAN, ON OR NEAR THE SHORELINE OF LAKE MICHIGAN. TOTAL POPULATION OF THE SERVICE AREA IS ABOUT 250,000 AND IS COMPRISED OF BOTH SIGNIFICANT RURAL AND URBAN AREAS. THE RURAL AREA IS CHARACTERIZED BY A CHIEFLY AGRICULTURAL, RECREATION AND TOURISM ECONOMY. THE METROPOLITAN AREA OF ABOUT 120,000 IS COMPRISED OF FIVE CITIES; THE LARGEST OF WHICH IS THE CITY OF MUSKEGON, WITH A POPULATION OF 38,401. MUSKEGON'S ECONOMY IS LARGELY MANUFACTURING AND SERVICE INDUSTRIES. THE POPULATION IS GENERALLY DIVERSE WITH MANY ETHNIC AND RACIAL POPULATION SEGMENTS. THE METROPOLITAN AREA HAS A SIGNIFICANT AFRICAN-AMERICAN POPULATION, WHILE OCEANA COUNTY HAS A HIGHER CONCENTRATION OF HISPANIC RESIDENTS.

MUSKEGON COUNTY IS HOME TO THE COUNTY'S MAJOR HOSPITAL SYSTEM, MERCY HEALTH MUSKEGON, WHICH INCLUDES THREE CAMPUSES, INCLUDING LAKESHORE HOSPITAL IN OCEANA COUNTY. BASED ON THE 2010 CENSUS, THERE WERE 172,188 PEOPLE, 65,654 HOUSEHOLDS, AND 44,690 FAMILIES RESIDING IN THE COUNTY. THE RACIAL MAKEUP WAS APPROXIMATELY 80% CAUCASIAN, 14.5% BLACK AND 1.3% FOR NATIVE AMERICAN, ASIAN, AND PACIFIC ISLANDER. THE MEDIAN HOUSEHOLD INCOME WAS \$38,916, AND THE MEDIAN INCOME FOR A FAMILY WAS \$51,519. ABOUT 12.4% OF FAMILIES AND 18.6% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 22.4% OF THOSE UNDER AGE 18 AND 8.7% OF THOSE AGES 65 OR OVER.

OCEANA COUNTY IS A RURAL COUNTY ROUGHLY 41 MILES NORTH OF MUSKEGON AND 75 MILES NORTHWEST OF GRAND RAPIDS. THE RACIAL MAKEUP ACCORDING TO THE 2010

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CENSUS WAS 91.9 % CAUCASIAN, WITH AFRICAN-AMERICAN, ASIAN, AND PACIFIC ISLANDER EACH COMPRISING 1.5% OF THE TOTAL POPULATION. ROUGHLY 13% OF THE POPULATION WAS HISPANIC OR LATINO, THE HIGHEST PERCENTAGE OF LATINOS OF ANY COUNTY IN MICHIGAN. RECENT ESTIMATES SHOW THE PERCENTAGE OF LATINOS AND AFRICAN-AMERICANS TO BE INCREASING, WHILE THE PERCENTAGE OF NON-HISPANIC WHITES IS DECREASING. THE CENSUS BUREAU ESTIMATES THE 2010 COUNTY POPULATION AT 26,570. THE AVERAGE HOUSEHOLD SIZE WAS 2.6 AND THE AVERAGE FAMILY SIZE WAS 3.04 IN 2010. MEDIAN INCOME WAS \$39,543.

NEWAYGO COUNTY IS HOME OF NESTLE-GERBER INDUSTRIES AND GERBER MEMORIAL HEALTH SERVICES, LOCATED IN FREMONT. THE GEOGRAPHIC PROXIMITY OF THE TWO URBAN CENTERS RESULTS IN SOME COUNTY RESIDENTS TRAVELING TO THE MUSKEGON AREA FOR HEALTH CARE SERVICES WHILE OTHERS USE THE SERVICES AVAILABLE IN GRAND RAPIDS. BASED ON THE 2010 CENSUS, THE RACIAL MAKEUP WAS APPROXIMATELY 93.5% CAUCASIAN, 1.2% BLACK, AND 0.9% FOR NATIVE AMERICAN, ASIAN, AND PACIFIC ISLANDER. THE CENSUS BUREAU ESTIMATES THE 2010 COUNTY POPULATION AT 48,460. THE MEDIAN HOUSEHOLD INCOME WAS \$43,218 AND THE MEDIAN INCOME FOR A FAMILY WAS \$49,499. ABOUT 13.5% OF FAMILIES AND 17.3% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING APPROXIMATELY 24.6% OF THOSE UNDER AGE 18 AND 8.4% OF THAT AGE 65 OR OVER.

PART VI, LINE 5:

OTHER INFORMATION - THE MAJORITY OF THE GOVERNING BODY OF MERCY HEALTH MUSKEGON ARE PERSONS WHO RESIDE IN THE HOSPITALS' PRIMARY SERVICE AREA, WHO ARE NOT EMPLOYEES, CONTRACTORS OF THE ORGANIZATION, OR FAMILY MEMBERS. SINCE MERCY HEALTH MUSKEGON OPERATES THE ONLY HOSPITALS IN MUSKEGON COUNTY OR OCEANA COUNTY, STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

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AVAILABLE FUNDS ARE ALLOCATED TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH. THE UNINSURED RATES IN THE SERVICE AREA HAVE DECLINED SUBSTANTIALLY IN FY 15. MERCY HEALTH PARTNERS' FOCUS HAS BEEN ON ACCESS TO CARE, ENROLLMENT UNDER THE ACA, AND ADDRESSING UNMET HEALTH AND HUMAN SERVICE NEEDS. OUR SUBSIDIARY, THE MUSKEGON COMMUNITY HEALTH PROJECT, HAS BEEN VERY PROACTIVE IN WORKING WITH MEDICAL PRACTICES AND THE TWO FQHCS TO PROMOTE INTEGRATED COMMUNITY CARE COORDINATION. THE STREAMLINED ENROLLMENT PROCESS DESIGN MAKES APPLYING FOR ASSISTANCE EASIER FOR CONSUMERS BY INCLUDING ALL INFORMATION ESSENTIAL FOR DETERMINING ELIGIBILITY FOR MULTIPLE HEALTH AND HUMAN SERVICES IN A SINGLE FORM.

THE WHEELS OF MERCY (TWO MOBILE UNITS) VISIT UNDERSERVED AREAS IN THE THREE COUNTIES FROM APRIL-OCTOBER. THEY PROVIDE BLOOD PRESSURE, DIABETES, PULMONARY FUNCTION, VISION, AND CHOLESTEROL SCREENINGS. ENROLLMENT ASSISTANCE INTO VARIOUS PROGRAMS IS ALSO PROVIDED. THE GOALS INCLUDE REDUCING EMERGENCY ROOM VISITS AND AVOIDABLE HOSPITALIZATIONS BY SCREENING AND ALERTING PATIENTS TO TREATABLE PROBLEMS THAT COULD ESCALATE INTO LIFE-THREATENING SITUATIONS.

MERCY HEALTH MUSKEGON'S COMMUNITY BENEFIT MINISTRY, THE HEALTH PROJECT, OPERATES A PHARMACEUTICAL ACCESS PROGRAM, WHICH INCLUDES THREE PROGRAMS: 1) MEANS-TESTED ELIGIBILITY SCREENING AND ENROLLMENT APPLICATION TO DRUG COMPANY PHARMACEUTICAL ASSISTANCE PROGRAMS (PAPS); 2) PROCURING INTERIM MEDICATIONS AND SUPPLIES DURING APPLICATION PROCESS PERIOD; AND 3) LOW INCOME PHARMACY PROGRAM WHICH PROVIDES MANY GENERIC DRUGS AT REDUCED PRICES. THIS PROGRAM COLLABORATES WITH A LOCAL FAITH-BASED ORGANIZATION TO PROVIDE LOW-INCOME, UNINSURED PERSONS WITH THE PRESCRIPTION DRUGS THEY

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NEED TO MANAGE CHRONIC DISEASES. THERE ARE NO OTHER KNOWN PROGRAMS IN THE AREA THAT SUPPLY INTERIM MEDICATIONS TO PATIENTS WAITING TO BE ENROLLED IN THE PAPS. THE HEALTH PROJECT'S PROGRAM GETS SOME SUPPORT FROM SMALL GRANTS AND AN ANNUAL FUNDRAISING WALKATHON. HOWEVER OVER 80% OF THE FUNDING SUPPORT COMES FROM MERCY HEALTH MUSKEGON'S COMMUNITY BENEFIT FUNDING.

HEALTH PROJECT STAFF CONTINUED REGIONAL LEADERSHIP FOR THE PLANNING EFFORTS AROUND THE AFFORDABLE CARE ACT ENROLLMENT PREPAREDNESS AND HEALTH REFORM. STAFF PROVIDED TECHNICAL ASSISTANCE AND COACHING TO OTHER REGIONAL HEALTH MINISTRIES WITHIN THE ORGANIZATION AS WELL AS COORDINATED STAFF TRAINING. IN PREPARATION FOR HEALTH REFORM, INTERNAL FINANCIAL ASSISTANCE POLICIES WERE REVIEWED TO ACCOMMODATE CHANGES UNDER ACA.

IN PARTNERSHIP WITH MERCY HEALTH PHYSICIAN PARTNERS, THE HEALTH PROJECT HAS BEEN OPERATING THE MUSKEGON AREA MEDICATION DISPOSAL PROJECT (MAMDP) SINCE LATE 2010. THE MAMDP FOCUSES ON THE PRESCRIPTION DRUG TAKE BACK PROGRAM, IMPLEMENTING TWO COMMUNITY EVENTS AND PERMANENT COLLECTION SITES AT ALL AREA POLICE STATIONS, AND AT EIGHT LOCAL PHARMACIES. TO DATE, THEY HAVE COLLECTED OVER 16,000 POUNDS OF MATERIALS.

MERCY HEALTH MUSKEGON'S DEPARTMENTS ARE AGGRESSIVELY INVOLVED IN COMMUNITY PROGRAMS. OUTREACH AND ENROLLMENT SPECIALISTS CONDUCT HEALTH AND HUMAN SERVICE ELIGIBILITY SCREENS ON ALL UNINSURED PATIENTS AT THE TIME OF DISCHARGE FROM THE HOSPITAL OR EMERGENCY DEPARTMENT. INCLUDED IN THE SCREENING IS ELIGIBILITY FOR MEDICAID, SCHIP OR OTHER AVAILABLE HEALTH COVERAGE, FOOD ASSISTANCE PROGRAM, THE HOSPITAL FINANCIAL ASSISTANCE, ET AL. MERCY HEALTH MUSKEGON PARTICIPATES IN THE UNITED WAY DAY OF CARING.

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THE ANNUAL HEALTHY-U EVENT IS CONDUCTED TO EDUCATE THE COMMUNITY ABOUT HEART HEALTH, AND PROVIDE WORKSHOPS AND PROGRAMS AT NO COST. SUPPORT FOR EVENTS, SUCH AS THE AFRICAN-AMERICAN DIABETES CONFERENCE, MEN'S HEALTH FAIR AND SCREENING, AND WALK FOR DIABETES ARE CONDUCTED TO RAISE FUNDS FOR PHARMACEUTICAL PRODUCTS FOR PEOPLE WHO CAN'T AFFORD THEM.

MERCY HEALTH MUSKEGON CONDUCTS EXTENSIVE COMMUNITY-BASED SCREENINGS AT CHURCHES AND OTHER VENUES AROUND THE COMMUNITY. BIRTHING CLASSES ARE OFFERED TO EVERYONE IN THE COMMUNITY. MERCY HEALTH MUSKEGON PROVIDES ITS FACILITIES TO NON-PROFIT ORGANIZATIONS FOR MEETINGS AND COMMUNITY ACTIVITIES. MEDICAL AND ADMINISTRATIVE STAFF SIT ON COMMUNITY COALITIONS THAT TARGET AREAS OF COMMUNITY NEED, INCLUDING HIV/AIDS, DIABETES, CHILDHOOD OBESITY, HEALTH DISPARITIES, ASTHMA, ALCOHOL, TOBACCO AND SUBSTANCE ABUSE. MERCY HEALTH MUSKEGON ALSO GIVES MONEY TO SUPPORT THE COMMUNITY ACCESS LINE OF THE LAKESHORE (CALL 2-1-1) INFORMATION AND REFERRAL PHONE LINE, AND ACCESS HEALTH (A COMMUNITY HEALTH COVERAGE PROGRAM).

"SAFE KIDS WEST MICHIGAN" IS A PROGRAM THROUGH MERCY HEALTH MUSKEGON'S COMMUNITY DEVELOPMENT DEPARTMENT TO WORK WITH PARENTS AND KIDS TO PREVENT ACCIDENTAL INJURY TO CHILDREN AGES 0-14. THE ATTEMPT IS TO REDUCE THE OVERALL RATE OF UNINTENTIONAL INJURIES TO CHILDREN IN WEST MICHIGAN.

ANNUAL EARNINGS FROM MERCY'S SISTER SIMONE COURTADE ENDOWMENT FUND ARE DIRECTED TO COMMUNITY GROUPS FOR PROJECTS TO IMPROVE THE HEALTH OF THE COMMUNITY. FOURTEEN NON-PROFIT COMMUNITY HEALTH AND HUMAN SERVICE ORGANIZATIONS RECEIVED \$105,000 IN FY 15.

Part VI Supplemental Information (Continuation)

MERCY HEALTH PHYSICIAN PARTNERS CONTINUES TO LEAD A HEALTH LITERACY INITIATIVE IN ITS PRIMARY CARE PRACTICES TO PROMOTE THE PATIENT CENTERED MEDICAL HOME CONCEPT AND THE "TEACH BACK" METHOD TO ENSURE PATIENT UNDERSTANDING OF THEIR HEALTH CONDITIONS, PLAN OF CARE AND TREATMENT REGIMENS.

"PATHWAYS TO HEALTHY FUTURES" IS A COLLABORATION WITH THE SCHOOL-BASED HEALTH CENTER AT OAKRIDGE SCHOOLS. STUDENTS WHO ARE PRONE TO HIGH RISK BEHAVIORS AND/OR ARE PRONE TO FUTURE MEDICAL CONDITIONS (HYPERTENSION, DIABETES, ETC.), INCLUDING THEIR FAMILIES, ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO GUIDE THEM THROUGH BEHAVIOR CHANGE AND CARE COORDINATION TO HELP PROMOTE A HEALTHIER OUTCOME IN ADULthood.

MERCY HEALTH MUSKEGON HAS BEEN SELECTED TO PARTICIPATE IN THE ASTHO MILLION HEARTS COLLABORATIVE, WHICH PROVIDES PROGRAMMING AND INTERVENTIONS IN BOTH PUBLIC AND PRIVATE HEALTH AND HUMAN SERVICES AGENCIES TO PREVENT ONE MILLION HEART ATTACKS AND STROKES ACROSS THE COUNTRY BY 2017.

PART VI, LINE 6:

MERCY HEALTH PARTNERS IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL REGIONAL HEALTH MINISTRIES DEFINE - AND ACHIEVE - COMMUNITY BENEFIT GOALS THAT INCLUDE IMPLEMENTING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED

Part VI Supplemental Information (Continuation)

POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS MORE THAN \$800 MILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING EACH COMMUNITY'S SPECIFIC NEEDS.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number
38-2589966

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES WEST MICHIGAN 1095 THIRD STREET, SUITE 125 MUSKEGON, MI 49441	38-3012473	501(C)(3)	7,000.	0.			COMMUNITY BENEFIT
COMMUNITY ACCESS LINE OF THE LAKESHORE, INC. (CALL 211) - 560 SEMINOLE RD - MUSKEGON, MI 49444	38-3171086	501(C)(3)	5,000.	0.			COMMUNITY BENEFIT
BETHANY HOUSING MINISTRIES INC. D/B/A COMMUNITY ENCOMPASS - 289 E. LARCH ST - MUSKEGON, MI 49442	38-3279226	501(C)(3)	10,000.	0.			COMMUNITY BENEFIT
DISTRICT HEALTH DEPARTMENT #10 3986 N OCEANA DRIVE HART, MI 49420	38-3372828	STATE GOVERNMENT	7,000.	0.			COMMUNITY BENEFIT
MISSION FOR AREA PEOPLE (MAP) 2500 JEFFERSON ST MUSKEGON, MI 49444	38-3220964	501(C)(3)	8,500.	0.			COMMUNITY BENEFIT
MOUNT ZION CHURCH OF GOD IN CHRIST 188 W MUSKEGON AVE MUSKEGON, MI 49440	38-3715411	501(C)(3)	9,000.	0.			COMMUNITY BENEFIT

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

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

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

Schedule I (Form 990) (2014)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
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[illegible]

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

DONATIONS MADE BY MERCY HEALTH PARTNERS TO CHARITABLE ORGANIZATIONS ARE

MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE.

DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE

CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY

THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014Open to Public
Inspection

Employer identification number

38-2589966

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROGER SPOELMAN DIRECTOR; W. MI REG. PRES. & CEO	(i) 0. (ii) 548,702.	0. 240,525.	0. 169,106.	0. 24,800.	0. 24,578.	0. 1,007,711.	0. 30,605.
(2) BRUCE OLSON, MD DIRECTOR; MHP CHIEF OF STAFF	(i) 365,040. (ii) 0.	0. 0.	4,942. 0.	18,947. 0.	17,004. 0.	405,933. 0.	0. 0.
(3) CAROL TARNOWSKY SECRETARY; TH MANAGING COUNSEL	(i) 0. (ii) 262,299.	0. 0.	0. 2,293.	0. 12,660.	0. 3,338.	0. 280,590.	0. 0.
(4) GARY ALLORE TREASURER; WEST MI REGIONAL CFO	(i) 0. (ii) 305,233.	0. 77,272.	0. 1,586.	0. 13,000.	0. 20,873.	0. 417,964.	0. 0.
(5) GREGORY LOOMIS PRES AND CEO MERCY HEALTH PARTNERS	(i) 0. (ii) 388,224.	0. 120,861.	0. 21,840.	0. 24,948.	0. 23,505.	0. 579,378.	0. 0.
(6) JEFFREY ALEXANDER VP SUBS & STRATEGIC INTEGRATION	(i) 250,156. (ii) 0.	56,000. 0.	2,324. 0.	18,932. 0.	4,670. 0.	332,082. 0.	0. 0.
(7) F. REMINGTON SPRAGUE VP & CMO	(i) 0. (ii) 350,409.	0. 79,213.	0. 5,205.	0. 27,048.	0. 16,504.	0. 478,379.	0. 0.
(8) MARY BOYD MHP VP NETWORK DEVELOPMENT	(i) 0. (ii) 286,205.	0. 70,252.	0. 2,664.	0. 25,684.	0. 3,410.	0. 388,215.	0. 0.
(9) KIMBERLY MAGUIRE VP & CNO	(i) 0. (ii) 221,592.	0. 50,432.	0. 722.	0. 13,000.	0. 18,916.	0. 304,662.	0. 0.
(10) KEN UGANSKI VP CLINICAL OPERATIONS	(i) 0. (ii) 205,857.	0. 0.	14,794. 0.	21,881. 0.	1,131. 0.	243,663. 0.	0. 0.
(11) RICK EDGAR PHYSICIAN	(i) 0. (ii) 856,217.	0. 0.	30,412. 0.	7,800. 0.	8,909. 0.	903,338. 0.	0. 0.
(12) JEREMY BARBER PHYSICIAN	(i) 0. (ii) 809,034.	0. 0.	940. 0.	7,800. 0.	19,235. 0.	837,009. 0.	0. 0.
(13) DAVID DIRK BONNEMA PHYSICIAN	(i) 0. (ii) 713,253.	0. 0.	1,099. 0.	13,000. 0.	19,286. 0.	746,638. 0.	0. 0.
(14) CHRISTOPHER LOUIS MARQUART PHYSICIAN	(i) 0. (ii) 692,393.	0. 0.	4,715. 0.	13,000. 0.	14,244. 0.	724,352. 0.	0. 0.
(15) RICHARD JASZEWSKI PHYSICIAN	(i) 0. (ii) 615,164.	0. 0.	7,841. 0.	13,000. 0.	1,895. 0.	637,900. 0.	0. 0.
(16) J. RICHARD O'CONNELL FORMER KEY EMPLOYEE	(i) 0. (ii) 791,024.	0. 532,372.	0. 425,006.	0. 18,200.	0. 36,377.	0. 1,802,979.	0. 174,337.

Schedule J (Form 990) 2014

Part III Supplemental Information

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

PART I, LINE 1A:

JEFF ALEXANDER PARTICIPATED IN A BUSINESS TRIP THAT INVOLVED CHARTER TRAVEL. A FLIGHT WAS CHARTERED BY THE ORGANIZATION'S ARCHITECT TO VIEW A SITE FOR THE PURPOSE OF PLANNING AN ADDITION TO THE ORGANIZATION'S PATIENT TOWER. THE ORGANIZATION REIMBURSED THE ARCHITECTURAL FIRM FOR THE COST OF THE SEAT ON THE FLIGHT. THE FLIGHT WAS NOT TREATED AS TAXABLE COMPENSATION TO MR. ALEXANDER.

PART I, LINE 3:

MERCY HEALTH PARTNERS IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. MERCY HEALTH PARTNERS' CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF MERCY HEALTH PARTNERS' CEO:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- FORM 990 OF OTHER ORGANIZATIONS
- WRITTEN EMPLOYMENT CONTRACT
- COMPENSATION SURVEY OR STUDY, AND

Part III Supplemental Information

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

- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE**PART I, LINES 4A-B:**

THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2014.

THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

KEDRICK ADKINS - \$814,924

COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THIS AMOUNT THAT
WAS REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS.

THE FOLLOWING IS A PARTICIPANT IN AN INDIVIDUAL SUPPLEMENTAL EXECUTIVE
RETIREMENT PLAN (SERP). HE DID NOT RECEIVE A SERP PAYOUT IN 2014.

KEDRICK ADKINS

THE FOLLOWING ARE PARTICIPANTS IN THE NEW TRINITY HEALTH SUPPLEMENTAL
EXECUTIVE RETIREMENT PLAN (SERP) EFFECTIVE JANUARY 1, 2014. THE PLAN WILL
PROVIDE RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO
MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. THERE WERE NO
PAYOUTS IN 2014.

GREGORY LOOMIS

Part III Supplemental Information

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

J. RICHARD O'CONNELL

ROGER SPOELMAN

THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH CASH BALANCE RESTORATION AND RETENTION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETENTION BENEFITS PLUS RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$260,000 FOR 2014).

THE PLAN WAS FROZEN DECEMBER 31, 2013. THE FOLLOWING PAYOUTS FOR 2014 FOR

THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

KEDRICK ADKINS - \$242,986

J. RICHARD O'CONNELL - \$185,824

ROGER SPOELMAN - \$30,760

COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS.

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open To Public
Inspection**

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total

▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2014

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CYNTHIA L MEYERING	FAMILY MEMBER OF KI	38,768.	EMPLOYMENT		X
PAMELA ALEXANDER	WIFE OF JEFF ALEXAN	82,039.	EMPLOYMENT		X
KATRINA OLSON	WIFE OF BRUCE OLSON	246,523.	EMPLOYMENT		X
DONOR #15	DONOR #15 IS A SUBS	259,646.	PATIENT CAR		X
DONOR #29	DONOR #29 IS A SUBS	193,640.	PATIENT CAR		X
DONOR #32	DONOR #32 IS A SUBS	3,305,827.	ARCHITECTUR		X

Part IV Supplemental Information

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

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

(A) NAME OF PERSON: CYNTHIA L MEYERING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KIMBERLY MAGUIRE, KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 38,768.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT ARRANGEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PAMELA ALEXANDER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF JEFF ALEXANDER, KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 82,039.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT ARRANGEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KATRINA OLSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF BRUCE OLSON, DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 246,523.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT ARRANGEMENT

Part V Supplemental Information

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DONOR #15

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DONOR #15 IS A SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 259,646.

(D) DESCRIPTION OF TRANSACTION: PATIENT CARE EXPENSES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DONOR #29

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DONOR #29 IS A SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 193,640.

(D) DESCRIPTION OF TRANSACTION: PATIENT CARE EXPENSES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DONOR #32

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DONOR #32 IS A SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 3,305,827.

(D) DESCRIPTION OF TRANSACTION: ARCHITECTURE AND ENGINEERING EXPENSES

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2014

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number
38-2589966

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	39,832.	STOCK MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2014)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number
38-2589966

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

PLEASE VISIT SCHEDULE H AND OUR WEBSITE FOR ADDITIONAL INFORMATION

ABOUT OUR SERVICES, RECOGNITIONS AND AWARDS:

WWW.MERCYHEALTHMUSKEGON.COM

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF MERCY HEALTH PARTNERS IS TRINITY HEALTH - MICHIGAN. SEE
LINE 7 FOR ADDITIONAL INFORMATION.

FORM 990, PART VI, SECTION A, LINE 7A:

TRINITY HEALTH - MICHIGAN IS THE SOLE MEMBER OF MERCY HEALTH PARTNERS.

TRINITY HEALTH - MICHIGAN HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD
OF TRUSTEES OF MERCY HEALTH PARTNERS.

FORM 990, PART VI, SECTION A, LINE 7B:

AS SOLE MEMBER, TRINITY HEALTH - MICHIGAN MUST APPROVE CERTAIN DECISIONS OF
THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND
ANNUAL OPERATING BUDGET. TRINITY HEALTH - MICHIGAN MUST ALSO APPROVE
SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS
OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION B, LINE 11:

PRIOR TO FILING, THE FORM 990 FOR MERCY HEALTH PARTNERS IS REVIEWED BY
SENIOR MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE
REVIEWED BY THE BOARD OF TRUSTEES. THE BOARD RECEIVES A COPY OF THE RETURN
IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

FORM 990, PART VI, SECTION B, LINE 12C:

MERCY HEALTH PARTNERS HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO. 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF MERCY HEALTH PARTNERS, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF MERCY HEALTH PARTNERS AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST.

ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF MERCY HEALTH PARTNERS (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS.

INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MERCY HEALTH PARTNERS OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF MERCY HEALTH PARTNERS (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF MERCY HEALTH PARTNERS. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 15:

QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF MERCY HEALTH PARTNERS IS ESTABLISHED AND PAID BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING CEO AND CFO COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO AND CFO OF MERCY HEALTH PARTNERS ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS.

AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

MERCY HEALTH PARTNERS IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH

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Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, MERCY HEALTH PARTNERS INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE. MERCY HEALTH PARTNERS' GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A:

SR. MARY PERSICO, IHM IS A MEMBER OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY. HAVING TAKEN A VOW OF POVERTY, SR. MARY DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED AS EXECUTIVE VICE PRESIDENT MISSION INTEGRATION TO TRINITY HEALTH, EXCEPT FOR INSURANCE BENEFITS OF \$13,865 AND A CAR ALLOWANCE OF \$12,000. INSTEAD, A TOTAL OF \$847,360 WAS PAID BY TRINITY HEALTH DIRECTLY TO THE CONGREGATION OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY FOR SR. MARY'S SERVICES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY TRANSFERS TO AFFILIATES	-12,573,836.
INDIGENT CARE AGREEMENT REVENUE	1,795,182.
INDIGENT CARE AGREEMENT EXPENSES	-1,704,595.
OTHER CHANGES IN NET ASSETS	399,849.
TOTAL TO FORM 990, PART XI, LINE 9	-12,083,400.

FORM 990, PART XII, LINE 2:

MERCY HEALTH PARTNERS' FINANCIAL STATEMENTS WERE INCLUDED IN THE FY15

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Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED
BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

FORM 990, PAGE 1, DOING BUSINESS AS NAMES:

AFFINIA HEALTH NETWORK, BEAR CREEK FAMILY MEDICINE, BEAR CREEK FAMILY
PRACTICE, BEAR CREEK HEALTH CENTER, BEAR CREEK MEDICAL GROUP, BEAR
CREEK PHYSICIAN PRACTICE, BEAR CREEK PHYSICIAN GROUP, BEAR CREEK
PHYSICIANS, HACKLEY CORNERSTONE FOUNDATION, HART FAMILY MEDICAL CENTER,
JOHNSON FAMILY CENTER FOR CANCER CARE, LAKES OBGYN SPECIALISTS,
LAKESHORE MEDICAL CENTER-SHELBY, LAKESHORE MEDICAL CENTER-WHITEHALL,
MCCLEES CLINIC, MERCY HEALTH, MERCY HEALTH GENERAL CAMPUS, MERCY HEALTH
HACKLEY, MERCY HEALTH HACKLEY CAMPUS, MERCY HEALTH LAKES VILLAGE, MERCY
HEALTH LAKESHORE, MERCY HEALTH LAKESHORE CAMPUS, MERCY HEALTH MERCY,
MERCY HEALTH MERCY CAMPUS, MERCY HEALTH MUSKEGON, MERCY HEALTH MUSKEGON
PHARMACY, MERCY HEALTH PARTNERS LAKESHORE CAMPUS, MERCY HEALTH PARTNERS
OBSTETRICS & GYNECOLOGY SPECIALIST, MERCY HEALTH PARTNERS PHYSICIAN
SPECIALIST, MERCY HEALTH PARTNERS SUB-SPECIALTY, MERCY HEALTH PARTNERS
SUB-SPECIALTY SERVICES, MERCY HEALTH PARTNERS, HACKLEY CAMPUS, MERCY
HEALTH PARTNERS, MERCY CAMPUS, MERCY HEALTH PARTNERS, MUSKEGON GENERAL
CAMPUS, MERCY HEALTH PARTNERS-ORTHOTICS & PROSTHETICS, MERCY HEALTH
PARTNERS-ORTHOTICS AND PROSTHETICS, MERCY HEALTH PARTNERS-WORK PLACE
HEALTH, MERCY HEALTH PHARMACY - GLENSIDE, MERCY HEALTH PHARMACY -
HACKLEY PROFESSIONAL, MERCY HEALTH PHARMACY - WESTSHORE PROFESSIONAL,
MERCY HEALTH PHARMACY - WOLF LAKE, MERCY HEALTH PHYSICIAN PARTNERS,
BEAR CREEK, MERCY HEALTH PHYSICIAN PARTNERS-MUSKEGON, MERCY HEALTH
WESTSHORE CARDIOLOGY SERVICES, MERCY SPECIALTY SERVICES, MERCY URGENT
CARE, MERCY WOMEN'S HEALTH SERVICES, MHP LIFE COUNSELING, SHELBY FAMILY

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Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

CARE, THE BOUTIQUE AT MERCY HEALTH, THE BOUTIQUE AT MERCY HEALTH, LAKES

VILLAGE, WORKPLACE HEALTH SAINT MARY'S, WORKPLACE HEALTH WHITEHALL

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization

MERCY HEALTH PARTNERS

Employer identification number

38-2589966

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MERCY HEALTH CLINICALLY INTEGRATED NETWORK, LLC - 47-2070753, 1415 LEAHY STREET, MUSKEGON, MI 49442	ACCOUNTABLE CARE ORGANIZATION	MICHIGAN	0.	0.	MERCY HEALTH PARTNERS
310 LAFAYETTE, LLC - 47-1987664					
200 JEFFERSON AVE. SE					
GRAND RAPIDS, MI 49503	REAL ESTATE	DELAWARE	-12,334.	0.	MERCY HEALTH PARTNERS
AFFINIA HEALTH ACO, LLC - 47-3870396					
20555 VICTOR PARKWAY	ACCOUNTABLE CARE				
LIVONIA, MI 48152	ORGANIZATION	MICHIGAN	0.	0.	MERCY HEALTH PARTNERS
HACKLEY CONDO UNITS OWNERSHIP, LLC					
1700 CLINTON STREET					
MUSKEGON, MI 49442	REAL ESTATE	MICHIGAN	0.	528,928.	MERCY HEALTH PARTNERS

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 entity?	
						Yes	No
ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP - 27-2491974, 245 STATE ST. SE, GRAND RAPIDS, MI 49503	HEALTHCARE SERVICES	MICHIGAN	501(c)(3)	LINE 9	TRINITY HEALTH-MICHIGAN		
ALBANY MEMORIAL HOSPITAL - 14-1338457							
600 NORTHERN BLVD.	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(c)(3)	LINE 3	NORTHEAST HEALTH, INC.		X
ALBANY, NY 12204							
ALLEGANY FRANCISCAN MINISTRIES, INC. - 58-1492325, 33920 U.S. HIGHWAY 19 NORTH SUITE 269, PALM HARBOR, FL 34684	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	FLORIDA	501(c)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
AMICARE HOSPICE SERVICES INC - 38-2949053							
20555 VICTOR PARKWAY	HOSPICE SERVICES	MICHIGAN	501(c)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.		X
LIVONIA, MI 48152							

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

Schedule R (Form 990) 2014

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
AUXILIARY OF HOLY ROSARY HOSPITAL - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	VOLUNTEER SERVICE AUXILIARY	OREGON	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO		X
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	HEALTHCARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.		X
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	BAUM HARMON MERCY HOSPITAL		X
BEECHWOOD, INC. - 14-1651563 2212 BURDETT AVE. TROY, NY 12180	TITLE HOLDING COMPANY	NEW YORK	501(C)(2)	N/A	LTC (EDDY), INC.		X
BEVERWYCK, INC. - 14-1717028 40 AUTUMN DRIVE SLINGERLANDS, NY 12159	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
BRIGHTSIDE, INC. - 04-2182395 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 9	SISTERS OF PROVIDENCE HEALTH SYSTEM INC.		X
CAPITAL REGION GERIATRIC CENTER, INC. - 14-1701597, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN		X
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	OTHER COUNTRY	501(C)(3)	LINE 1	N/A		X
COLUMBUS ACQUISITION CORP - 26-2616342 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER		X
COMMUNITY HEALTH PARTNERS OF SOUTH BEND - 26-3051440, PO BOX 3998, SOUTH BEND, IN 46619	HEALTHCARE SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
CRANBROOK HOSPICE CARE - 38-3320699 1111 W. LONG LAKE RD., STE 102 TROY, MI 48098	HOSPICE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DILEY RIDGE MEDICAL CENTER - 34-2032340	HEALTHCARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM		X
7911 DILEY ROAD							
CANAL WINCHESTER, OH 43110					MERCY HEALTH SERVICES-IOWA, CORP.		X
DUBUQUE MERCY HEALTH FOUNDATION, INC. - 26-2227941, 250 MERCY DRIVE, DUBUQUE, IA 52001	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I			
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.		X
EAST NORRITON PHYSICIAN SERVICES - 23-2515999, C/O ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK		X
EDDY LICENSED HOME CARE AGENCY - 14-1818568 433 RIVER ST SUITE 3000 TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 3	LTC (EDDY), INC.		X
EMPIRE HOME INFUSION SERVICE, INC. - 14-1795732, 10 BLACKSMITH DRIVE, MALTA, NY 12020	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	HOME AIDE SERVICE OF EASTERN NEW YORK INC.		X
FARREN CARE CENTER, INC. - 04-2501711 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC.		X
FRANCISCAN ELDERCARE CORPORATION - 22-3008680, P.O. BOX 2500, WILMINGTON, DE 19805	LONG TERM CARE (INACTIVE)	DELAWARE	501(C)(3)	LINE 9	ST. FRANCIS HOSPITAL		X
GLEN EDDY, INC. - 14-1794150 ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
GLOBAL HEALTH MINISTRY - 23-3068656 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 7	TRINITY HEALTH CORPORATION		X
GLOBAL HEALTH MINISTRY (FKA TRINITY HEALTH INTERNATIONAL) - 42-1253527, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
GOOD SAMARITAN HOSPITAL, INC. - 26-1720984 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION - 36-3332852, 701 W. NORTH AVE., MELROSE PARK, IL 60160	COMMUNITY OUTREACH	ILLINOIS	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL		X
GOTTLIEB MEMORIAL FOUNDATION - 74-3260011 701 W. NORTH AVE.	FOUNDATION	ILLINOIS	501(C)(3)	LINE 11C, III-FI	N/A		X
MELROSE PARK, IL 60160							
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649 701 W. NORTH AVE.	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM		X
MELROSE PARK, IL 60160							
GRAND RAPIDS MEDICAL EDUCATION PARTNERS, INC. - 23-7270669, 1000 MONROE AVENUE NW, GRAND RAPIDS, MI 49503	MEDICAL EDUCATION TRAINING PROGRAMS	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN		X
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443	SELF INSURANCE	MICHIGAN	501(C)(3)	LINE 11B, II	MERCY HEALTH PARTNERS		X
HACKLEY LIFE COUNSELING - 38-1386362 125 E. SOUTHERN AVENUE							
MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS		X
HAWTHORNE RIDGE, INC. - 80-0102840 30 COMMUNITY WAY							
EAST GREENBUSH, NY 12061	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
HERITAGE HOUSE NURSING CENTER, INC. - 14-1725101, 2920 TIBBITS AVE, TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184							
FARMINGTON HILLS, MI 48152	LONG TERM CARE	MARYLAND	501(C)(3)	LINE 9	HOLY CROSS HEALTH, INC.		X
HOLY CROSS HEALTH FOUNDATION, INC. - 20-8428450, 11801 TECH ROAD, SILVER SPRING, MD 20904	FOUNDATION	MARYLAND	501(C)(3)	LINE 7	HOLY CROSS HEALTH, INC.		X
HOLY CROSS HEALTH, INC. - 52-0738041 1500 FOREST GLEN RD.	HEALTHCARE AND HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
SILVER SPRING, MD 20910							
HOLY CROSS HOSPITAL, INC. - 59-0791028 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE AND HOSPITAL SERVICES	FLORIDA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOLY CROSS MEDICAL PROPERTIES, INC. - 65-0666283, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	BUILDING MANAGEMENT SERVICES	FLORIDA	501(C)(2)	N/A	HOLY CROSS HOSPITAL, INC.		X
HOLY CROSS OUTPATIENT SERVICES, INC. - 46-5421068, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL, INC.		X
HOME AIDE SERVICE OF EASTERN NEW YORK, INC. - 14-1514867, 433 RIVER ST SUITE 3000, TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 9	MERCY HEALTH SERVICES-IOWA, CORP.		X
HOSPICE OF SIOUXLAND - 38-3320710 4300 HAMILTON BLVD. SIOUX CITY, IA 51104	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 11A, I	N/A		X
HOSPICE OF WASHTENAW II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE SERVICES	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN		X
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN		X
INTRACASTAL HEALTH SYSTEMS, INC. - 65-0556413, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	FLORIDA	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION		X
JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC. - 22-2570478, 2256 BURDETT AVE., TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
LANGHORNE MRI, INC. - 23-2519529 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER		X
LANGHORNE PHYSICIAN SERVICES, INC. - 23-2571699, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER		X
LIFE AT LOURDES, INC. - 26-1854750 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
LIFE AT ST. FRANCIS HEALTHCARE, INC. - 45-2569214, 7TH & CLAYTON STREETS, WILMINGTON, DE 19805	PACE PROGRAM	DELAWARE	501(C)(3)	LINE 9	ST. FRANCIS HOSPITAL		X
LIFE ST. FRANCIS CORPORATION - 22-2797282 1435 LIBERTY STREET HAMILTON, NJ 08629	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 11A, I	ST. FRANCIS MEDICAL CENTER TRENTON NJ		X
LIFE ST. JOSEPH OF THE PINES, INC. - 27-2159847, 100 GOSSMAN DRIVE, SOUTHERN PINES, NC 28387	PACE PROGRAM	NORTH CAROLINA	501(C)(3)	LINE 3	ST. JOSEPH OF THE PINES, INC.		X
LIFE ST. MARY - 26-2976184 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER		X
LOURDES ANCILLARY SERVICES - 22-2568525 1600 HADDON AVENUE CAMDEN, NJ 08103	VOLUNTEER SERVICE AUXILIARY	NEW JERSEY	501(C)(3)	LINE 11B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES		X
LOURDES CARDIOLOGY SERVICES PC - 27-4357794 1600 HADDON AVENUE CAMDEN, NJ 08103	HEALTHCARE SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES		X
LOURDES DIALYSIS AT INNOVA, INC. - 26-3237625, 3716 CHURCH ROAD, MT. LAUREL, NJ 08054	HEALTHCARE SERVICES (INACTIVE)	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES		X
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY - 22-3612265, 218 SUNSET ROAD, WILLINGBORO, NJ 08046	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES		X
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
LOYOLA UNIVERSITY MEDICAL CENTER - 36-4015560, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM		X
LTC (EDDY), INC. - 22-2564710 2212 BURDETT AVE. TROY, NY 12180	MANAGEMENT SERVICES FOR LONG TERM CARE	NEW YORK	501(C)(3)	LINE 11B, II	NORTHEAST HEALTH, INC.		X
MARIAN COMMUNITY HOSPITAL - 24-0711230 3805 WEST CHESTER PIKE, NO. 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM		X

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						Yes	No
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET STOUX CITY, IA 51101	HOME HEALTH SERVICES (INACTIVE)	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.		X
MARYCREST HEIGHTS - 27-0291722 P.O. BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY HEALTHCARE SYSTEM	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY CONTINUING CARE SERVICES		X
MAXIS HEALTH SYSTEM - 91-1940902 3805 WEST CHESTER PIKE, NO. 100 NEWTOWN SQUARE, PA 19073	MANAGEMENT AND SUPPORT (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
MCAULEY CENTER, INC. - 06-1058086 275 STEELE ROAD WEST HARTFORD, CT 06117	SENIOR LIVING COMMUNITY	CONNECTICUT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC.		X
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP.		X
MCAULEY MINISTRIES - 94-3436142 3333 FIFTH AVENUE PITTSBURGH, PA 15213	GRANT MAKING	PENNSYLVANIA	501(C)(3)	LINE 11A, I	PITTSBURGH MERCY HEALTH SYSTEM		X
MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 1111 W. LONG LAKE RD., STE 102, TROY, MI 48098	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 505 HURON AVENUE, PORT HURON, MI 48060	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY CARE FOUNDATION - 58-1448522 424 DECATUR STREET ATLANTA, GA 30312	FOUNDATION	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.		X
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X
MERCY COMMUNITY HEALTH, INC. - 06-1492707 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES		X
MERCY COMMUNITY HOMECARE SERVICES - 06-1488137, 2021 ALBANY AVENUE, WEST HARTFORD, CT 06117	HOME HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC.		X

MERCY HEALTH PARTNERS

38-2589966

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						Yes	No
MERCY FAMILY SUPPORT - 23-2325059 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES		X
MERCY FOUNDATION, INC. - 36-3227350 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	FOUNDATION	ILLINOIS	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO		X
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 888 TERRACE STREET, MUSKEGON, MI 49440	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA - 23-2829864, C/O ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X
MERCY HEALTH NETWORK - 42-1478417 1111 6TH AVENUE DES MOINES, IA 50314	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DELAWARE	501(C)(3)	LINE 11A, I	N/A		X
MERCY HEALTH PARTNERS - 38-2589966 1415 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN		X
MERCY HEALTH PLAN - 22-2483605 C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428	MEDICAID MANAGED CARE PLAN	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA - 23-2212638, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
MERCY HEALTHCARE CENTER - 15-0532211 114 WAWBECK AVENUE TUPPER LAKE, NY 12986	HEALTHCARE AND HOSPITAL SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION		X
MERCY HEALTHCARE FOUNDATION-CLINTON - 42-1316126, 1410 N. 4TH ST., CLINTON, IA 52732	FOUNDATION	IOWA	501(C)(3)	LINE 7	N/A		X

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						Yes	No
MERCY HOME HEALTH - 23-1352099							
1001 BALTIMORE PIKE, SUITE 310							
SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES		X
MERCY HOME HEALTH SERVICES - 23-2325058							
1001 BALTIMORE PIKE, SUITE 310	MANAGEMENT SERVICES FOR HOME HEALTH	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X
SPRINGFIELD, PA 19064							
MERCY HOSPITAL AND MEDICAL CENTER -							
36-2170152, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO		X
MERCY HOSPITAL CADILLAC FOUNDATION -							
20-3357131, 400 HOBART, CADILLAC, MI 49601	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN		X
MERCY HOSPITAL GIFT SHOP - 38-1630480							
2601 ELECTRIC AVE.	VOLUNTEER SERVICE AUXILIARY	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN		X
PORT HURON, MI 48060							
MERCY HOSPITAL, INC. - 04-3398280							
C/O SPHS, 1221 MAIN STREET, SUITE 213	HEALTHCARE AND HOSPITAL SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC.		X
HOLYOKE, MA 01040							
MERCY HOSPITAL, INC. - 59-0791034							
4725 NORTH FEDERAL HIGHWAY	HEALTHCARE SERVICES (INACTIVE)	FLORIDA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
FT. LAUDERDALE, FL 33308							
MERCY LIFE CENTER CORPORATION - 25-1604115							
1200 REEDSDALE STREET	COMMUNITY OUTREACH	PENNSYLVANIA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM		X
PITTSBURGH, PA 15233							
MERCY LIFE OF ALABAMA - 27-3163002							
P.O. BOX 1090							
DAPHNE, AL 36526	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 3	MERCY MEDICAL CORPORATION		X
MERCY LIFE, INC. - 45-3086711							
C/O SPHS, 1221 MAIN STREET, SUITE 213							
HOLYOKE, MA 01040	PACE PROGRAM	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS, INC.		X
MERCY MANAGEMENT OF SOUTHEASTERN							
PENNSYLVANIA - 23-2627944, ONE WEST ELM STREET, CONSHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK		X
MERCY MEDICAL CENTER - CLINTON, INC. -							
42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.		X

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						Yes	No
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.		X
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401	FOUNDATION	IOWA	501(C)(3)	LINE 7	N/A		X
MERCY MEDICAL CORPORATION - 63-6002215 P.O. BOX 1090 DAPHNE, AL 36526	HOSPICE & HOME HEALTH SERVICES	ALABAMA	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION		X
MERCY MEDICAL GROUP - 45-4884805 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC.		X
MERCY NORTH HOMECARE AND HOSPICE - 38-3313897, 7985 MACKINAW TRAIL, CADILLAC, MI 49601	HOSPICE & HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.		X
MERCY PHYSICIAN NETWORK - 46-1187365 C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X
MERCY SENIOR CARE, INC. - 58-1366508 424 DECATUR STREET ATLANTA, GA 30312	COMMUNITY OUTREACH	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.		X
MERCY SERVICES CORPORATION - 06-1453323 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTHCARE SYSTEM SUPPORT (INACTIVE)	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC.		X
MERCY SERVICES DOWNTOWN, INC. - 27-2046353 424 DECATUR STREET ATLANTA, GA 30312	TITLE HOLDING COMPANY	GEORGIA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.		X
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES		X
MERCY SPECIALIST PHYSICIANS, INC. - 26-4033168, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC.		X
MERCY SUBURBAN HOSPITAL - 23-1396763 ONE WEST ELM STREET CONSHOHOCKEN, PA 19428	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X

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						Yes	No
MERCY UIHLEIN HEALTH CORPORATION - 16-1535133, 185 OLD MILITARY ROAD, LAKE PLACID, NY 12946	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
MERCYNOLL INC. - 06-0757380 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC.		X
MISSION HEALTH CORPORATION - 38-3181557 37595 SEVEN MILE ROAD LIVONIA, MI 48152	BUILDING MANAGEMENT SERVICES	DELAWARE	501(C)(3)	LINE 11A, I	N/A		X
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	FOUNDATION	OHIO	501(C)(3)	LINE 11A, I	MOUNT CARMEL HEALTH SYSTEM		X
MOUNT CARMEL HOME CARE, LLC - 26-2729300 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081	HOME HEALTH SERVICES	OHIO	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.		X
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 - 44TH STREET, KENTWOOD, MI 49508	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN		X
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	COMMUNITY OUTREACH	MICHIGAN	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS		X
NAZARETH HEALTH CARE FOUNDATION - 23-2300951 2701 HOLME AVENUE PHILADELPHIA, PA 19152	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	NAZARETH HOSPITAL		X

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						Yes	No
NAZARETH HOSPITAL - 23-2794121					MERCY HEALTH		
2601 HOLME AVENUE	HEALTHCARE AND HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3	SYSTEM OF		
PHILADELPHIA, PA 19152	SERVICES				SOUTHEASTERN	X	
NAZARETH PHYSICIAN SERVICES, INC. -							
20-3261266, ONE WEST ELM STREET,	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN	X	
CONSHOHOCKEN, PA 19428					NETWORK		
NE PHYSICIAN SERVICES - 23-2497355	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY PHYSICIAN	X	
ONE WEST ELM STREET	(INACTIVE)				NETWORK		
CONSHOHOCKEN, PA 19428		PENNSYLVANIA	501(C)(3)			X	
NORTHEAST HEALTH, INC. - 04-2450756							
2212 BURDETT AVE.	HEALTHCARE SYSTEM SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	ST. PETER'S	X	
TROY, NY 12180					HEALTH PARTNERS		
OAKLAND MERCY HOSPITAL - 20-8072234	HEALTHCARE AND HOSPITAL				MERCY HEALTH		
601 EAST 2ND STREET	SERVICES	NEBRASKA	501(C)(3)	LINE 3	SERVICES-IOWA,	X	
OAKLAND, NE 68045					CORP.		
OAKLAND MERCY HOSPITAL FOUNDATION -							
31-1678345, 601 E. 2ND STREET, OAKLAND, NE	FOUNDATION	NEBRASKA	501(C)(3)	LINE 11C, III-FI	N/A		X
68045							
OSU/MOUNT CARMEL HEALTH ALLIANCE -	COOPERATIVE HEALTHCARE						
31-1654603, 6150 EAST BROAD STREET,	DELIVERY SYSTEM	OHIO	501(C)(3)	LINE 11A, I	N/A		X
COLUMBUS, OH 43213							
OUR LADY OF LOURDES HEALTH CARE SERVICES -	HEALTHCARE SYSTEM				MAXIS HEALTH		
22-2568528, 1600 HADDON AVENUE, CAMDEN, NJ	MANAGEMENT AND SUPPORT	NEW JERSEY	501(C)(3)	LINE 11B, II	SYSTEM	X	
08103							
OUR LADY OF LOURDES HEALTH FOUNDATION, INC.					OUR LADY OF		
- 22-2351960, 1600 HADDON AVENUE, CAMDEN, NJ					LOURDES HEALTH		
08103	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	CARE SERVICES	X	
OUR LADY OF LOURDES MEDICAL CENTER -							
21-0635001, 1600 HADDON AVENUE, CAMDEN, NJ	HEALTHCARE AND HOSPITAL	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF		
08103	SERVICES				LOURDES HEALTH	X	
OUR LADY OF MERCY LIFE CENTER - 14-1743506					CARE SERVICES		
2 MERCYCARE LANE	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S		
GUILDERLAND, NY 12084					HEALTH CARE	X	
PIONEER VALLEY CARDIOLOGY ASSOCIATES, INC. -					SERVICES		
45-4208896, C/O SPHS, 1221 MAIN STREET,					SISTERS OF		
SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	PROVIDENCE HEALTH		
					SYSTEM INC.	X	

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						Yes	No
PITTSBURGH MERCY HEALTH SYSTEM - 25-1464211	HEALTHCARE SYSTEM	PENNSYLVANIA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
3333 5TH AVENUE	MANAGEMENT AND SUPPORT						
PITTSBURGH, PA 15213							
PORT HURON MERCY FAMILY CARE, INC. -					TRINITY		
20-1855647, 2601 ELECTRIC AVE., PORT HURON,	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11A, I	HEALTH-MICHIGAN		X
MI 48060							
PROBILITY THERAPY SERVICES - 20-2020239					TRINITY		
2058 S. STATE STREET	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	HEALTH-MICHIGAN		X
ANN ARBOR, MI 48104							
PROFESSIONAL MED TEAM - 38-2638284					MERCY HEALTH		
965 FORK STREET	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	PARTNERS		X
MUSKEGON, MI 49442							
PROFESSIONAL OFFICE CORPORATION - 94-2839324	BUILDING MANAGEMENT				SAINT AGNES		
1303 EAST HERNDON AVE.	SERVICES	CALIFORNIA	501(C)(3)	LINE 11A, I	MEDICAL CENTER		X
FRESNO, CA 93720							
SAINT AGNES MEDICAL CENTER - 94-1437713	HEALTHCARE AND HOSPITAL				TRINITY HEALTH		
1303 EAST HERNDON AVE.	SERVICES	CALIFORNIA	501(C)(3)	LINE 3	CORPORATION		X
FRESNO, CA 93720							
SAINT ALPHONSUS BUILDING COMPANY, INC. -					SAINT ALPHONSUS		
82-0401011, 1055 NORTH CURTIS RD., BOISE, ID	BUILDING MANAGEMENT				REGIONAL MEDICAL		
83706	SERVICES	IDAHO	501(C)(3)	LINE 9	CENTER, INC.		X
SAINT ALPHONSUS DIVERSIFIED CARE, INC. -					SAINT ALPHONSUS		
94-3028978, 1055 NORTH CURTIS RD., BOISE, ID	HEALTHCARE SYSTEM SUPPORT	IDAHO	501(C)(3)	LINE 11A, I	REGIONAL MEDICAL		
83706					CENTER, INC.		X
SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC.					SAINT ALPHONSUS		
- 94-3164869, 3325 POCAHONTAS ROAD, BAKER	FOUNDATION	OREGON	501(C)(3)	LINE 7	MEDICAL CENTER -		
CITY, OR 97814					BAKER CITY		X
SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. -					SAINT ALPHONSUS		
20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR	FOUNDATION	OREGON	501(C)(3)	LINE 7	MEDICAL		
97914					CENTER-ONTARIO		X
SAINT ALPHONSUS HEALTH SYSTEM, INC. -							
27-1929502, 1055 N. CURTIS ROAD, BOISE, ID	HEALTHCARE SYSTEM				TRINITY HEALTH		
83706	MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	LINE 11B, II	CORPORATION		X
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY,					SAINT ALPHONSUS		
INC. - 27-1790052, 3325 POCAHONTAS ROAD,	HEALTHCARE AND HOSPITAL				HEALTH SYSTEM,		
BAKER CITY, OR 97814	SERVICES	OREGON	501(C)(3)	LINE 3	INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 513(b)(13) controlled organization?	
						Yes	No
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	FOUNDATION	IDAHO	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA		X
SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC. - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	HEALTHCARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC. - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	HEALTHCARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.		X
SAINT JAMES CARE INC. - 26-2616230 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER		X
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, PO BOX 670, PLYMOUTH, IN 46563	HEALTHCARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0866157, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTHCARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X
SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY, INC. - 35-603285, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	VOLUNTEER SERVICE AUXILIARY	INDIANA	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER-S. BEND		X
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY, INC. - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	VOLUNTEER SERVICE AUXILIARY	INDIANA	501(C)(3)	LINE 11B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER-PLYMOUTH		X
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
SAINT JOSEPH'S HEALTH SYSTEM, INC. - 58-1744848, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	GEORGIA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION		X
SAINT JOSEPH'S MERCY CARE SERVICES, INC. - 58-1752700, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY	INDIANA	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES-INDIANA		X
SAINT MARY HOME II, INC. - 06-1164104 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC.		X
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, GRAND RAPIDS, MI 49505	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.		X
SAINT MARY'S FOUNDATION - 38-1779602 200 JEFFERSON ST., SE GRAND RAPIDS, MI 49503	FOUNDATION	MICHIGAN	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN		X
SAINT MICHAEL'S MEDICAL CENTER - 26-2616046 111 CENTRAL AVENUE NEWARK, NJ 07102	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
SAMARITAN CHILD CARE CENTER, INC. - 14-1710225, 2213 BURDETT AVE., TROY, NY 12180	CHILD CARE	NEW YORK	501(C)(3)	LINE 9	NORTHEAST HEALTH, INC.		X
SAMARITAN HOSPITAL OF TROY, NEW YORK - 14-1338544, 2215 BURDETT AVE., TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	NORTHEAST HEALTH, INC.		X
SENIOR CARE CONNECTION, INC. - 14-1708754 504 STATE ST. SCHENECTADY, NY 12305	PAGE PROGRAM	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
SETON AUXILIARY, INC. - 14-1505031 1300 MASSACHUSETTS AVENUE TROY, NY 12180	VOLUNTEER SERVICE AUXILIARY	NEW YORK	501(C)(3)	LINE 9	SETON HEALTH SYSTEM, INC.		X
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE - 14-1756230, 1 ABELE BLVD., CLIFTON PARK, NY 12065	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	SETON HEALTH SYSTEM, INC.		X
SETON HEALTH FOUNDATION, INC. - 22-2345416 1300 MASSACHUSETTS AVENUE TROY, NY 12180	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM, INC.		X
SETON HEALTH SYSTEM, INC. - 14-1776186 1300 MASSACHUSETTS AVENUE TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SISTERS OF PROVIDENCE CARE CENTERS, INC. - 22-2541103, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC.		X
SISTERS OF PROVIDENCE HEALTH SYSTEM, INC. - 04-3398374, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	MASSACHUSETTS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
SJHS/JOC HOLDINGS, INC. - 47-2299757 424 DECATUR STREET ATLANTA, GA 30312	HEALTHCARE SYSTEM SUPPORT	GEORGIA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.		X
ST. AGNES CONTINUING CARE CENTER - 23-2840137, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN		X
ST. AGNES CONTINUING CARE CENTER FOUNDATION - 23-2415137, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	ST. AGNES CONTINUING CARE CENTER		X
ST. FRANCIS FOUNDATION - 51-0374158 P.O. BOX 2500 WILMINGTON, DE 19805	FOUNDATION	DELAWARE	501(C)(3)	LINE 11A, I	ST. FRANCIS HOSPITAL		X
ST. FRANCIS HOSPITAL - 51-0064326 P.O. BOX 2500 WILMINGTON, DE 19805	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
ST. FRANCIS MEDICAL CENTER FOUNDATION, INC. - 52-1025476, 601 HAMILTON AVENUE, TRENTON, NJ 08629	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 11A, I	ST. FRANCIS MEDICAL CENTER TRENTON NJ		X
ST. FRANCIS MEDICAL CENTER TRENTON NJ - 22-3431049, 601 HAMILTON AVENUE, TRENTON, NJ 08629	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM		X
ST. JAMES MERCY FOUNDATION, INC. - 16-1486437, 411 CANISTEO STREET, HORNELL, NY 14843	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. JAMES MERCY HEALTH SYSTEM, INC.		X
ST. JAMES MERCY HEALTH SYSTEM, INC. - 22-3127184, 411 CANISTEO STREET, HORNELL, NY 14843	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION		X
ST. JAMES MERCY HOSPITAL - 16-0743310 411 CANISTEO STREET HORNELL, NY 14843	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. JAMES MERCY HEALTH SYSTEM, INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. JOSEPH MERCY OAKLAND FOUNDATION - 35-2356789, 44405 WOODWARD AVE., PONTIAC, MI 48341	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN		X
ST. JOSEPH OF THE PINES, INC. - 56-0694200 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	LONG TERM CARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES		X
ST. MARY BUILDING AND DEVELOPMENT COMPANY - 46-1827502, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)	N/A	ST. MARY MEDICAL CENTER		X
ST. MARY EMERGENCY MEDICAL SERVICES - 46-5354512, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER		X
ST. MARY HOME, INCORPORATED - 06-0646843 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC.		X
ST. MARY MEDICAL CENTER - 23-1913910 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
ST. MARY MEDICAL CENTER FOUNDATION, INC. - 23-2567468, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ST. MARY MEDICAL CENTER		X
ST. MARY'S FOUNDATION, INC. - 58-2544232 1230 BAXTER STREET ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 11A, I	ST. MARY'S HEALTH CARE SYSTEM, INC.		X
ST. MARY'S HEALTH CARE SYSTEM, INC. - 58-0566223, 1230 BAXTER STREET, ATHENS, GA 30606	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
ST. MARY'S HIGHLAND HILLS, INC. - 02-0576648 1230 BAXTER STREET ATHENS, GA 30606	SENIOR LIVING COMMUNITY	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.		X
ST. MARY'S MEDICAL GROUP, INC. - 26-1858563 1230 BAXTER STREET ATHENS, GA 30606	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.		X
ST. MARY'S SACRED HEART HOSPITAL, INC. - 47-3752176, 367 CLEAR CREEK PARKWAY, LAVONIA, GA 30553	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. MICHAEL'S FOUNDATION, INC. - 22-3311976 111 CENTRAL AVENUE NEWARK, NJ 07102	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 11A, I	SAINT MICHAEL'S MEDICAL CENTER		X
ST. PETER'S AUXILIARY - 22-2843206 315 SOUTH MANNING BLVD ALBANY, NY 12208	VOLUNTEER SERVICE AUXILIARY	NEW YORK	501(C)(3)	LINE 11A, I	ST. PETER'S HEALTH CARE SERVICES		X
ST. PETER'S HEALTH CARE SERVICES - 22-2702507, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 9	ST. PETER'S HEALTH PARTNERS		X
ST. PETER'S HEALTH PARTNERS - 45-3570715 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES, P.C. - 46-1177336, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS		X
ST. PETER'S HOSPITAL - 14-1348692 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH CARE SERVICES		X
ST. PETER'S HOSPITAL FOUNDATION, INC. - 22-2262982, 319 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH CARE SERVICES		X
SUNNYVIEW HOSPITAL & REHABILITATION CENTER - 14-1338386, 1270 BELMONT AVE., SCHENECTADY, NY 12308	FOUNDATION	NEW YORK	501(C)(3)	LINE 3	NORTHEAST HEALTH, INC.		X
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION - 22-2505127, 1270 BELMONT AVE., SCHENECTADY, NY 12308	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 11A, I	SUNNYVIEW HOSPITAL & REHABILITATION		X
THE COMMUNITY HOSPICE FOUNDATION, INC. - 22-2692940, 295 VALLEY VIEW BLVD, RENSSELAER, NY 12144	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE, INC.		X
THE COMMUNITY HOSPICE, INC. - 14-1608921 295 VALLEY VIEW BLVD RENSSELAER, NY 12144	HOSPICE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH CARE SERVICES		X
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617	FOUNDATION	INDIANA	501(C)(3)	LINE 11A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
THE MARJORIE DOYLE ROCKWELL CENTER, INC. - 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.		X
THE NORTHEAST HEALTH FOUNDATION, INC. - 22-2743478, 2224 BURDETT AVE., TROY, NY 12180	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS		X
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES - 38-2485700, 309 GRAND RIVER, PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11D, III-O	N/A		X
TRI-HOSPITAL MRI CENTER - 38-2884297 4190 24TH AVENUE	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN		X
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION		X
TRINITY CONTINUING CARE SERVICES - INDIANA, INC. - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	INDIANA	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES		X
TRINITY HEALTH - MICHIGAN - 38-2113393 20555 VICTOR PARKWAY	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION		X
LIVONIA, MI 48152 TRINITY HEALTH CORPORATION - 35-1443425 20555 VICTOR PARKWAY	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH MINISTRIES		X
LIVONIA, MI 48152 TRINITY HEALTH PACE - 47-3073124 20555 VICTOR PARKWAY	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION		X
LIVONIA, MI 48152 TRINITY HEALTH WELFARE BENEFIT TRUST - 20-8151733, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MICHIGAN	501(C)(9)	N/A	TRINITY HEALTH CORPORATION		X
TRINITY HOME HEALTH SERVICES, INC. - 38-2621935, 17410 COLLEGE PARKWAY, LIVONIA, MI 48152	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION		X
UTHLEIN MERCY CENTER - 15-0532190 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	HEALTHCARE SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	MERCY UTHLEIN HEALTH CORPORATION		X

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?		(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	
ADVENT REHABILITATION LLC - 38-3306673, 607 DEWEY AVENUE, SUITE 300, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	N/A	N/A			N/A	N/A		N/A
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A			N/A	N/A		N/A
CATHERINE HORAN BUILDING ASSOCIATES LP - 04-2723429, 1221 MAIN STREET, SUITE 105, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	N/A	N/A	N/A			N/A	N/A		N/A
CENTENNIAL SURGUNIT, LLC - 22-3580847, 502 CENTENNIAL BLVD, SUITE 1, VOORHEES, NJ 08043	HEALTHCARE SERVICES	NJ	N/A	N/A	N/A	N/A			N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES CORPORATION, INC. - 14-1668024, 1300 MASSACHUSETTS AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
CARBONDALE PHYSICIANS' SERVICES, INC. - 23-2365077, 100 LINCOLN AVE, CARBONDALE, PA 18407	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A		X
CATHERINE HORAN BUILDING, CORP. - 04-2938160 1233 MAIN STREET HOLYOKE, MA 01040	BUILDING MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A		X
CATHOLIC HEALTH EAST SENIOR SERVICES - 37-1572595, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	SENIOR SERVICES	PA	N/A	C CORP	N/A	N/A	N/A		X
CHESTNUT RISK SERVICES, LTD 11 VICTORIA STREET HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A	N/A	N/A	N/A			N/A	N/A	N/A
CENTRAL NEW JERSEY HEART SERVICES, LLC - 20-8525458, PO BOX 148, BAYONNE, NJ 07002	CARDIAC PROGRAM	NJ	N/A	N/A	N/A	N/A			N/A	N/A	N/A
CLINTON IMAGING SERVICES, LLC - 41-2044739, 615 VALLEY VIEW DR., STE 202, MOLINE, IL 61265	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
EAST NORRITON MEDICAL ASSOCIATES - 23-2319531, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	MEDICAL OFFICE BUILDING	PA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY FORMERLY DIAGNOSTIC IMAGING, IN DISSOLUTION	MI	N/A	N/A	N/A	N/A			N/A	N/A	N/A
FRESNO IMAGING CENTER - 77-0363563, 1303 E. HERNDON AVE., FRESNO, CA 93720	DIAGNOSTIC IMAGING, IN DISSOLUTION	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
GATEWAY HEALTH PLAN, LP - 25-1691945, 444 LIBERTY AVE, PITTSBURGH, PA 15222	MEDICAID & MEDICARE/SPECIA NEEDS MANAGED CARE	PA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
HAWARDEN REGIONAL HEALTH CLINICS, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
IDAHO ASC HOLDINGS, LLC - 36-4729605, 1055 N. CURTIS ROAD, BOISE, ID 83706	HOLDING COMPANY FOR AMBULATORY SURGERY	ID	N/A	N/A	N/A	N/A			N/A	N/A		N/A
INNOVATIVE HEALTH ALLIANCE OF NEW YORK, LLC - 46-5676066, 14 COLUMBIA CIRCLE DRIVE, ALBANY, NY 12203	ACCOUNTABLE CARE ORGANIZATION	NY	N/A	N/A	N/A	N/A			N/A	N/A		N/A
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, LP - 36-4119522, 3000 RIVERCHASE GALLERIA, STE 500, MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	SURGICAL SERVICES	IL	N/A	N/A	N/A	N/A			N/A	N/A		N/A
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	MRI SERVICES SURGERY-SAME DAY	IA	N/A	N/A	N/A	N/A			N/A	N/A		N/A
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A			N/A	N/A		N/A
MCMC POB III LIMITED PARTNERSHIP - 31-1392994, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A			N/A	N/A		N/A
MEDILUCENT MOB I - 20-4911370 793 W. STATE STREET COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A			N/A	N/A		N/A
MERCY ADVANCED MRI, LLC - 26-2116721, 2525 SOUTH MICHIGAN AVE., CHICAGO, IL 60616	SUBLEASE MRI EQUIPMENT	IL	N/A	N/A	N/A	N/A			N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MERCY/MANOR PARTNERSHIP - 52-1931012, PO BOX 10086, TOLEDO, OH 43699	NURSING HOME	PA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MERCY/USP HEALTH VENTURES, LLC - 47-1290300, 15305 DALLAS PARKWAY, STE 1600, LB 28, ADDISON, TX 75001	OUTPATIENT SURGERY	IA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A			N/A	N/A	N/A
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP - 23-2388040, C/O NAZARETH HOSP, 2601 HOLME AVE, NEWCO AMBULATORY SURGERY CTR, LLP - 30-0136708, 4190 24TH AVENUE, FORT GRATIOT, MI 48059	MEDICAL OFFICE BUILDING OUTPATIENT SURGERY CENTER	PA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PHYSICIANS OUTPATIENT SURGERY CENTER, LLC - 35-2325646, 1000 NE 56TH STREET, OAKLAND PARK, FL 33334	AMBULATORY SURGERY CENTER	MI	N/A	N/A	N/A	N/A			N/A	N/A	N/A
SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706	PHARMACY	FL	N/A	N/A	N/A	N/A			N/A	N/A	N/A
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	ID	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
STV MANAGEMENT LLC - 20-2273476, 200 CENTURY PKWY, STE 200E, MOUNT LAUREL, NJ 08054	RADIOLOGY	NJ	N/A	N/A	N/A	N/A			N/A	N/A		N/A
SMHC MOB II, LP - 36-4559869 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A	N/A	N/A	N/A			N/A	N/A		N/A
ST. AGNES LONG-TERM INTENSIVE CARE, LLP - 20-0984882, C/O MHS, ONE WEST ELM ST, STE 100, CONSHOCKEN, PA 19428	LONG TERM INTENSIVE CARE	PA	N/A	N/A	N/A	N/A			N/A	N/A		N/A
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	RADIATION ONCOLOGY	ID	N/A	N/A	N/A	N/A			N/A	N/A		N/A
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A			N/A	N/A		N/A
ST. MARY REHABILITATION HOSPITAL, LLP - 27-3938747, 680 SOUTH FORTH STREET, LOUISVILLE, KY 40202	HEALTHCARE SERVICES	DE	N/A	N/A	N/A	N/A			N/A	N/A		N/A
ST. PETER'S AMBULATORY SURGERY CENTER, LLC - 46-0463892, 1375 WASHINGTON AVENUE, STE. 201, ALBANY, NY	OUTPATIENT SURGERY	NY	N/A	N/A	N/A	N/A			N/A	N/A		N/A
TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 402 LAKE CASCADE PARKWAY, CASCADE, ID 83611	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A	N/A	N/A			N/A	N/A		N/A
THE AMBULATORY SURGERY CENTER AT ST MARY, LLC - 23-2871206, 1203 LANGHORNE-NEWTOWN ROAD,	OUTPATIENT SURGERY	PA	N/A	N/A	N/A	N/A			N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DIVERSIFIED COMMUNITY SERVICES, INC. - 04-3128890, 1233 MAIN STREET, HOLYOKE, MA 01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
GOTTLIEB MANAGEMENT SERVICES, INC. - 36-3330529, 701 W. NORTH AVE., MELROSE PARK, IL 60160	MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH MANAGEMENT CENTER - 38-2961814, 1415 LEAHY ST., MUSKOGON, MI 49442	WEIGHT MANAGEMENT	MI	HACKLEY HEALTH VENTURES, INC.	C CORP	224,310.	844,201.	100.00%	X	
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1415 LEAHY ST.	OTHER MEDICAL SERVICES	MI	MERCY HEALTH PARTNERS	C CORP	5,045.	288,094.	100.00%	X	
MUSKOGON, MI 49442	HOME MEDICAL EQUIPMENT	MI	HACKLEY HEALTH VENTURES, INC.	C CORP	-42,795.	2,163,414.	100.00%	X	
HACKLEY HEALTHCARE EQUIPMENT - 38-2578569 1415 LEAHY ST.	REAL ESTATE RENTAL	MI	HACKLEY HEALTH VENTURES, INC.	C CORP	3,241,752.	0.	100.00%	X	
MUSKOGON, MI 49442	PHARMACY	MI	HACKLEY HEALTH VENTURES, INC.	C CORP	-243,981.	4,294,452.	100.00%	X	
HEALTH MANAGEMENT SERVICES ORG. INC. - 22-3366580, 500 GROVE STREET, SUITE 100, HADDON HEIGHTS, NJ 08035	MEDICAL ADMINISTRATION	NJ	N/A	C CORP	N/A	N/A	N/A	X	
HEP, INC. - 38-3086401 1415 LEAHY ST.	OFFICE STAFFING	MI	HACKLEY HEALTH VENTURES, INC.	C CORP	0.	0.	100.00%	X	
MUSKOGON, MI 49442	HOME CARE SERVICES	MD	N/A	C CORP	N/A	N/A	N/A	X	
HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562, 11801 TECH ROAD, SILVER SPRING, MD 20904	CONDOMINIUM ASSOCIATION	MI	HACKLEY HEALTH VENTURES, INC.	C CORP	57.	292,245.	100.00%	X	
HPC CO-OWNERS ASSOCIATION - 27-0734448 1700 CLINTON	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	N/A	N/A	N/A	X	
MUSKOGON, MI 49442									
HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR., PO BOX 992 ANN ARBOR, MI 48106									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
IHA AFFILIATION CORPORATION - 38-3188895									
24 FRANK LLOYD WRIGHT DR., LOBBY J									
ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES II, INC. - 25-3795549									
1201 LANGHORNE-NEWTOWN ROAD	GENERAL PARTNER OF								
LANGHORNE, PA 19047	LMOB PARTNERS, II	PA	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES, INC. - 23-2625981									
1201 LANGHORNE-NEWTOWN ROAD	GENERAL PARTNER OF								
LANGHORNE, PA 19047	LMOB PARTNERS,	PA	N/A	C CORP	N/A	N/A	N/A	X	
LIFECARE PHYSICIANS PC - 26-1649038									
601 HAMILTON AVENUE									
TRENTON, NJ 08629	HEALTH CARE SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
LOURDES MEDICAL ASSOCIATES, PA - 22-3361862									
500 GROVE STREET, SUITE 100									
HADDON HEIGHTS, NJ 08035	MEDICAL SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
LOURDES URGENT CARE SERVICES PC - 46-4188202									
1600 HADDON AVENUE									
CAMDEN, NJ 08103	URGENT CARE CENTER	NJ	N/A	C CORP	N/A	N/A	N/A	X	
MANNING MEDICAL, PLLC - 46-4331512									
315 S. MANNING BLVD.									
ALBANY, NY 12208	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
MARYLAND CARE GROUP, INC. - 52-1815313									
11801 TECH ROAD									
SILVER SPRING, MD 20904	HEALTHCARE HOLDING	MD	N/A	C CORP	N/A	N/A	N/A	X	
MCMC EASTWICK, INC. - 23-2184361									
C/O MHS ONE WEST ELM STREET, STE 100	MEDICAL OFFICE								
CONSHOHOCKEN, PA 19428	BUILDINGS	PA	N/A	C CORP	N/A	N/A	N/A	X	
MEDNOW, INC. - 82-0389927									
1512 12TH AVENUE ROAD									
NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	X	
MERCY INPATIENT MEDICAL ASSOCIATES, INC. -									
04-3029929, 1233 MAIN STREET, HOLYOKE, MA									
01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY MEDICAL SERVICES - 42-1283849									
801 5TH STREET	PRIMARY CARE								
SIOUX CITY, IA 51101	PHYSICIANS	IA	N/A	C CORP	N/A	N/A	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MERCY SERVICES CORPORATION - 36-3227348 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	DORMANT	IL	N/A	C CORP	N/A	N/A	N/A		X
MICHIGAN ATHLETIC CLUB - 38-2647304 2500 BURTON GRAND RAPIDS, MI 49506	ATHLETIC CLUB	MI	N/A	C CORP	N/A	N/A	N/A		X
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	N/A	N/A	N/A		X
NURSING NETWORK, INC - 59-1145192 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	MEDICAL SERVICES	FL	N/A	C CORP	N/A	N/A	N/A		X
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST - 04-6608649, 1221 MAIN STREET, SUITE 108, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A		X
PRIORITY PLUS OF CALIFORNIA - 77-0395267 PO BOX 27230 FRESNO, CA 93729	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE HOME CARE, INC. - 04-3317426 1233 MAIN STREET HOLYOKE, MA 01040	HEALTH CARE SERVICES	MA	N/A	C CORP	N/A	N/A	N/A		X
SAINT ALPHONSUS HEALTH ALLIANCE, INC. - 82-0524649, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C CORP	N/A	N/A	N/A		X
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	PHYSICIANS	ID	N/A	C CORP	N/A	N/A	N/A		X
SAINT MARY'S HEALTH MANAGEMENT COMPANY - 38-3450733, 200 JEFFERSON AVENUE SE, GRAND RAPIDS, MI 49503	ATHLETIC CLUB	MI	N/A	C CORP	N/A	N/A	N/A		X
SAMARITAN MEDICAL OFFICE BUILDING, INC. - 14-1607244, 2212 BURDETT AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
SJM PROPERTIES, INC. - 16-1294991 411 CANISTEO STREET HORNELL, NY 14843	PROPERTY HOLDINGS	NY	N/A	C CORP	N/A	N/A	N/A		X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes No	
				1a	1b
(1) TRINITY HOME HEALTH SERVICES, INC.	B	82,357.	PER BOOKS		X
(2) HACKLEY HEALTHCARE EQUIPMENT	L	63,686.	PER BOOKS		X
(3) HACKLEY HEALTHCARE EQUIPMENT	Q	82,069.	PER BOOKS		X
(4) WESTSHORE HEALTH NETWORK	L	180,975.	PER BOOKS		X
(5) WESTSHORE HEALTH NETWORK	Q	458,703.	PER BOOKS		X
(6) HACKLEY PROFESSIONAL PHARMACY	Q	56,167.	PER BOOKS		X

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

(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
WESTSHORE PROFESSIONAL BUILDING (7) CONDOMINIUM ASSOCIATION	P	355,496.	PER BOOKS
(8) HACKLEY LIFE COUNSELING	L	95,095.	PER BOOKS
(9) HACKLEY LIFE COUNSELING	S	100,200.	PER BOOKS
(10) HACKLEY PROFESSIONAL CENTER	B	2,801,662.	PER BOOKS
(11) HACKLEY PROFESSIONAL CENTER	P	840,270.	PER BOOKS
(12) HACKLEY PROFESSIONAL CENTER	S	97,249.	PER BOOKS
(13) HPC CO-OWNERS ASSOCIATION	L	55,164.	PER BOOKS
(14) HPC CO-OWNERS ASSOCIATION	Q	126,540.	PER BOOKS
(15) MUSKEGON COMMUNITY HEALTH PROJECT	B	846,819.	PER BOOKS
(16) TRINITY HEALTH CORPORATION	B	10,523,920.	PER BOOKS
(17) TRINITY HEALTH CORPORATION	M	36,341,011.	PER BOOKS
(18) TRINITY HEALTH CORPORATION	P	24,807,694.	PER BOOKS
(19) TRINITY HEALTH CORPORATION	Q	285,494.	PER BOOKS
(20) TRINITY HEALTH CORPORATION	R	4,878,495.	PER BOOKS
(21) TRINITY HEALTH-MICHIGAN	L	242,340.	PER BOOKS
(22) TRINITY HEALTH-MICHIGAN	M	5,987,950.	PER BOOKS
(23) TRINITY HEALTH-MICHIGAN	P	4,214,145.	PER BOOKS
(24)			

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R (see instructions).

[illegible]