

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

TRINITY HEALTH CORPORATION

Doing business as

SEE SCHEDULE O

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

Room/suite

20555 VICTOR PARKWAY

City or town, state or province, country, and ZIP or foreign postal code

LIVONIA, MI 481527018

F Name and address of principal officer

RICHARD GILFILLAN MD

20555 VICTOR PARKWAY

LIVONIA,MI 481527018

D Employer identification number

35-1443425

E Telephone number

(734) 343-1000

G Gross receipts \$ 1,510,895,173

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW TRINITY-HEALTH ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1978

M State of legal domicile IN

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	4,513
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,248,477
	7b	Net unrelated business taxable income from Form 990-T, line 34	763,454
Revenue	8	Contributions and grants (Part VIII, line 1h)	0
	9	Program service revenue (Part VIII, line 2g)	1,273,394,628
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	168,448,233
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,124,543
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,488,967,404
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,289,510
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	544,198,414
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,025,259,455
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,573,747,379
	19	Revenue less expenses Subtract line 18 from line 12	-84,779,975
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,807,575,801
	21	Total liabilities (Part X, line 26)	9,797,551,148
	22	Net assets or fund balances Subtract line 21 from line 20	-989,975,347

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

CYNTHIA CLEMENCE INTERIM CFO

Type or print name and title

2017-05-10

Date

Paid Preparer Use Only

Prnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

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

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 \$ 1,525,363,236 including grants of \$ 4,289,510) (Revenue \$ 1,320,199,411)

TRINITY HEALTH CORPORATION'S PURPOSE IS TO GOVERN, MANAGE, AND PROVIDE ADMINISTRATIVE SERVICES TO ITS FIRST TIER SUBSIDIARIES. THE VAST MAJORITY OF THESE FIRST TIER SUBSIDIARIES ARE HOSPITAL ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3) AND PROVIDE NEEDED HEALTHCARE SERVICES TO THE COMMUNITIES IN WHICH THEY ARE LOCATED. THE SERVICES PROVIDED BY TRINITY HEALTH CORPORATION ALLOW FOR ECONOMIES OF SCALE THAT IN TURN PERMIT THE SUBSIDIARIES TO PROVIDE HEALTHCARE SERVICES TO PATIENTS AT A REASONABLE COST. TRINITY HEALTH CORPORATION AND ITS SUBSIDIARIES ARE COLLECTIVELY KNOWN AS TRINITY HEALTH. TRINITY HEALTH IS 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 POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS MORE THAN \$900 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. PLEASE VISIT OUR WEBSITE FOR ADDITIONAL INFORMATION: WWW.TRINITY-HEALTH.ORG

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

1,525,363,236

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 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
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	No
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	No
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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
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 Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	No
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	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14b Yes	
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	No
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	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
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	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
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).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
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?			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
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?			No
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?			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
d If "Yes," indicate the number of Forms 8282 filed during the year.			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
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?			
9a 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.			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IN , CA , OR
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ 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	KIM SAXTON 20555 VICTOR PARKWAY LIVONIA, MI 481527018 (734) 343-0844

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	36,634,255	0	3,105,733

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 ► 781

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORPORATION 2800 ROCKCREEK PARKWAY NORTH KANSAS CITY, MO 64117	SOFTWARE SERVICES	38,630,794
PRESIDIO NETWORKED SOLUTIONS 11595 N MERIDIAN ST STE 150 CARMEL, IN 46032	SOFTWARE SERVICES	24,431,050
HURON CONSULTING SERVICES LLC 900 WILSHIRE DRIVE TROY, MI 48084	CONSULTING SERVICES	21,482,062
STRATEGIC STAFFING SOLUTIONS 645 GRISWOLD ST DETROIT, MI 48226	TEMPORARY SERVICES	13,935,427
ORACLE AMERICA INC 500 ORACLE PARKWAY REDWOOD SHORES, CA 94065	SOFTWARE SERVICES	12,854,235

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 ▶ 324

Part VIII

Statement of Revenue

Check 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	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations . . .	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f				
Program Service Revenue	2a	SUBSIDIARY FEES	Business Code 551114	1,208,761,097	1,208,761,097	
	b	INTERCOMPANY PURCHASED SERVICES	900099	64,633,531	64,633,531	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		1,273,394,628		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		190,175,986	928,717
4		Income from investment of tax-exempt bond proceeds . .		200,016		200,016
5		Royalties				
6a		Gross rents	(i) Real (ii) Personal			
		b	Less rental expenses			
		c	Rental income or (loss)			
		d	Net rental income or (loss)			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
		b	Less cost or other basis and sales expenses	21,885,837 41,932		
		c	Gain or (loss)	-21,885,837 -41,932		
		d	Net gain or (loss)		-21,927,769	-21,927,769
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
b		Less direct expenses	b			
c		Net income or (loss) from fundraising events . .				
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances .	a			
b		Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory . .				
Miscellaneous Revenue		Business Code				
11a		SVCS TO UNRELATED ORGS	541519	319,760	319,760	
b						
c						
d	All other revenue		46,804,783	46,804,783		
e	Total. Add lines 11a-11d		47,124,543			
12	Total revenue. See Instructions		1,488,967,404	1,320,199,411	1,248,477	167,519,516

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	4,289,510	4,289,510		
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	18,025,167		18,025,167	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,108,531		6,108,531	
7	Other salaries and wages	381,034,136	381,034,136		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,471,937	23,954,709	1,517,228	
9	Other employee benefits	87,608,589	82,390,210	5,218,379	
10	Payroll taxes	25,950,054	24,404,347	1,545,707	
11	Fees for services (non-employees)				
a	Management	3,675,496		3,675,496	
b	Legal	5,097,333		5,097,333	
c	Accounting	6,664,358		6,664,358	
d	Lobbying	531,944		531,944	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	133,804,086	133,804,086		
12	Advertising and promotion	1,090,344	1,090,344		
13	Office expenses	66,780,685	66,780,685		
14	Information technology	197,949,669	197,949,669		
15	Royalties				
16	Occupancy	22,759,200	22,759,200		
17	Travel	12,442,435	12,442,435		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,104,496	5,104,496		
20	Interest	184,987,928	184,987,928		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	101,839,035	101,839,035		
23	Insurance	148,179,375	148,179,375		
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	EQUIPMENT MAINTENANCE	101,175,632	101,175,632		
b	CONTRACT LABOR EXPENSES	23,773,941	23,773,941		
c	SUBSCRIPTIONS & DUES	3,466,250	3,466,250		
d	UBI TAXES	2,500,000	2,500,000		
e	All other expenses	3,437,248	3,437,248		
25	Total functional expenses. Add lines 1 through 24e	1,573,747,379	1,525,363,236	48,384,143	0
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	564,531	1	404,344
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	49,033,066	4	63,298,975
	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 instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	4,873,894,160	7	5,730,979,204
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	79,513,191	9	104,748,220
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,066,731,121		
	b Less: accumulated depreciation	10b 565,693,742	398,177,993	10c 501,037,379
	11 Investments—publicly traded securities	1,213,343,757	11	1,182,268,273
	12 Investments—other securities. See Part IV, line 11	947,528,942	12	858,804,086
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	256,123,808	15	366,035,320
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,818,179,448	16	8,807,575,801	
Liabilities	17 Accounts payable and accrued expenses	1,689,986,172	17	2,405,616,130
	18 Grants payable		18	
	19 Deferred revenue	50,130	19	383,462
	20 Tax-exempt bond liabilities	4,967,507,361	20	5,634,446,903
	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	14,103,742	23	8,769,719
	24 Unsecured notes and loans payable to unrelated third parties	99,990,284	24	145,957,808
	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	1,353,781,071	25	1,602,377,126
	26 Total liabilities. Add lines 17 through 25	8,125,418,760	26	9,797,551,148
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-307,249,343	27	-989,985,949
	28 Temporarily restricted net assets	10,031	28	10,602
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-307,239,312	33	-989,975,347
34 Total liabilities and net assets/fund balances	7,818,179,448	34	8,807,575,801	

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	1,488,967,404
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,573,747,379
3	Revenue less expenses Subtract line 2 from line 1	3	-84,779,975
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-307,239,312
5	Net unrealized gains (losses) on investments	5	-119,155,952
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	-478,800,108
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-989,975,347

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 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		No
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	Yes	
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	Yes	
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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				
RICHARD GILFILLAN MD PRESIDENT & CEO	53 00 2 00	X		X					2,711,447	0	45,401
MELANIE DREHER PHD RN CHAIR	8 00 1 00	X		X					50,000	0	0
BARBARA WHEELLEY RSM PHD VICE CHAIR	8 00 1 00	X		X					0	0	0
KEVIN BARNETT DRPH DIRECTOR	4 00 1 00	X							25,000	0	0
JAMES BENTLEY PHD DIRECTOR	4 00 1 00	X							35,000	0	0
JOSEPH BETANCOURT MD DIRECTOR	4 00 1 00	X							25,000	0	0
SUZANNE BRENNAN CSC DIRECTOR	4 00 1 00	X							0	0	0
MARY CATHERINE KARL CPA DIRECTOR	4 00 1 00	X							25,000	0	0
VIRGINIA MCFERRAN DIRECTOR	4 00 1 00	X							25,000	0	0
GEORGE PHILIP JD DIRECTOR	4 00 1 00	X							35,000	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
KATHLEEN POPKO SP PHD DIRECTOR	4 00	X						0	0	0
DAVID SOUTHWELL DIRECTOR	1 00 4 00	X						25,000	0	0
STANLEY URBAN DIRECTOR	1 00 4 00	X						35,000	0	0
ROBERTA WAITE EDD DIRECTOR	1 00 4 00	X						35,000	0	0
LARRY WARREN DIRECTOR	1 00 4 00	X						35,000	0	0
LINDA WERTHMAN RSM PHD DIRECTOR	1 00 4 00	X						0	0	0
PAUL NEUMANN SECRETARY, EVP, CHIEF LEGAL OFFICER	54 00 1 00			X				1,232,000	0	41,886
AGNES HAGERTY ASSISTANT SECRETARY, DEP GEN CSL	45 00 5 00			X				844,356	0	55,579
MICHAEL HEMSLEY ASSISTANT SECRETARY, DEP GEN CSL	45 00 5 00			X				959,662	0	47,720
BENJAMIN CARTER TREASURER, EVP, CFO	50 00 5 00			X				1,510,330	0	47,466

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
CYNTHIA CLEMENCE ASST TREAS, SVP FIN OPS,BUDGET & CAP	45 00 5 00			X				593,883	0	56,444
RICHARD O'CONNELL EVP, EAST GROUP	50 00 5 00				X			1,558,150	0	47,546
SALLY JEFFCOAT EVP, WEST/MIDWEST GROUP	50 00 5 00				X			1,465,283	0	40,351
CLAYTON FITZHUGH EVP, CHIEF HUMAN RESOURCES OFFICER	50 00 5 00				X			1,423,114	0	42,210
MARK FROIMSON MD EVP, CHIEF CLINICAL OFFICER	55 00 0 00				X			1,071,145	0	220,800
JOHN CAPASSO EVP, CONTINUING CARE	50 00 5 00				X			976,505	0	53,465
SCOTT NORDLUND EVP, GROWTH, STRATEGY & INNOVATION	53 00 2 00				X			975,405	0	42,590
BARBARA WALTERS DO EVP, CHIEF POPULATION HEALTH OFFICER	55 00 0 00				X			827,139	0	161,602
LOUIS FIERENS II SVP, SUPPLY CHAIN & FIXED ASSET MGMT	45 00 5 00				X			783,365	0	40,037
LARRY GOLDBERG PRES & CEO, LOYOLA UNIV HLTH SYS	0 00 55 00					X		1,276,989	0	36,662

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ROGER SPOELMAN PRES & CEO, WEST MICHIGAN REGIONAL	0 00 55 00					X		1,161,340	0	50,263
JACK WEINER CEO, ST JOSEPH MERCY OAKLAND	0 00 55 00					X		1,112,392	0	54,939
JAMES REED CEO, ST PETER'S HEALTH PARTNERS	0 00 55 00					X		1,076,350	0	46,443
ROBERT CASALOU CEO, SOUTHEAST MICHIGAN REGIONAL	0 00 55 00					X		1,010,639	0	40,911
MARIANNE CUNNINGHAM FORMER OFFICER, VP DEBT MGR/TREAS SVC	50 00 0 00						X	253,283	0	37,168
KEDRICK ADKINS FORMER KEY EMPLOYEE	0 00 0 00						X	768,621	0	141
DEBRA CANALES FORMER KEY EMPLOYEE	0 00 0 00						X	521,148	0	316
JUDITH PERSICILLI FORMER OFFICER	0 00 0 00						X	1,018,298	0	7,800
JENNIFER BARNETT FORMER OFFICER	0 00 0 00						X	702,011	0	23,984
TERRENCE O'ROURKE MD FORMER KEY EMP, CNSLT THR 12/15	10 00 5 00						X	485,001	0	11,062

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
DANIEL HALE FORMER KEY EMPLOYEE	0 00						X	774,683	0	555,873
JAMES BOSSCHER FORMER KEY EMPLOYEE	0 00						X	113,714	0	1,137
PHILIP BOYLE FORMER KEY EMPLOYEE, SVP, MISSION	50 00						X	466,137	0	42,440
MICHAEL FINEGAN FORMER KEY EMP, SVP OPERATIONAL EXC	48 00						X	534,690	0	40,226
PETER DEANGELIS JR FORMER KEY EMPLOYEE	0 00						X	1,351,006	0	835,473
DONALD BIGNOTTI MD FORMER KEY EMP, SVP, CMO THROUGH 4/16	48 00						X	970,279	0	42,174
NORA TRIOLA RN FORMER KEY EMPLOYEE, SVP, CNO	48 00						X	926,262	0	36,958
MARCUS SHIPLEY FORMER KEY EMP, SVP, CIO	49 00						X	889,118	0	40,238
PAUL CONLON FORMER KE, SVP, CLIN QUAL/PAT SFTY	45 00						X	838,631	0	67,051
PAUL HARKAWAY MD FORMER KE, SVP, CLIN INTEG THR 2/16	50 00						X	732,889	0	38,172

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I

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

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 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

25
- 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 (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		
See Additional Data Table						
Total25					2,917,462	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ►						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						►
b 33 1/3% support test—2014.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						►
17a 10%-facts-and-circumstances test—2015.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						►
b 10%-facts-and-circumstances test—2014.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						►
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						►

Part III Support Schedule for Organizations Described in 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. 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? <i>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.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	Yes	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	Yes	
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?	Yes	
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? <i>If "Yes," provide detail in Part VI.</i>	Yes	
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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)? <i>If "Yes," answer b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

Part IV

Supporting Organizations (continued)

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		No

Section D. All 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ 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? <i>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.</i> 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? <i>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.</i>		
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? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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)	1	
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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). ☐		

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I, LINE 11G (II), EIN	CATHOLIC HEALTH MINISTRIES IS AN INSTRUMENTALITY OF THE ROMAN CATHOLIC CHURCH AND AS SUCH DOES NOT HAVE A FEDERAL EIN

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 1	CATHOLIC HEALTH MINISTRIES IS LISTED BY NAME IN TRINITY HEALTH CORPORATION'S GOVERNING DOC UMENTS TRINITY HEALTH CORPORATION'S OTHER SUPPORTED ORGANIZATIONS ARE NOT LISTED BY NAME IN THE GOVERNING DOCUMENTS, BUT ARE DESIGNATED BY PURPOSE THE PURPOSE OF TRINITY HEALTH C ORPORATION AS STATED IN ITS GOVERNING DOCUMENTS IS TO ADVANCE, PROMOTE, SUPPORT, AND CARRY OUT THE PURPOSES OF CATHOLIC HEALTH MINISTRIES ITS SPECIFIC PURPOSES ARE TO ENGAGE IN TH E DELIVERY OF AND TO CARRY ON, SPONSOR OR PARTICIPATE, DIRECTLY OR THROUGH ONE OR MORE AFF ILIATES, IN ANY ACTIVITIES RELATED TO THE DELIVERY OF HEALTH CARE AND HEALTH CARE RELATED SERVICES AS APPROPRIATE IN CARRYING OUT THE HEALTH CARE MISSION OF CATHOLIC HEALTH MINISTR IES SUCH ACTIVITIES INCLUDE THE SUPPORT AND ASSISTANCE OF AFFILIATES TO ACCOMPLISH THE FO REGOING PURPOSES THE SUPPORTED ORGANIZATIONS LISTED IN PART I, LINE 11 ARE AFFILIATES OF TRINITY HEALTH CORPORATION AND QUALIFY AS SEC 509(A)(1) PUBLIC CHARITIES, AND SHARE THE E XEMPT PURPOSES OF TRINITY HEALTH CORPORATION

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 2	CATHOLIC HEALTH MINISTRIES DOES NOT HAVE AN IRS DETERMINATION OF STATUS UNDER SECTION 509(A)(1), IT IS NOT REQUIRED TO OBTAIN RECOGNITION OF ITS PUBLIC CHARITY STATUS BECAUSE IT IS A CHURCH EACH SUPPORTED HOSPITAL EITHER HAS AN IRS DETERMINATION OF STATUS UNDER SECTION 509(A)(1), OR HAS BEEN RECOGNIZED AS EXEMPT UNDER SECTION 501(C)(3) UNDER GROUP EXEMPTION NO 0928 AND IS LISTED IN THE OFFICIAL CATHOLIC DIRECTORY (OCD) AS A HOSPITAL IT HAS BEEN DETERMINED THAT THOSE HOSPITALS LISTED IN THE OCD ARE PUBLIC CHARITIES AS DESCRIBED IN SECTION 509(A)(1) BECAUSE THEY ARE HOSPITALS AS DESCRIBED UNDER SECTION 170(B)(1)(A)(III)

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 5A	THE HOSPITAL SUBSIDIARIES OF TRINITY HEALTH - NEW ENGLAND, EIN 06-1491191, WERE ADDED AS SUPPORTED ORGANIZATIONS IN FY16 EFFECTIVE OCTOBER 1, 2015, TRINITY HEALTH CORPORATION BECA ME THE SOLE MEMBER OF TRINITY HEALTH - NEW ENGLAND (FORMERLY KNOWN AS SAINT FRANCIS CARE) FOR THE PURPOSE OF ENGAGING IN THE DELIVERY OF HEALTH CARE SERVICES TO THE COMMUNITY IN FURTHERANCE OF THE HEALTH CARE MISSION OF CATHOLIC HEALTH MINISTRIES AND TRINITY HEALTH CORPORATION THE HOSPITAL SUBSIDIARIES OF TRINITY HEALTH - NEW ENGLAND ALL QUALIFY AS SECTION 509(A)(1) PUBLIC CHARITIES, AND SHARE THE EXEMPT PURPOSES OF TRINITY HEALTH CORPORATION THE GOVERNING DOCUMENTS OF TRINITY HEALTH CORPORATION PROVIDE THAT IT HAS THE AUTHORITY TO ACQUIRE INSTITUTIONS, FACILITIES AND PROGRAMS IN SEVERAL STATES FOR THE PURPOSE OF PROVIDING HEALTH CARE SERVICES TO THOSE COMMUNITIES THE GOVERNING DOCUMENTS OF TRINITY HEALTH CORPORATION WERE NOT AMENDED BECAUSE TRINITY HEALTH - NEW ENGLAND WAS PART OF A CLASS ALREADY DESIGNATED IN TRINITY HEALTH CORPORATION'S ORGANIZING DOCUMENTS ST JOSEPH'S HOSPITAL HEALTH CENTER (ST JOSEPH'S), EIN 15-0532254, WAS ADDED AS A SUPPORTED ORGANIZATION IN FY16 EFFECTIVE JULY 1, 2015, TRINITY HEALTH CORPORATION ACQUIRED ST JOSEPH'S AND ITS AFFILIATES FOR THE PURPOSE OF ENGAGING IN THE DELIVERY OF HEALTH CARE SERVICES TO THE COMMUNITY IN FURTHERANCE OF THE HEALTH CARE MISSION OF CATHOLIC HEALTH MINISTRIES AND TRINITY HEALTH CORPORATION ST JOSEPH'S QUALIFIES AS A SECTION 509(A)(1) PUBLIC CHARITY, AND SHARES THE EXEMPT PURPOSES OF TRINITY HEALTH CORPORATION THE GOVERNING DOCUMENTS OF TRINITY HEALTH CORPORATION PROVIDE THAT IT HAS THE AUTHORITY TO ACQUIRE INSTITUTIONS, FACILITIES AND PROGRAMS IN SEVERAL STATES FOR THE PURPOSE OF PROVIDING HEALTH CARE SERVICES TO THOSE COMMUNITIES THIS ACQUISITION WAS ACCOMPLISHED BY TRINITY HEALTH CORPORATION BECOMING THE SOLE MEMBER OF ST JOSEPH'S HEALTH, THE PARENT OF ST JOSEPH'S HOSPITAL HEALTH CENTER THE GOVERNING DOCUMENTS OF TRINITY HEALTH CORPORATION WERE NOT AMENDED BECAUSE ST JOSEPH'S WAS PART OF A CLASS ALREADY DESIGNATED IN TRINITY HEALTH CORPORATION'S ORGANIZING DOCUMENTS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 6	TRINITY HEALTH CORPORATION PROVIDED GRANTS TO UNRELATED CHARITIES THAT CARRY OUT THE CHARITABLE PURPOSES OF ITS SUPPORTED ORGANIZATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION C, LINE 1	CATHOLIC HEALTH MINISTRIES AND TRINITY HEALTH CORPORATION SHARE THE SAME BOARD TRINITY HE ALTH CORPORATION IS THE PARENT OF THE OTHER SUPPORTED ORGANIZATIONS AND HAS RESERVED POWER S TO APPOINT AND REMOVE MEMBERS OF EACH SUPPORTED ORGANIZATION'S GOVERNING BOARD, RATIFY T HE APPOINTMENT AND REMOVAL OF THE BOARD CHAIR, AND APPOINT AND REMOVE THE PRESIDENT OF EAC H ORGANIZATION

Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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		
CATHOLIC HEALTH (A) MINISTRIES	000000000		Yes		0	0
TRINITY HEALTH - (A) MICHIGAN	382113393			No	478,400	0
(B) HOLY CROSS HEALTH INC	520738041			No	200,000	0
MOUNT CARMEL (C) HEALTH SYSTEM	311439334			No	491,251	0
(D) HOSP SUBS ST JOSEPH REG MED CTR	351568821			No	0	0
(E) HOSP SUBS ST ALPHONSUS HEALTH SYSTEM	271929502			No	403,227	0
(F) SAINT AGNES MEDICAL CENTER	941437713			No	213,451	0
MERCY HEALTH SERVICES - IOWA (G) CORP	311373080			No	18,789	0
MERCY HEALTH (H) PARTNERS	382589966			No	0	0
(I) HOSP SUBS MERCY HLTH SYS OF CHICAGO	363163327			No	0	0
(J) HOSP SUBS LOYOLA UNIV HEALTH SYSTEM	363342448			No	199,867	0
(K) MERCY MEDICAL CENTER - CLINTON	421336618			No	50,000	0
HOSP SUBS OF ST (L) MARY'S ATHENS	580566223			No	0	0
(M) HOSP SUBS OF OUR LADY OF LOURDES HEALTH CARE SERVICES	222568528			No	153,949	0
(N) HOLY CROSS HOSPITAL	590791028			No	152,576	0

Form 990, Sch A, Part I, Line 11g - 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)	Amount of other support (see (vi) instructions)
			Yes	No		
(P) ST MARY MEDICAL CENTER	231913910			No	46,939	0
(A) HOSP SUBS OF MERCY HLTH SYS OF SE PA	232212638			No	0	0
(B) HOSP SUBS OF SISTERS OF PROVIDENCE	043398374			No	209,013	0
(C) HOSP SUBS OF ST PETER'S HEALTH PTRS	453570715			No	0	0
(D) ST FRANCIS MEDICAL CENTER TRENTON NJ	223431049			No	100,000	0
(E) SAINT MICHAEL'S MEDICAL CENTER	262616046			No	0	0
(F) ST JAMES MERCY HOSPITAL	160743310			No	0	0
(G) ST FRANCIS HOSPITAL	510064326			No	0	0
(H) HOSP SUBS TRINITY HLTH - NEW ENGLAND	061491191			No	100,000	0
(I) ST JOSEPH'S HOSP HEALTH CENTER	150532254			No	100,000	0

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 the organization TRINITY HEALTH CORPORATION	Employer identification number 35-1443425
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities 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-
2				
3				
4				
5				
6				

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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **Y e s** ☐ **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)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

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?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total Add lines 1c through 1i

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

(a)

Yes

(b)

No

Amount

No

Yes

No

Yes

Yes

Yes

Yes

550,000

Yes

Yes

1,100,000

1,650,000

No

Part III-A

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

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?

Yes

No

1

2

3

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

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

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

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

Return Reference	Explanation
PART II-B, LINE 1	INSPIRED BY TRINITY HEALTH'S MISSION, TRINITY HEALTH ADVOCACY LEVERAGES MINISTRY EXPERIENCES TO INFLUENCE POLICY SOLUTIONS THAT TRANSFORM THE HEALTH CARE SYSTEM AS A CATHOLIC HEALTH MINISTRY, WE ARE CALLED BOTH TO SERVE AND TO TRANSFORM WE SERVE PEOPLE AND COMMUNITIES IN NEED, ESPECIALLY THE POOR AND UNDERSERVED WE ALSO SEEK TO TRANSFORM SYSTEMS OF CARE AND POLICIES TO CREATE JUSTICE FOR ALL TRINITY HEALTH IS BUILDING A PEOPLE-CENTERED HEALTH SYSTEM TO PUT THE PEOPLE WE SERVE AT THE CENTER OF EVERY BEHAVIOR, ACTION AND DECISION THIS BRINGS TO LIFE OUR COMMITMENT TO BE A COMPASSIONATE, TRANSFORMING AND HEALING PRESENCE IN OUR COMMUNITIES WE ADVOCATE FOR PUBLIC POLICIES THAT SUPPORT BETTER HEALTH, BETTER CARE AND LOWER COSTS TO ENSURE AFFORDABLE, HIGH QUALITY, PEOPLE-CENTERED CARE FOR ALL OUR 2015 AND 2016 FEDERAL AND STATE ADVOCACY GOALS AND PRIORITIES INCLUDED GOAL 1 ENACT POLICIES THAT SUPPORT BETTER HEALTH, BETTER CARE AND LOWER COST-FURTHER PEOPLE CENTERED 2020 - MEDICARE DELIVERY AND PAYMENT REFORM, INCLUDING MEDICARE SHARED SAVINGS PROGRAM (MSSP) & BUNDLED PAYMENT - "VALUE" NETWORKS (NARROW NETWORKS) - HEALTH INFORMATION TECHNOLOGY (HIT)/INTEROPERABILITY - STATE INNOVATION MODELS (SIM) - MEDICAID INNOVATION - BEHAVIORAL HEALTH - WORKFORCE, INCLUDING INTERSTATE COMPACT - TELEHEALTH - PALLIATIVE CARE GOAL 2 SECURE COVERAGE EXPANSION - PROTECT RECENT MEDICAID EXPANSION - PUSH FOR MEDICAID EXPANSION IN STATES YET TO ACT - IMPROVE HEALTH INSURANCE EXCHANGE (HIX) ENROLLMENT, PLAN OVERSIGHT, AND OPERABILITY GOAL 3 SUSTAIN CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION - PREVENT ARBITRARY MEDICARE & MEDICAID CUTS - PROTECT DISPROPORTIONATE SHARE PAYMENTS - ENACT POLICIES THAT SUPPORT BETTER HEALTH, BETTER CARE, AND LOWER COST - ENSURE MAXIMUM COVERAGE AND ACCESS, INCLUDING MEDICAID EXPANSION - SUSTAIN CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION - DRIVE QUALITY AND EFFICIENCY ACROSS THE CONTINUUM OF CARE WITH VALUE-BASED, SUSTAINABLE PAYMENT MODELS - STRENGTHEN TRINITY HEALTH'S POSITION AS A RESPECTED POLICY PARTNER - BOLSTER OUR ADVOCACY VOICE THROUGH EFFECTIVE SYSTEM-WIDE ENGAGEMENT - LEAD THE WAY THE HEALTH OF THE PEOPLE OF OUR NATION NEEDS TO BE IMPROVED PARAMOUNT TO THIS GOAL IS ADVANCING EFFECTIVE PAYMENT MODELS THAT WILL HOLD PROVIDERS ACCOUNTABLE FOR BETTER HEALTH OUTCOMES, WHICH WILL REDUCE COST AND ACCELERATE THE NECESSARY TRANSFORMATION OF THE HEALTH SYSTEM PUBLIC POLICY MUST BE IMPROVED TO - ADVANCE ALTERNATIVE PAYMENT MODELS THAT HOLD PROVIDERS ACCOUNTABLE FOR OUTCOMES WITH SIMPLIFIED, UNIFORM QUALITY AND PERFORMANCE MEASURES -ENSURE NEW PAYMENT MODELS INCLUDE SUFFICIENT SAVINGS FOR PATIENTS, PAYERS AND PROVIDERS TO EXPAND AND SUSTAIN PARTICIPATION -EXPAND COMMUNITY-BASED SERVICES FOR HIGH-NEED AND COMPLEX PATIENTS, INCLUDING THOSE IN NEED OF ADVANCED ILLNESS CARE - INCREASE COVERAGE OF AND ACCESS TO BEHAVIORAL HEALTH SERVICES -DEVELOP A WORKFORCE THAT WILL DELIVER POPULATION HEALTH OUTCOMES, WHICH INCLUDE INCREASING THE NUMBERS OF PRIMARY CARE PHYSICIANS AND ADVANCED PRACTICE CLINICIANS, AND ENABLING PROVIDERS, INCLUDING NURSES, TO PRACTICE AT THEIR HIGHEST LEVEL OF LICENSURE -FOSTER PERSONAL ENGAGEMENT TO PROMOTE SELF-MANAGEMENT AND SHARED DECISION-MAKING -ADVANCE INTEROPERABILITY STANDARDS THAT WILL SECURELY ENABLE PROVIDERS AND PATIENTS TO SEAMLESSLY ACCESS DATA FOR BETTER DECISION MAKING -MODERNIZE FEE-FOR-SERVICE REGULATORY AND PAYMENT RESTRICTIONS TO ALLOW EFFECTIVE COORDINATION OF CARE ACROSS THE CONTINUUM WITH WAIVERS, INCLUDING TELEHEALTH AND HOME HEALTH -SUPPORT CROSS-PAYER ALIGNMENT WITH PRIVATE SECTOR IN FEDERAL AND STATE DEMONSTRATION MODELS TO SPEED INDUSTRY TRANSFORMATION -PROMOTE CARE MODELS FOR ELDER, PERSONS WITH DISABILITIES, DUAL-ELIGIBLE MEDICARE AND MEDICAID BENEFICIARIES, AND PERSONS WITH CHRONIC CONDITIONS TO RECEIVE SERVICES IN THE MOST APPROPRIATE SETTING, FOR INSTANCE THE PROGRAM OF ALL-INCLUSIVE CARE FOR ELDER (PACE) HEALTH SYSTEMS PLAY A SIGNIFICANT ROLE IN IMPROVING THE HEALTH OF COMMUNITIES TO CREATE A PEOPLE-CENTERED HEALTH SYSTEM THAT GUARANTEES ACCESS TO HIGH-QUALITY CARE FOR ALL, PUBLIC POLICY IMPROVEMENTS MUST BE TAKEN TO -ENSURE A STRONG SAFETY NET WITH MEDICAID EXPANSION IN EVERY STATE -PROMOTE ENROLLMENT IN HEALTH INSURANCE WITH HIGH FUNCTIONING INSURANCE EXCHANGES -ADDRESS SOCIAL DETERMINANTS OF HEALTH THROUGH IMPROVED LINKAGES BETWEEN MEDICAL AND NON-MEDICAL SOCIAL SERVICES -SAFEGUARD PROVIDERS WHO SERVICE VULNERABLE POPULATIONS WITH ADJUSTMENTS FOR SOCIODEMOGRAPHIC FACTORS -ASSURE EQUITY IN HEALTH CARE ACCESS, SERVICES, QUALITY AND OUTCOMES REGARDLESS OF RACE, GENDER, CITIZENSHIP OR SOCIO-ECONOMIC STATUS -GUARANTEE AFFORDABILITY OF SERVICES FOR VULNERABLE AND LOW INCOME POPULATIONS, FOR EXAMPLE, THE 340B DRUG DISCOUNT PROGRAM IN A PEOPLE-CENTERED HEALTH SYSTEM, PEOPLE SHOULD BE AT THE CENTER OF EVERY BEHAVIOR, ACTION AND DECISION PUBLIC POLICY SHOULD ADVANCE THE ABILITY TO MEET PATIENTS AT THEIR POINT OF NEED, AND MUST -ADVANCE HIGH QUALITY PATIENT OUTCOMES WITH ALTERNATIVE PAYMENT METHODS THAT HOLD PROVIDERS ACCOUNTABLE -ENSURE ACCESS TO FULL-ARRAY OF SERVICES FOR VULNERABLE POPULATIONS WITH SUSTAINABLE FINANCING -PROMOTE TRANSPARENCY OF QUALITY AND COST DATA -ENSURE AFFORDABILITY FOR ALL BY MAINTAINING ACCESS TO HIGH-VALUE COORDINATED NETWORKS OF CARE -INCREASE ACCESS TO CARE THROUGH TELEHEALTH AND OTHER LONG-DISTANCE CLINICAL HEALTH CARE SERVICES TRINITY HEALTH'S ADVOCACY ENCOURAGES OUR FEDERAL AND STATE LEADERS TO WORK TOWARD A SYSTEM THAT PROVIDES AFFORDABLE COVERAGE AND HIGH-VALUE, COORDINATED CARE TO EVERY PATIENT OUR NETWORK OF HEALTH CARE PROVIDERS JOINS IN THESE EFFORTS WHILE, AT THE SAME TIME, CONTINUING TO IMPLEMENT EVIDENCE-BASED PRACTICES THAT ALLOW THEM TO ACHIEVE WHAT THEY SET OUT TO DO WHEN THEY FIRST CHOSE THIS CAREER - DELIVER THE BEST POSSIBLE CARE LOBBYING ACTIVITY PERFORMED BY TRINITY HEALTH CORPORATION INCLUDED - PROVIDED COMMENTS ON PROPOSALS PERTAINING TO HEALTH INFORMATION TECHNOLOGY AND ALTERNATIVE PAYMENT MODELS - ENCOURAGEMENT OF COLLEAGUES TO WRITE LETTERS TO PUBLIC OFFICIALS - AN "ADVOCACY ACTION" WEBSITE TO ENGAGE COLLEAGUES IN GRASSROOTS ADVOCACY - DESIGNATE AN ADVOCACY LIAISON FOR EACH REGIONAL HEALTH MINISTRY OF TRINITY HEALTH - ENGAGEMENT OF A LOBBYIST IN WASHINGTON, D C - LEGISLATOR VISITS TO REGIONAL HEALTH MINISTRIES - COLLABORATION WITH THE CATHOLIC HEALTH ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION - GRANTS FOR LOBBYING PURPOSES IN THE FORM OF MEMBERSHIP DUES PAID TO HEALTHCARE ORGANIZATIONS - ADVOCACY ACTION DAYS AT THE STATE LEVEL, ATTENDED BY TRINITY HEALTH EXECUTIVES REPRESENTING THE MEMBER HOSPITALS OF TRINITY HEALTH - PARTICIPATION IN AMERICAN HOSPITAL ASSOCIATION ADVOCACY EVENTS

Schedule C (Form 990 or 990EZ) 2015

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

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?

☐ Yes

☐ 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?

☐ Yes

☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

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

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

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a

Held at the End of the Year

2b

2c

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2015

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" on 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on 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)		
3a(ii)		
3b		

b

If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		19,946,658		19,946,658
b Buildings		41,781,639	30,808,063	10,973,576
c Leasehold improvements				
d Equipment		850,456,573	534,885,679	315,570,894
e Other		154,546,251		154,546,251
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				501,037,379

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on 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 HOLDING SECURITIES	344,070,207	F
(B) INTEREST RATE SWAP AGREEMENTS	15,832,079	F
(C) EQUITY METHOD INVESTMENTS	292,459,676	C
(D) HEDGE FUNDS	206,442,124	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	858,804,086	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
INTERCOMPANY ACCOUNTS PAYABLE	13,322,917
INTERCOMPANY OTHER LONG TERM LIABILITIES	468,832,276
DEFERRED COMPENSATION LIABILITY	51,692,363
SECURITY LENDING OBLIGATION	262,034,967
ASSET RETIREMENT OBLIGATION (FIN 47)	1,104,347
OTHER LONG TERM LIABILITIES	350,556,814
OTHER CURRENT LIABILITIES	104,833,442
LONG TERM TAXABLE FIXED RATE BONDS	350,000,000
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,602,377,126

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

☐

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on 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' on 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.

Return Reference	Explanation	
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Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation
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Additional Data

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

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

¹ (a) Description of Liability	(b) Book Value
INTERCOMPANY ACCOUNTS PAYABLE	13,322,917
INTERCOMPANY OTHER LONG TERM LIABILITIES	468,832,276
DEFERRED COMPENSATION LIABILITY	51,692,363
SECURITY LENDING OBLIGATION	262,034,967
ASSET RETIREMENT OBLIGATION (FIN 47)	1,104,347
OTHER LONG TERM LIABILITIES	350,556,814
OTHER CURRENT LIABILITIES	104,833,442
LONG TERM TAXABLE FIXED RATE BONDS	350,000,000

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I

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

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

☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			1,533,437,898
b Total from continuation sheets to Part I	0	0			1,032,825
c Totals (add lines 3a and 3b)	0	0			1,534,470,723

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☒

Yes

☐

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☒

Yes

☐

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	WHOLLY-OWNED FOREIGN INSURANCE COMPANY	75,334,405
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		1,107,435,432
EAST ASIA AND THE PACIFIC			INVESTMENTS		49,382,295

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE			INVESTMENTS		169,332,737
NORTH AMERICA			INVESTMENTS		108,918,275
SOUTH AMERICA			INVESTMENTS		21,632,242

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			INVESTMENTS		1,067,989
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		334,523
RUSSIA AND THE NEWLY INDEPENDENT STATES			INVESTMENTS		944,312

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA			INVESTMENTS		88,513

2015

35-1443425

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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.

Return Reference	Explanation
PART I, LINE 2	DONATIONS MADE BY TRINITY HEALTH CORPORATION TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE TRINITY HEALTH HAS ESTABLISHED A "CALL TO CARE" PROGRAM THE PROGRAM STRIVES TO ELIMINATE BARRIERS TO HEALTHCARE, EXPAND ACCESS TO HEALTH SERVICES, AND BUILD HEALTHIER COMMUNITIES MEMBER ORGANIZATIONS OF THE TRINITY HEALTH SYSTEM MAY APPLY TO THIS FUND FOR GRANTS TO SUPPORT NEEDS WITHIN THEIR COMMUNITIES THAT HAVE BEEN IDENTIFIED BY THEIR COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS TRINITY HEALTH ALSO HAS ESTABLISHED AN "INNOVATION GRANT" PROGRAM MEMBER ORGANIZATIONS OF THE TRINITY HEALTH SYSTEM MAY APPLY FOR GRANTS TO SUPPORT INNOVATIVE MODELS THAT ADDRESS INPATIENT AND OUTPATIENT SERVICES, NEW PRODUCTS, AUTOMATION, OR TELEMEDICINE TRINITY HEALTH ALSO HAS ESTABLISHED A "TRANSFORMING COMMUNITIES INITIATIVE" PROGRAM TRINITY HEALTH GRANTS FUNDS TO COMMUNITY PARTNERSHIPS TO FOCUS ON POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES THAT CAN DIRECTLY IMPACT SPECIFICALLY IDENTIFIED AREAS OF HIGH LOCAL NEED AND WHICH CAN REDUCE TOBACCO USE AND OBESITY, LEADING DRIVERS OF PREVENTABLE CHRONIC DISEASES AND HIGH HEALTH CARE COSTS IN THE UNITED STATES

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MERCY EDUCATION PROJECT 1450 HOWARD ST DETROIT,MI 48216	38-3209556	501(C)(3)	9,100				COMMUNITY WELFARE
THE RESURRECTION PROJECT 1818 SOUTH PAULINA ST CHICAGO,IL 60608	36-3576073	501(C)(3)	12,320				COMMUNITY WELFARE
UNITED STATES SOCCER FEDERATION FOUNDATION 1211 CONNECTICUT AVE NW STE 500 WASHINGTON,DC 20036	36-3976313	501(C)(3)	500,000				COMMUNITY WELFARE - SOCCER FOR SUCCESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF CHICAGO 5735 S ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	99,000				COMMUNITY WELFARE
ST MARY MEDICAL CENTER 1201 LANGHORNE- NEWTOWN ROAD LANGHORNE, PA 19047	23-1913910	501(C)(3)	46,939				COMMUNITY WELFARE - CALL TO CARE GRANT
MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET NO 213 HOLYOKE, MA 01040	04-3398280	501(C)(3)	209,013				COMMUNITY WELFARE - CALL TO CARE, TRANSFORMING COMMUNITIES INITIATIVE, AND SAFETY GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON,NJ 08629	22-3431049	501(C)(3)	100,000				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVENUE FRESNO,CA 93720	94-1437713	501(C)(3)	213,451				COMMUNITY WELFARE - CALL TO CARE AND SAFETY GRANTS
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD,IL 60153	36-4015560	501(C)(3)	199,867				COMMUNITY WELFARE - CALL TO CARE, TRANSFORMING COMMUNITIES INITIATIVE, AND INNOVATION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH STREET CLINTON,IA 52732	42-1336618	501(C)(3)	50,000				COMMUNITY WELFARE - CALL TO CARE GRANT
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD,CT 06105	06-0646813	501(C)(3)	100,000				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA,MI 48152	38-2113393	501(C)(3)	478,400				COMMUNITY WELFARE - CALL TO CARE, INNOVATION, AND SAFETY GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 N CURTIS ROAD BOISE,ID 83706	82-0200895	501(C)(3)	403,227				COMMUNITY WELFARE - CALL TO CARE, TRANSFORMING COMM INITIATIVE, INNOVATION, AND SAFETY GRANTS
HOLY CROSS HEALTH INC 1500 FOREST GLEN ROAD SILVER SPRING,MD 20910	52-0738041	501(C)(3)	200,000				COMMUNITY WELFARE - CALL TO CARE AND TRANSFORMING COMMUNITIES INITIATIVE GRANTS
ST JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVE SYRACUSE,NY 13203	15-0532254	501(C)(3)	100,000				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333	38-2559656	501(C)(3)	101,009				COMMUNITY WELFARE - CALL TO CARE AND SAFETY GRANTS
HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308	59-0791028	501(C)(3)	152,576				COMMUNITY WELFARE - INNOVATION AND SAFETY GRANTS
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY 218 SUNSET RD WILLINGBORO, NJ 08046	22-3612265	501(C)(3)	153,949				COMMUNITY WELFARE - INNOVATION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213	31-1439334	501(C)(3)	491,251				COMMUNITY WELFARE - INNOVATION GRANT
GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152	42-1253527	501(C)(3)	500,000				COMMUNITY WELFARE
ST ANTHONY'S HOSPITAL INC 1200 7TH AVENUE NORTH ST PETERSBURG, FL 33705	59-2043026	501(C)(3)	35,000				COMMUNITY WELFARE - CALL TO CARE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401	31-1373080	501(C)(3)	18,789				COMMUNITY WELFARE - SAFETY GRANT
MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213	31-1113966	501(C)(3)	17,985				COMMUNITY WELFARE - SAFETY GRANT
HEALTH CARE TRANSFORMATION TASK FORCE INC 601 NEW JERSEY AVENUE NW SUITE 450 WASHINGTON, DC 20001	61-1765045	501(C)(3)	50,000				COMMUNITY WELFARE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" 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

2015

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☒ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☒ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
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. ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
8 Were any amounts reported on 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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.

Return Reference	Explanation
PART I, LINE 1A	THE FOLLOWING INDIVIDUALS RECEIVED TAX GROSS-UP PAYMENTS DURING CALENDAR 2015. MARK FROMSON, MD - \$6,435. RICHARD GILFILLAN, MD - \$114. SALLY JEFFCOAT - \$34,960. BARBARA WALTERS, DO - \$6,952. THESE AMOUNTS WERE INCLUDED IN EACH INDIVIDUAL'S TAXABLE INCOME AND ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT OR REIMBURSEMENT OF HOUSING AND PERSONAL COMMUTING COSTS DURING CALENDAR 2015. PAUL NEUMANN - \$55,760. RICHARD O'CONNELL - \$41,246. TERENCE O'ROURKE, MD - \$523. KEVIN SEARS - \$15,946. THESE AMOUNTS WERE INCLUDED IN EACH INDIVIDUAL'S TAXABLE INCOME AND ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II.
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2015. THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II. KEDRICK ADKINS - \$532,835. JENNIFER BARNETT - \$565,943. DEBRA CANALES - \$520,448. PETER DEANGELIS, JR - \$758,810. DANIEL HALE - \$504,808. JUDITH PERSICILLI - \$177,179. COLUMN F OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/15. PETER DEANGELIS, JR - \$806,989 (PAID IN 2016). DANIEL HALE - \$545,199 (\$525,006 PAID IN 2016 AND \$20,193 TO BE PAID IN 2017). THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2015. THE PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2015, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2015. THE FOLLOWING PAYOUTS FOR 2015 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II. KEDRICK ADKINS - \$234,854. JENNIFER BARNETT - \$135,880. DONALD BIGNOTTI, MD - \$136,081. JAMES BOSSCHER - \$75,822. JOHN CAPASSO - \$146,379. BENJAMIN CARTER - \$194,694. ROBERT CASALOU - \$127,880. CYNTHIA CLEMENCE - \$49,296. PAUL CONLON - \$102,476. PETER DEANGELIS, JR - \$233,658. SHELBY DECOSTA - \$77,709. LOUIS FIERENS II - \$98,168. MICHAEL FINEGAN - \$76,730. CLAYTON FITZHUGH - \$276,846. CYNTHIA FRY - \$120,926. RICHARD GILFILLAN, MD - \$358,530. LARRY GOLDBERG - \$185,868. AGNES HAGERTY - \$97,266. DANIEL HALE - \$129,855. PAUL HARKAWAY, MD - \$96,390. MICHAEL HEMSLEY - \$243,271. MICHAEL HOLPER - \$82,543. SALLY JEFFCOAT - \$158,659. PAUL NEUMANN - \$143,799. SCOTT NORDLUND - \$134,988. RICHARD O'CONNELL - \$207,673. TERENCE O'ROURKE, MD - \$168,151. JAMES REED - \$169,884. KEVIN SEARS - \$46,313. MARCUS SHIPLEY - \$125,940. ROGER SPOELMAN - \$140,561. NORA TRIOLA - \$196,685. JACK WEINER - \$102,313. THE FOLLOWING ACCRUALS FOR 2015 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II. MARK FROMSON, MD - \$185,417. BARBARA WALTERS, DO - \$140,468. COLUMN (F) OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION OR RETENTION PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$265,000 FOR 2015). THE FOLLOWING PAYOUTS FOR 2015 FOR THESE PLANS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II. PHILIP BOYLE - \$60,390. BENJAMIN CARTER - \$135,796. ROBERT CASALOU - \$25,287. CYNTHIA CLEMENCE - \$14,249. PAUL CONLON - \$104,600. LOUIS FIERENS II - \$20,633. CYNTHIA FRY - \$5,085. MICHAEL HOLPER - \$21,598. SALLY JEFFCOAT - \$29,838. PAUL NEUMANN - \$136,786. RICHARD O'CONNELL - \$39,142. KEVIN SEARS - \$8,658. ROGER SPOELMAN - \$158,434. COLUMN (F) OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS.
PART I, LINE 7	EXECUTIVE MANAGEMENT EMPLOYED BY TRINITY HEALTH ARE COMPENSATED UNDER A MULTI-TIERED, GOAL-BASED PROGRAM WHICH INCLUDES BASE PAY AND A VARIABLE PORTION. THE VARIABLE PORTION IS REFERRED TO AS "AT RISK COMPENSATION." EACH OF THE ELIGIBLE MEMBERS OF EXECUTIVE MANAGEMENT IS ASSIGNED PERFORMANCE GOALS ALIGNED WITH ORGANIZATIONAL STRATEGIC GOALS. EACH GOAL HAS MINIMUM THRESHOLD CRITERIA, TARGET CRITERIA AND A MAXIMUM.

Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

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

(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RICHARD GILFILLAN MD PRESIDENT & CEO	(i)	1,428,965	877,072	405,410	11,925	33,476	2,756,848	0
	(ii)	0	0	0	0	-0	-0	0
1PAUL NEUMANN SECRETARY, EVP, CHIEF LEGAL OFFICER	(i)	608,088	268,674	355,238	11,925	29,961	1,273,886	128,891
	(ii)	0	0	0	0	-0	-0	0
2AGNES HAGERTY ASSISTANT SECRETARY, DEP GEN CSL	(i)	405,473	159,574	279,309	34,306	21,273	899,935	0
	(ii)	0	0	0	0	-0	-0	0
3MICHAEL HEMSLEY ASSISTANT SECRETARY, DEP GEN CSL	(i)	462,042	178,508	319,112	26,350	21,370	1,007,382	0
	(ii)	0	0	0	0	-0	-0	0
4BENJAMIN CARTER TREASURER, EVP, CFO	(i)	798,221	356,711	355,398	11,925	35,541	1,557,796	129,972
	(ii)	0	0	0	0	-0	-0	0
5CYNTHIA CLEMENCE ASST TREAS, SVP FIN OPS,BUDGET & CAP	(i)	368,917	145,900	79,066	30,801	25,643	650,327	0
	(ii)	0	0	0	0	-0	-0	0
6RICHARD O'CONNELL EVP, EAST GROUP	(i)	859,386	383,634	315,130	11,925	35,621	1,605,696	39,142
	(ii)	0	0	0	0	-0	-0	0
7SALLY JEFFCOAT EVP, WEST/MIDWEST GROUP	(i)	789,885	352,425	322,973	11,925	28,426	1,505,634	29,838
	(ii)	0	0	0	0	-0	-0	0
8CLAYTON FITZHUGH EVP, CHIEF HUMAN RESOURCES OFFICER	(i)	737,704	321,392	364,018	26,350	15,860	1,465,324	0
	(ii)	0	0	0	0	-0	-0	0
9MARK FROIMSON MD EVP, CHIEF CLINICAL OFFICER	(i)	820,852	213,904	36,389	197,342	23,458	1,291,945	0
	(ii)	0	0	0	0	-0	-0	0
10JOHN CAPASSO EVP, CONTINUING CARE	(i)	526,959	230,632	218,914	30,325	23,140	1,029,970	0
	(ii)	0	0	0	0	-0	-0	0
11SCOTT NORDLUND EVP, GROWTH, STRATEGY & INNOVATION	(i)	579,610	255,587	140,208	13,254	29,336	1,017,995	0
	(ii)	0	0	0	0	-0	-0	0
12BARBARA WALTERS DO EVP, CHIEF POPULATION HEALTH OFFICER	(i)	626,313	162,048	38,778	152,393	9,209	988,741	0
	(ii)	0	0	0	0	-0	-0	0
13LOUIS FIERENS II SVP, SUPPLY CHAIN & FIXED ASSET MGMT	(i)	412,203	236,864	134,298	15,900	24,137	823,402	20,633
	(ii)	0	0	0	0	-0	-0	0
14LARRY GOLDBERG PRES & CEO, LOYOLA UNIV HLTH SYS	(i)	824,937	248,072	203,980	17,379	19,283	1,313,651	0
	(ii)	0	0	0	0	-0	-0	0
15ROGER SPOELMAN PRES & CEO, WEST MICHIGAN REGIONAL	(i)	581,891	258,109	321,340	24,988	25,275	1,211,603	152,962
	(ii)	0	0	0	0	-0	-0	0
16JACK WEINER CEO, ST JOSEPH MERCY OAKLAND	(i)	456,259	211,739	444,394	15,900	39,039	1,167,331	0
	(ii)	0	0	0	0	-0	-0	0
17JAMES REED CEO, ST PETER'S HEALTH PARTNERS	(i)	609,179	217,448	249,723	21,100	25,343	1,122,793	0
	(ii)	0	0	0	0	-0	-0	0
18ROBERT CASALOU CEO, SOUTHEAST MICHIGAN REGIONAL	(i)	574,601	263,752	172,286	11,925	28,986	1,051,550	25,287
	(ii)	0	0	0	0	-0	-0	0
19MARIANNE CUNNINGHAM FORMER OFFICER,VP DEBT MGR/TREAS SVC	(i)	195,820	55,857	1,606	15,010	22,158	290,451	0
	(ii)	0	0	0	0	-0	-0	0

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

(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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21KEDRICK ADKINS FORMER KEY EMPLOYEE	(i)	0	0	768,621	0	141	768,762	767,689
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
1DEBRA CANALES FORMER KEY EMPLOYEE	(i)	0	0	521,148	0	316	521,464	520,448
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
2JUDITH PERSICILLI FORMER OFFICER	(i)	0	0	1,018,298	7,800	0	1,026,098	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
3JENNIFER BARNETT FORMER OFFICER	(i)	0	0	702,011	7,800	16,184	725,995	565,943
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
4TERRENCE O'ROURKE MD FORMER KEY EMP, CNSLT THR 12/15	(i)	153,089	156,533	175,379	11,031	31	496,063	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
5DANIEL HALE FORMER KEY EMPLOYEE	(i)	18,441	116,681	639,561	549,305	6,568	1,330,556	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
6JAMES BOSSCHER FORMER KEY EMPLOYEE	(i)	0	37,892	75,822	1,137	0	114,851	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
7PHILIP BOYLE FORMER KEY EMPLOYEE, SVP, MISSION	(i)	292,101	79,721	94,315	30,054	12,386	508,577	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
8MICHAEL FINEGAN FORMER KEY EMP, SVP OPERATIONAL EXC	(i)	316,692	126,044	91,954	12,659	27,567	574,916	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
9PETER DEANGELIS JR FORMER KEY EMPLOYEE	(i)	89,742	174,000	1,087,264	819,928	15,545	2,186,479	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
10DONALD BIGNOTTI MD FORMER KEY EMP,SVP, CMO THROUGH 4/16	(i)	584,010	227,707	158,562	17,056	25,118	1,012,453	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
11NORA TRIOLA RN FORMER KEY EMPLOYEE, SVP, CNO	(i)	481,494	184,330	260,438	22,375	14,583	963,220	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
12MARCUS SHIPLEY FORMER KEY EMP, SVP, CIO	(i)	538,281	209,232	141,605	13,483	26,755	929,356	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
13PAUL CONLON FORMER KE, SVP, CLIN QUAL/PAT SFTY	(i)	438,116	171,470	229,045	40,301	26,750	905,682	100,988
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
14PAUL HARKAWAY MD FORMER KE, SVP, CLIN INTEG THR 2/16	(i)	442,892	175,005	114,992	11,925	26,247	771,061	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
15CYNTHIA FRY FORMER KEY EMP, SVP, CHIEF REV OFFCR	(i)	371,264	102,786	170,453	26,350	23,052	693,905	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
16MICHAEL HOLPER FORMER KEY EMP,SVP, INTEG/AUDIT SVCS	(i)	349,831	138,520	120,023	26,282	25,934	660,590	21,598
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
17KEVIN SEARS FORMER KE, SVP, PAYER STR THR 11/15	(i)	352,709	155,560	84,189	7,950	19,821	620,229	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0
18SHELBY DECOSTA FORMER KEY EMP, SVP, M&A THR 11/15	(i)	305,573	128,384	89,698	11,925	11,891	547,471	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- - 0	----- - 0	----- 0

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As Filed Data -

DLN: 93493130013877

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

35-1443425

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

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	2,440,000							
2	Amount of bonds legally defeased	7,205,000				975,000			
3	Total proceeds of issue	115,827,509		64,197,064		320,959,366		14,485,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,078,659		630,237		3,145,424		157,901	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			6,879,633		327,552,478		14,327,098	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2012		2011				2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?	X			X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X	X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 020 %		0 020 %		0 020 %	
6	Total of lines 4 and 5			0 020 %		0 020 %		0 020 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.	X			X	X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	6 220 %				0 300 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.	X				X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 04/13/2016 ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME INDIANA FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME COUNTY OF FRANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME IDAHO HEALTH FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME HOSP FIN AUTH OF ONTARIO, OREGON DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME INDIANA FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/16/2015 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/16/2015 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME IDAHO HEALTH FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/06/2016 ISSUER NAME INDIANA FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/06/2016 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 11/09/2011 ISSUER NAME INDIANA HEALTH AND EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 11/09/2011 ISSUER NAME COUNTY OF FRANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORMED 01/15/2016 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/15/2016 ISSUER NAME NORTH CAROLINA MEDICAL CARE COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 02/05/2015 ISSUER NAME STATE OF CONNECTICUT HEALTH AND EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME CITY OF TAMPA, FLORIDA DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME MASS HEALTH AND EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME NORTH CAROLINA MEDICAL CARE COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME NEW JERSEY HEALTH CARE FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME DIVISION OF THE UNIFIED GOVT OF ATHENS-CLARKE DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MASS HEALTH AND EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MASS HEALTH AND EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 ISSUER NAME MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 12/14/2009 ISSUER NAME

Return Reference	Explanation
AME NEW JERSEY HEALTH CARE FACILITIES FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/26/2015 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/26/2015 ISSUER NAME MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/26/2015	

Return Reference	Explanation
PART I, LINE (F)	2016 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2005A, 2005D, 2008A-1 MI, SJHHC 2010A, SJHHC 2010B, SJHHC 2010C, SJHHC 2010D, SJHHC 2012, SJHHC 2014A, SJHHC 2014B THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BON DS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 THE AMOUNT SHOWN IN PART II, LINE 6 IS THE PRESENT VALUE OF PROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON T HE REFUNDING ESCROW 2016 MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTIO N OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HO SPITALS AND OTHER HEALTH CARE FACILITIES THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE IN TERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2016 ID TO FINANCE, REFINANCE OR REIMBU RSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO A ND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 TH ROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2016 CT TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AN D IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2016 M I, 2016 ID, 2016 CT AND 2016 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECT IONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2 016 MI-1,2,3,4 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2016 MI-1, 2016 MI-2, 2016 MI-3 AND 2016 MI-4 BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CO DE, AS REPORTED IN THE FORM 8038 2015 MI FRN TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES 2015 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2004B, 2006A, 2006B, 20 08A MI, SPHP 2008A, SPHP 2008B, SPHP 2008C, SPHP 2008D, SPHP 2011 THE 2015 MI, 2015 ID, A ND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THRO UGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 THE AMOUNT SHOWN IN PA RT II, LINE 6 IS THE PRESENT VALUE OF PROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON THE REFUNDING ESC

Return Reference	Explanation
PART I, LINE (F)	ROW INVESTMENTS 2015 MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2015 MI, 2015 ID, AND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2015 ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2008B ID THE 2015 MI, 2015ID, AND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 THE AMOUNT SHOWN IN PART II, LINE 6 IS THE PRESENT VALUE OF PROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON THE REFUNDING ESCROW INVESTMENTS 2013 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 1997, 2000, 2003B AND 2003D THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LINE C, ADDITIONAL CUSIP FOR 2013 MI-3 SERIES - 59447PXR7 2013 MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2013 ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2013 OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2012 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2002C PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRE

Return Reference	Explanation
PART I, LINE (F)	D TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2001 THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2002C THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 6 - AMOUNTS REPORTED AS "PROCEEDS IN REFUNDING ESCROWS" FOR CERTAIN BOND ISSUES INCLUDE AMOUNTS CONTRIBUTED TO THE REFUNDED ESCROW FROM GROSS PROCEEDS OF THE PRIOR BONDS OR OTHER EQUITY CONTRIBUTIONS BY THE ORGANIZATION PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN OHIO THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2011AB TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN ILLINOIS THE 2011AB BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2011CA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000C THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002

Return Reference	Explanation
PART I, LINE (F) -CONTINUED	2011IL TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIO NS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FAC ILITIES IN ILLINOIS THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BONDS ARE TRE ATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010A TO FINANCE, REFINANCE OR REI MBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS T O AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000A MICHIG AN AND 2000B IOWA THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE IN TERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 1 2/31/2002 2010B TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED T O ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1998 CALIFORNIA AND 1998 INDIANA THE 2010A BONDS, 2010B B ONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSE S OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RE SPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2 010C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS , CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACIL ITIES REFUND SERIES 1996 OHIO THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010D TO FINAN CE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTIO N AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES AND THE ACQUISITION OF HOSPITAL FACILITIES IN IDAHO THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2 010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010E TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITION S, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACI LITIES AND THE ACQUISITION OF HOSPITAL FACILITIES IN OREGON THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECT IVE FORM 8038 2010F TO FINANCE CERTAIN CAPITAL IMPROVEMENTS TO HEALTH CARE FACILITIES LOC ATED AT VARIOUS LOCATIONS IN M

Return Reference	Explanation
PART I, LINE (F) -CONTINUED	ICHIGAN THE 2010F BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2009A TO FINANCE, REFINANCE OR REIM BURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PARTIALLY REFUND SERIES 199 8 INDIANA AND 1998 CALIFORNIA OF PRIOR ISSUES, AND THE CHELSEA REFINANCING OF COMMERCIAL P APER THE 2009A BONDS AND 2009BC BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SEC TIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2009BC - CUSIP NUMBERS 59465HMB9 AND 59465HMC7 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSP ITALS AND OTHER HEALTH CARE FACILITIES THE 2009A BONDS AND 2009BC BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CO DE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2008A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUI PMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2003A, 2003F, 2003G, 2 004A, 2004D, 2004E, 2004F OF PRIOR ISSUES THE 2008A BONDS AND 2008B BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE M ODEST INVESTMENT EARNINGS 2008B TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF TH E COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2002A, 2002B OF PRIOR ISSUES THE 2008A B ONDS AND 2008B BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2008C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CON STRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000E, 2000F, 2003B, 2003D, 2003E, 2005C, 2005G, 2005H OF PRIOR ISSUES, AN D THE HACKLEY REFINANCING OF COMMERCIAL PAPER THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVE NUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING D EBT ONLY 2008D - CUSIP NUMBERS 455057QM4 AND 455057QN2 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND E QUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000F, 2003C1, 2003 C2, 2003H, 2004C1 REFINANCING

Return Reference	Explanation
PART I, LINE (F) -CONTINUED	OF COMMERCIAL PAPER, 2004C2 REFINANCING OF COMMERCIAL PAPER, 2005B, 2005I OF PRIOR ISSUES THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2006A TO FINANC E, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEME NTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PART I, COLUMN (G) AN D PART IV , LINE 5 - TRINITY HEALTH HAD PLANNED TO ALLOCATE PROCEEDS TO QUALIFIED EXPENDITU RES IN FY11 - QUALIFIED EXPENDITURES WERE NOT AVAILABLE SO THE BONDS RELATED TO THE PROCEE DS WERE DEFEASED PART II, LINE 11 - DUE TO CIRCUMSTANCES THAT WERE NOT REASONABLY EXPECTE D AS OF THE ISSUE DATE OF THE 2006AB BONDS, PROCEEDS OF THE 2006AB BONDS IN THE AMOUNT OF \$31,946,774 WERE NOT SPENT AS OF JUNE 30, 2011 ON JUNE 30,2011, THE ORGANIZATION DEPOSITE D SUCH PROCEEDS IN IRREVOCABLE YIELD RESTRICTED DEFEASANCE ESCROWS TO DEFEASE 2006AB BONDS IN THE AGGREGATE PRINCIPAL AMOUNT OF \$27,235,000 THE 2006AB BONDS DEFEASED AND REDEEMED WERE SELECTED IN A MANNER CONSISTENT WITH THE REMEDIAL ACTION RULES OF TREASURY REGULATION SECTION 1 141-12 SUCH THAT THE DEFEASED BONDS WILL BE REDEEMED ON THEIR FIRST OPTIONAL RE DEMPTION DATE THE AMOUNTS IN THE DEFEASANCE ESCROW USED AND TO BE USED TO PAY PRINCIPAL O N THE 2006AB BONDS ARE NOT TREATED BY THE ORGANIZATION AS "PROCEEDS" OF THE 2006B FOR PURP OSES OF PRIVATE BUSINESS USE COMPLIANCE, AS REPORTED IN PART III THESE AMOUNTS ARE, HOWEV ER, REPORTED AS "PROCEEDS" IN PART I WITH RESPECT TO CERTAIN OF THE BOND ISSUES DESCRIBED IN PART I, THE ORGANIZATION HAS TAKEN AN ALTERNATIVE USE OF DISPOSITION PROCEEDS" REMEDIA L ACTION PURSUANT TO TREASURY REGULATION SECTIONS 1 141-12(E) AND 1 145-2 IN CONNECTION WITH SUCH REMEDIAL ACTIONS, THE ORGANIZATION HAS FILED WITH THE SERVICE SUPPLEMENTAL FORMS 8038 WITH RESPECT TO PORTIONS OF BOND ISSUES TREATED AS "REISSUED" UNDER SECTIONS 141, 145 , 147, 149 AND 150 OF THE TREASURY REGULATIONS SUCH "REISSUED" PORTIONS OF BOND ISSUES HA VE BEEN SEPARATELY REPORTED TO THE SERVICE IN SUPPLEMENTAL FORMS 8038, AND ARE NOT REPORTE D IN THIS SCHEDULE K PART IV, LINE 1 - A REBATE COMPUTATION DATED JANUARY 6, 2012 WAS PER FORMED FOR THE ORGANIZATION

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	2006B TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PART I I, LINE 11 - SAME AS NOTE ABOVE IN 2006A PART I, COLUMN (G) AND PART IV, LINE 5 - TRINITY HEALTH HAD PLANNED TO ALLOCATE PROCEEDS TO QUALIFIED EXPENDITURES IN FY11 - QUALIFIED EXPENDITURES WERE NOT AVAILABLE SO THE BONDS RELATED TO THE PROCEEDS WERE DEFEASED PART IV, LINE 1 - A REBATE COMPUTATION DATED JANUARY 6, 2012 WAS PERFORMED FOR THE ORGANIZATION 2005A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1996 OF PRIOR ISSUE THE 2005A BONDS AND 2005D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 PART IV, LINE 1 - A REBATE COMPUTATION DATED JANUARY 19, 2011 WAS PERFORMED FOR THE ORGANIZATION 2005D TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1999X OF PRIOR ISSUE THE 2005A BONDS AND 2005D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 PART IV, LINE 1 - A REBATE COMPUTATION DATED JANUARY 19, 2011 WAS PERFORMED FOR THE ORGANIZATION 2005EF - CUSIP NUMBERS 5946 5HBX3 AND 59465HBY1 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2005E BONDS AND 2005F BONDS (TOGETHER WITH THE 2005B BONDS, 2005C BONDS, 2005G BONDS, 2005H BONDS AND 2005I BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 THE INFORMATION FOR THE 2005E BONDS AND 2005F BONDS IN PART I IS PROVIDED FOR THE 2005E BONDS AND 2005F BONDS ONLY, INFORMATION WITH RESPECT TO THE 2005B BONDS, 2005C BONDS, 2005F BONDS, 2005G BONDS AND 2005 I BONDS, WHICH HAVE BEEN RETIRED, IS NOT PROVIDED PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS PART IV, LINE 5 - TRINITY HEALTH HAD PLANNED TO ALLOCATE PROCEEDS TO QUALIFIED EXPENDITURES IN FY11 - QUALIFIED EXPENDITURES WERE NOT AVAILABLE SO THE MODEST PROCEEDS WERE MOVED BY THE TRUSTEE TO SERVICE THE BONDS, PER OPINION OF BOND COUNSEL 2004A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PART IV, LINE 2C REBATE COMPUTATION WAS PERFORMED 11/09/2009 2004B PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 03/04/2010 THE 2004B PA CHE BONDS AND 2004C PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTION 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS 2004C PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 12/14/2009 THE 2004B PA CHE BONDS AND 2004C PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTION 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2009 PA (MONTCO) CHE BONDS, THE 2007D PA CHE BONDS AND THE 2004C CHE BONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2010B PA CHE BONDS AND 2012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS 2007C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES ADVANCE REFUNDING, 1998B AND 2002 PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, 2007E NJ CHE BONDS AND 2007F PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2007C MA CHE, 2009 MA CHE AND 2010MA CHE BONDS ISSUED BY THE MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF SISTERS OF PROVIDENCE HEALTH SYSTEM, INC FOR CERTAIN PRIOR TAX YEARS 2007D REFINANCE EXISTING DEBT AND CAPITAL PROJECTS (2004C, ISSUED 12/14/04) THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, 2007E NJ CHE BONDS AND 2007F PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2010B PA CHE BONDS, THE 2007D PA CHE BONDS AND THE 2004C CHE BONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS 2007E PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 PART III, LINE 8C CERTAIN HOSPITAL ASSETS THAT WERE FINANCED AND REFINANCED WITH PROCEEDS OF THE SERIES 1998B BONDS, THE SERIES 2007E BONDS AND THE SERIES 2010 BONDS WERE SOLD TO A NON-501(C)(3) ORGANIZATION ON OR ABOUT OCTOBER 5, 2011, BUT THE HOSPITAL DID NOT REMEDIATE THESE ISSUES OF BONDS WITHIN THE PERMITTED TIMEFRAME AS A RESULT, THE HOSPITAL AND CHE FILED A LETTER WITH THE IRS

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	REQUESTING REMEDIATION AND A CLOSING AGREEMENT THROUGH THE IRS VOLUNTARY CLOSING AGREEMENT PROGRAM (VCAP) AS PART OF THE CLOSING AGREEMENT REQUESTED FROM THE IRS, THE HOSPITAL REDEEMED A PORTION OF THE OUTSTANDING PRINCIPAL AMOUNT OF THE 1998E BONDS AND THE 2007E BONDS IN MAY 2013, AND DEFEASED A PORTION OF THE OUTSTANDING PRINCIPAL AMOUNT OF THE 2010 BONDS IN JUNE 2013. ON APRIL 15, 2014, CHE AND THE HOSPITAL EXECUTED A FINAL CLOSING AGREEMENT WITH THE IRS PURSUANT TO ITS VCAP SUBMISSION. THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, 2007E NJ CHE BONDS AND 2007F PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE. 2007F PART IV, LINE 2C. DATE THE REBATE COMPUTATION WAS PERFORMED: 09/25/2012. THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, 2007E NJ CHE BONDS AND 2007F PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE. INFORMATION REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST. MARY HOSPITAL AUTHORITY FOR CERTAIN PRIOR TAX YEARS HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST. MARY MEDICAL CENTER FOR PRIOR TAX YEARS. 2008NC TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN MICHIGAN. REFUND PRIOR ISSUE FROM 7/15/1998. PART IV, LINE 2C. DATE THE REBATE COMPUTATION WAS PERFORMED: 02/05/2015. INFORMATION REGARDING THE 2012A NC CHE BONDS, 2010 NC CHE BONDS AND 2008 NC CHE BONDS ISSUED BY THE NORTH CAROLINA MEDICAL CARE COMMISSION HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST. JOSEPH OF THE PINES FOR CERTAIN PRIOR TAX YEARS. 2009PA (MONTCO) TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES. REFINANCE EXISTING DEBT AND CAPITAL PROJECTS (2007D, ISSUED 4/19/07). THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 PA (MONTCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE. 2009PA (SMHA) PART II, COLUMN C, LINE 11. AMOUNT INCLUDES \$9,141,670 OF PROCEEDS WHICH WERE USED TO TERMINATE AN INTEGRATED SWAP. THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 PA (MONTCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE. INFORMATION REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST. MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST. MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS.

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	2009 MA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES CURRENT REFUNDING AND SWAP TRANSACTION, 2007C PART IV, COLUMN A, LINE 6 PROCEEDS ARE HELD IN A YIELD RESTRICTED REFUNDING ESCROW THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 PA (MONTCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2007C MA CHE, 2009 MA CHE AND 2010MA CHE BONDS ISSUED BY THE MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF SISTERS OF PROVIDENCE HEALTH SYSTEM, INC FOR CERTAIN PRIOR TAX YEARS 2009 GA CURRENT REFUNDING & SWAP TERMINATION (2007B, ISSUED 4/19/07) THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 PA (MONTCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE 2010NC REFUND 1998C BONDS ISSUED FROM 7/15/1998 THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A NC CHE BONDS, 2010 NC CHE BONDS AND 2008 NC CHE BONDS ISSUED BY THE NORTH CAROLINA MEDICAL CARE COMMISSION HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST JOSEPH OF THE PINES FOR CERTAIN PRIOR TAX YEARS 2010NJ TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PART II, LINE 11 OTHER SPENT PROCEEDS INCLUDES \$10,415,583 WHICH WERE USED TO TERMINATE AN INTEGRATED SWAP THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2010 NJ CHE BONDS ISSUED BY THE NEW JERSEY HEALTH CARE FACILITIES AUTHORITY HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF OUR LADY OF LOURDES MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS 2010MA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2007C MA CHE, 2009 MA CHE AND 2010MA CHE BONDS ISSUED BY THE MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF SISTERS OF PROVIDENCE HEALTH SYSTEM, INC FOR CERTAIN PRIOR TAX YEARS 2010AB PA REFINANCE EXISTING DEBT (1998A, ISSUED 2/19

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	/1998) THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2010A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS INFORMATION REGARDING THE 2009 PA (MONTCO) CHE BONDS, THE 2007D PA CHE BONDS AND THE 2004C CHE BONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2010B PA CHE BONDS AND 2012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS 2010FL TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PARTIAL REFUNDING 1998 CITY OF TAMPA, FLORIDA THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS AND THE 2010 FL CHE BONDS ISSUED BY THE CITY OF TAMPA, FLORIDA HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF HOLY CROSS HOSPITAL, INC FOR CERTAIN PRIOR TAX YEARS 2010 CT TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND PREVIOUS ISSUE (SERIES 1999F) THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2010 CT CHE BONDS ISSUED BY THE STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY COMMUNITY HEALTH, INC FOR CERTAIN PRIOR TAX YEARS ISSUANCE COSTS FOR THE COMPOSITE BOND ISSUE IS LESS THAN 2% OF PROCEEDS 2012A FL PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 11/25/2008 THE 2012A FL CHE BONDS, 2012A NC CHE BONDS AND 2012A PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS AND THE 2010 FL CHE BONDS ISSUED BY THE CITY OF TAMPA, FLORIDA HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF HOLY CROSS HOSPITAL, INC FOR CERTAIN PRIOR TAX YEARS 2012NC REFUND 1998D BONDS ISSUED FROM 7/15/1998 THE 2012A FL CHE BONDS, 2012A NC CHE BONDS AND 2012A PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING T

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	HE 2012A NC CHE BONDS , 2010 NC CHE BONDS AND 2008 NC CHE BONDS ISSUED BY THE NORTH CAROLI NA MEDICAL CARE COMMISSION HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST JOSEPH OF THE P INES FOR CERTAIN PRIOR TAX YEARS 2012A PA REFINANCE EXISTING DEBT (1998A & 1998A-3, ISSUE D 2/19/98) PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 12/14/2009 THE 201 2A FL CHE BONDS, 2012A NC CHE BONDS AND 2012A PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 20 12A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, T HE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS INFORMATION REGARDING THE 2009 PA (MONTCO) CHE BONDS, THE 2007D PA CHE BONDS AND T HE 2004C CHE BONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY A ND THE 2010B PA CHE BONDS AND 2012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORI TY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR T AX YEARS 2012B PA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATE D TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACIL ITIES PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 04/19/2012 THE 2012 GA CHE BONDS AND THE 2012B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECT IONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A PA CHE BONDS, TH E 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BOND S AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTED I N FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS 2012 GA TO F INANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPR OVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2012 GA CHE BONDS AND THE 2012B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012 GA CHE BONDS ISSUED BY GREENE COUNTY DEVELOPMENT AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY H EALTH CARE SYSTEM FOR CERTAIN PRIOR TAX YEARS

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	OTHER NOTES IN ALL CASES, THE INFORMATION IN PART I (OTHER THAN LINES 14 AND 15) IS PROVIDED ON THE BASIS OF THE SERIES LISTED IN PART I, BUT THE INFORMATION IN PART I (LINES 14 AND 15 ONLY), PART II, PART III (TO THE EXTENT APPLICABLE), PART IV AND PART V IS PROVIDED ON THE BASIS OF THE "ISSUES" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE WITH RESPECT TO CERTAIN OF THE BOND ISSUES DESCRIBED IN PART I, THE ORGANIZATION SOLD CERTAIN BOND-FINANCED PROPERTY TO ANOTHER 501(C)(3) ORGANIZATION WITH THE EXPECTATION THAT THE SALE POSSIBLY COULD CAUSE THE RESPECTIVE BOND ISSUES TO VIOLATE THE PRIVATE USE RESTRICTIONS AND OWNERSHIP REQUIREMENT OF SECTION 145(A) OF THE CODE ACCORDINGLY, THE ORGANIZATION HAS TAKEN AN ALTERNATIVE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION PURSUANT TO TREASURY REGULATIONS SECTIONS 1.141-12(E) AND 1.145-2 WITH RESPECT TO SUCH SALE IN CONNECTION WITH SUCH REMEDIAL ACTIONS, THE ORGANIZATION HAS FILED WITH THE SERVICE SUPPLEMENTAL FORMS 8038 WITH RESPECT TO PORTIONS OF BOND ISSUES TREATED AS "REISSUED" UNDER SECTIONS 141, 145, 147, 149 AND 150 OF THE TREASURY REGULATIONS SUCH "REISSUED" PORTIONS OF BOND ISSUES HAVE BEEN SEPARATELY REPORTED TO THE SERVICE IN SUPPLEMENTAL FORMS 8038 AND ARE NOT REPORTED IN THIS SCHEDULE K IN THE CASE OF BOND ISSUES THAT ARE PART NEW MONEY AND PART CURRENT REFUNDING, THE CURRENT REFUNDING PORTION MAY SEPARATELY MEET AN EXCEPTION FROM REBATE IN SUCH CASES, HOWEVER, THE SEPARATE QUALIFICATION FOR A REBATE EXCEPTION FOR THE CURRENT REFUNDING PORTION IS NOT REPORTED IN LINE 2B, ALTHOUGH THE EXCEPTION IS REPORTED IN CASES OF BOND ISSUES CONSISTING ONLY OF CURRENT REFUNDING PORTIONS IN THE CASE OF BONDS REPORTED AS ISSUED AS PART OF AN ADVANCE REFUNDING ISSUES, GROSS PROCEEDS IN THE REFUNDING ESCROW WERE INVESTED BEYOND AN APPLICABLE TEMPORARY PERIOD SUCH INVESTMENTS ARE NOT SEPARATELY REPORTED IN PART IV, LINE 8

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130013877

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

Employer identification number

35-1443425

Part I

Bond Issues

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

Part II

Proceeds

					A	B	C	D		
1	Amount of bonds retired						23,605,000	11,780,000		
2	Amount of bonds legally defeased									
3	Total proceeds of issue				100,000,000	106,300,000	146,570,820	56,625,061		
4	Gross proceeds in reserve funds									
5	Capitalized interest from proceeds									
6	Proceeds in refunding escrows									
7	Issuance costs from proceeds				105,000	1,089,638	1,411,707	161,271		
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds									
10	Capital expenditures from proceeds				99,895,000	2,295,362	145,159,112	56,463,791		
11	Other spent proceeds									
12	Other unspent proceeds									
13	Year of substantial completion				2011	2011	2011	2010		
					Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X	X		X	X
15	Were the bonds issued as part of an advance refunding issue?					X		X		X
16	Has the final allocation of proceeds been made?				X		X	X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X	X	X	

Part III

Private Business Use

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

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

Cat No 50193E

Schedule K (Form 990) 2015

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 020 %		0 020 %		0 020 %			
6	Total of lines 4 and 5	0 020 %		0 020 %		0 020 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X	X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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DLN: 93493130013877

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Employer identification number

35-1443425

Part I

Bond Issues

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

Part II

Proceeds

					A	B	C	D		
1	Amount of bonds retired				35,645,000		2,385,000			
2	Amount of bonds legally defeased				465,000					
3	Total proceeds of issue				141,744,110	66,966,135	25,918,487	28,675,233		
4	Gross proceeds in reserve funds									
5	Capitalized interest from proceeds									
6	Proceeds in refunding escrows									
7	Issuance costs from proceeds				1,806,310	922,023	350,614	407,805		
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds									
10	Capital expenditures from proceeds					43,851,990	23,128,952	28,267,428		
11	Other spent proceeds									
12	Other unspent proceeds									
13	Year of substantial completion					2011	2011	2010		
					Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X			X
15	Were the bonds issued as part of an advance refunding issue?					X		X		X
16	Has the final allocation of proceeds been made?				X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.	X			X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 330 %							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.	X							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

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DLN: 93493130013877

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

Employer identification number

35-1443425

Part I

Bond Issues

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

Part II

Proceeds

	A	B	C	D
1 Amount of bonds retired		33,300,000	2,230,000	22,110,000
2 Amount of bonds legally defeased				191,550,000
3 Total proceeds of issue	21,368,626	240,023,448	102,840,000	310,760,101
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	281,772	2,862,297	1,221,195	4,333,551
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	21,086,854	195,188,952	101,618,805	100,131,203
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2010	2010	2010	2009
	YesNo	YesNo	YesNo	YesNo
14 Were the bonds issued as part of a current refunding issue?		X	X	X
15 Were the bonds issued as part of an advance refunding issue?		X	X	X
16 Has the final allocation of proceeds been made?	X	X	X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X	X	X	X

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶							0 090 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 010 %		0 010 %		0 030 %	
6	Total of lines 4 and 5			0 010 %		0 010 %		0 120 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of							11 240 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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DLN: 93493130013877

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

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► Attach to Form 990.

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Employer identification number

35-1443425

Part I

Bond Issues

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

Part II

Proceeds

			A	B	C	D		
1	Amount of bonds retired		9,150,000	48,365,000	43,980,000			
2	Amount of bonds legally defeased		148,340,000	4,625,000		53,275,000		
3	Total proceeds of issue		174,671,330	391,470,000	393,533,259	123,295,015		
4	Gross proceeds in reserve funds							
5	Capitalized interest from proceeds							
6	Proceeds in refunding escrows							
7	Issuance costs from proceeds		2,675,840	1,909,289	1,915,051	1,103,131		
8	Credit enhancement from proceeds							
9	Working capital expenditures from proceeds							
10	Capital expenditures from proceeds		41,817,570		91,927,913	102,638,060		
11	Other spent proceeds					25,582,073		
12	Other unspent proceeds							
13	Year of substantial completion		2008		2008	2009		
			Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X			X
15	Were the bonds issued as part of an advance refunding issue?			X		X		X
16	Has the final allocation of proceeds been made?		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 090 %		0 190 %		0 190 %		0 420 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 030 %		0 010 %		0 010 %		0 210 %	
6	Total of lines 4 and 5	0 120 %		0 200 %		0 200 %		0 630 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X	X			X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			1 180 %					
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?.			X					
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X	X	
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

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Employer identification number

35-1443425

Part I Bond Issues													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
							Yes	No	Yes	No	Yes	No	
A	INDIANA HEALTH AND EDUCATION FINANCIAL AUTHORITY	35-1611409	454795BR5	11-09-2006	11,457,083	SEE PART VI - 2006B	X			X		X	
B	COUNTY OF FRANKLIN OHIO	31-6400067	353202FB5	11-17-2005	45,451,001	SEE PART VI - 2005A		X		X		X	
C	MICHIGAN STATE HOSPITAL FINANCIAL AUTHORITY	38-2889417	59465HBW5	11-17-2005	43,811,312	SEE PART VI - 2005D		X		X		X	
D	MICHIGAN STATE HOSPITAL FINANCIAL AUTHORITY	38-2889417	59465HBX3	11-17-2005	114,045,000	SEE PART VI - 2005EF		X		X		X	
Part II Proceeds													
					A		B		C		D		
1	Amount of bonds retired					19,475,000	1,765,000	67,225,000					
2	Amount of bonds legally defeased				10,860,000	23,715,000	41,785,000						
3	Total proceeds of issue				11,457,083	45,451,001	43,811,312	115,720,785					
4	Gross proceeds in reserve funds												
5	Capitalized interest from proceeds												
6	Proceeds in refunding escrows												
7	Issuance costs from proceeds				104,542	423,927	425,197	556,501					
8	Credit enhancement from proceeds												
9	Working capital expenditures from proceeds												
10	Capital expenditures from proceeds				5,954,229			115,044,475					
11	Other spent proceeds				6,364,701								
12	Other unspent proceeds												
13	Year of substantial completion				2006			2007					
					Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?					X		X		X			
15	Were the bonds issued as part of an advance refunding issue?					X	X		X			X	
16	Has the final allocation of proceeds been made?				X		X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X		
Part III Private Business Use													
					A		B		C		D		
					Yes	No	Yes	No	Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X	
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X			X		X	X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶	0 4 20 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶	0 2 10 %							
6	Total of lines 4 and 5	0 6 30 %							
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X	X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of					27 920 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.					X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X	X	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
c	No rebate due?	X		X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?	X			X		X	X	
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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DLN: 93493130013877

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

35-1443425

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCB8	10-30-2013	45,735,000	SEE PART VI - 2013ID		X		X		X
B MONTGOMERY COUNTY MARYLAND	52-6000980	61336PES6	10-30-2013	103,910,000	SEE PART VI - 2013MD		X		X		X
C COUNTY OF FRANKLIN OHIO	31-6400067	353202FK5	10-30-2013	87,245,000	SEE PART VI - 2013OH		X		X		X
D NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PCY9	04-24-2008	30,475,000	SEE PART VI - 2008NC		X		X		X

Part II

Proceeds

					A	B	C	D		
1	Amount of bonds retired							8,700,000		
2	Amount of bonds legally defeased									
3	Total proceeds of issue				45,735,000	103,910,000	87,245,000	30,475,000		
4	Gross proceeds in reserve funds									
5	Capitalized interest from proceeds									
6	Proceeds in refunding escrows									
7	Issuance costs from proceeds				612,913	767,787	897,007	203,569		
8	Credit enhancement from proceeds							66,021		
9	Working capital expenditures from proceeds									
10	Capital expenditures from proceeds				45,122,086	103,142,213	86,347,993			
11	Other spent proceeds									
12	Other unspent proceeds									
13	Year of substantial completion				2013	2013	2013	2008		
					Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X		X	X	
15	Were the bonds issued as part of an advance refunding issue?					X		X		X
16	Has the final allocation of proceeds been made?				X		X	X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X	X	X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			X
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X	X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

35-1443425

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCW2	01-09-2013	63,615,000	SEE PART VI - 2012B PA		X		X		X
B MICHIGAN FINANCE AUTHORITY	80-0596186	59447PXQ9	10-30-2013	390,060,000	SEE PART VI - 2013MI		X		X		X
C GREENE COUNTY DEVELOPMENT AUTHORITY	58-2267017	394374AC6	01-09-2013	39,191,498	SEE PART VI - 2012 CHE		X		X		X
D ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCX0	06-27-2012	111,382,312	SEE PART VI - 2012A CHE		X		X		X

Part II

Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased	4,765,000						3,935,000	
3 Total proceeds of issue	63,615,000		390,060,000		39,191,498		111,382,312	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	615,000		1,433,206		556,135		1,312,312	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	63,000,000		388,626,794		38,286,128			
11 Other spent proceeds								
12 Other unspent proceeds					349,235			
13 Year of substantial completion	2014		2013				2012	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X			X	X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.	X			X		X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	7 490 %						3 530 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.	X						X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

Supplemental Information on Tax Exempt Bonds

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Employer identification number

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Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF TAMPA FLORIDA	59-1101138	87515EAW4	06-27-2012	30,191,951	SEE PART VI - 2012A FL CHE		X		X		X
B NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PEN1	06-27-2012	18,037,065	SEE PART VI - 2012A NC CHE		X		X		X
C STATE OF CONNECTICUT HLTH AND EDU FACILITIES AUTHORITY	06-0806186	20774UW35	04-07-2010	19,216,533	SEE PART VI - 2010CT CHE		X		X		X
D CITY OF TAMPA FLORIDA	59-1101138	875231JR4	04-07-2010	26,829,425	SEE PART VI - 2010FL CHE		X		X		X

Part II

Proceeds

					A	B	C	D				
1	Amount of bonds retired						575,000	12,550,000				
2	Amount of bonds legally defeased											
3	Total proceeds of issue				30,191,951	18,037,065	19,216,533	26,829,425				
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				371,951	227,065	420,433	377,525				
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds											
11	Other spent proceeds											
12	Other unspent proceeds											
13	Year of substantial completion				2012	2012	2010	2010				
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?					X		X		X		X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X			X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X	X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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DLN: 93493130013877

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Employer identification number

35-1443425

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS HEALTH AND EDU FACILITIES AUTHORITY	04-2456011	57586ESB8	04-07-2010	16,901,948	SEE PART VI - 2010 MA CHE		X		X		X
B NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PEC5	04-07-2010	15,773,834	SEE PART VI - 2010NC CHE		X		X		X
C NEW JERSEY HEALTH CARE FACILITIES FIN AUTHORITY	22-1987084	64579FZR7	03-31-2010	131,123,284	SEE PART VI - 2010NJ CHE	X			X		X
D ST MARY HOSPITAL AUTHORITY	22-1913910	85230MCA0	04-07-2010	164,735,960	SEE PART VI - 2010AB CHE		X		X		X

Part II

Proceeds

	A	B	C	D
1 Amount of bonds retired	10,120,000	7,555,000	26,855,000	53,885,000
2 Amount of bonds legally defeased			2,265,000	3,025,000
3 Total proceeds of issue	16,901,948	15,773,834	131,123,284	164,735,960
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	244,733	191,309	1,688,124	1,881,637
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				48,138,523
11 Other spent proceeds			10,415,583	
12 Other unspent proceeds				
13 Year of substantial completion	2010	2010	2010	2010
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X	
15 Were the bonds issued as part of an advance refunding issue?	X		X	X
16 Has the final allocation of proceeds been made?	X		X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	X

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X	X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X	X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of					1 920 %		1 840 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.					X		X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

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Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

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► Attach to Form 990.

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Employer identification number

35-1443425

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DVLPMT AUTHORITY OF THE UNIFIED GOVT OF ATHENS-CLARKE	58-2613761	040759BB5	03-19-2009	16,036,560	SEE PART VI - 2009 GA		X		X		X
B MASS HEALTH AND EDU FACILITIES AUTHORITY	04-2456011	57586EGR6	03-19-2009	30,099,842	SEE PART VI - 2009 MA		X		X		X
C MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY	23-2447147	613603SH3	03-19-2009	5,396,661	SEE PART VI - 2009 PA (MONTCO)		X		X		X
D ST MARY HOSPITAL AUTHORITY	23-1913910	85230MBM5	03-19-2009	33,804,223	SEE PART VI - 2009 PA (SMHA)		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	985,000		1,055,000		180,000		1,785,000	
2	Amount of bonds legally defeased					4,340,000			
3	Total proceeds of issue	16,036,560		30,099,842		5,396,661		33,804,223	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	296,790		538,942		107,496		540,303	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	3,442,770		6,718,900		1,334,790		9,141,670	
12	Other unspent proceeds								
13	Year of substantial completion	2009		2009		2009		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X	X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X	X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of					80 420 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.					X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

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Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

Employer identification number

35-1443425

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS HEALTH AND EDU FACILITIES AUTHORITY	04-2456011	57586CXY6	04-19-2007	51,475,000	SEE PART VI - 2007C	X			X		X
B MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY	23-2447147	613603SA8	04-19-2007	17,135,000	SEE PART VI - 2007D	X			X		X
C NEW JERSEY HEALTH CARE FACILITIES FIN AUTHORITY	22-1987084	64579FQE6	04-19-2007	101,395,000	SEE PART VI - 2007E	X			X		X
D ST MARY HOSPITAL AUTHORITY	23-1913910	85230MBH6	04-19-2007	49,350,000	SEE PART VI - 2007F	X			X		X

Part II

Proceeds

					A	B	C	D		
1	Amount of bonds retired				440,000	200,000	1,885,000	135,000		
2	Amount of bonds legally defeased				38,795,000	15,020,000	98,150,000	45,255,000		
3	Total proceeds of issue				51,475,000	17,135,000	101,395,000	49,350,000		
4	Gross proceeds in reserve funds									
5	Capitalized interest from proceeds									
6	Proceeds in refunding escrows									
7	Issuance costs from proceeds				463,590	163,662	1,005,646	411,085		
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds									
10	Capital expenditures from proceeds									
11	Other spent proceeds									
12	Other unspent proceeds									
13	Year of substantial completion				2007	2007	2007	2007		
					Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X		X		X
15	Were the bonds issued as part of an advance refunding issue?				X		X		X	
16	Has the final allocation of proceeds been made?				X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X	X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X	X		X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			46 130 %		1 390 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?			X		X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b	Name of provider	MERRILL LYNCH CAPITAL		MERRILL LYNCH CAPITAL		MERRILL LYNCH CAPITAL		MERRILL LYNCH CAPITAL	
c	Term of hedge	2160 0000000000 %		2160 0000000000 %		2160 0000000000 %		2160 0000000000 %	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		X		X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X	X			X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

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Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ST MARY HOSPITAL AUTHORITY	23-1913910	85230MAR5	12-14-2004	13,848,093	SEE PART VI - 2004A	X			X		X
B ST MARY HOSPITAL AUTHORITY	23-1913910	85230MBG8	12-14-2004	60,748,094	SEE PART VI - 2004B	X			X		X
C MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY	23-2447147	613603PV5	12-14-2004	18,533,876	SEE PART VI - 2004C	X			X		X
D MICHIGAN FINANCE AUTHORITY	80-0596186	59447P8C8	03-12-2015	100,000,000	SEE PART VI - 2015 MI FRN		X		X		X

Part II

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		13,900,000		6,860,000				
2 Amount of bonds legally defeased				53,765,000		18,200,000		
3 Total proceeds of issue		13,848,093		60,748,094		18,533,876		100,000,000
4 Gross proceeds in reserve funds		1,254,863		5,564,252		1,697,620		
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		262,033		708,179		261,396		391,000
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		12,331,198		54,475,663		16,574,860		99,621,000
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2004		2007		2005		2015	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X		X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X	X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of					5 670 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.					X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X	X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X		X			X
b	Name of provider	CITIGROUP FINANCIAL		AIG MATCHED FUNDING		AIG MATCHED FUNDING			
c	Term of GIC	1240 00000000000 %		180 00000000000 %		180 00000000000 %			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X		X			
6	Were any gross proceeds invested beyond an available temporary period?		X	X		X			X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

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As Filed Data -

DLN: 93493130013877

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

35-1443425

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MICHIGAN FINANCE AUTHORITY	80-0596186	59447P7A3	02-26-2015	641,315,083	SEE PART VI - 2015 MI		X		X		X
B IDAHO HEALTH FINANCE AUTHORITY	82-6051863	451295WZ8	02-26-2015	172,864,507	SEE PART VI - 2015 ID		X		X		X
C MONTGOMERY COUNTY MARYLAND	52-6000980	61336PEU1	02-26-2015	198,740,466	SEE PART VI - 2015 MD		X		X		X
D MICHIGAN FINANCE AUTHORITY	80-0596186	59447THB2	01-26-2016	309,066,409	SEE PART VI - 2016MI		X		X		X

Part II

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			8,960,000		565,000			
2 Amount of bonds legally defeased								
3 Total proceeds of issue			641,315,083		198,740,466		172,864,507	309,066,409
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows			403,271,435		166,511,601			24,913,433
7 Issuance costs from proceeds			3,439,918		1,051,583		950,375	2,264,528
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			206,331,193		22,889,858		171,914,132	227,027,956
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion			2015		2015		2015	2016
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X				X		X	
15 Were the bonds issued as part of an advance refunding issue?	X		X			X	X	
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 020 %		0 020 %		0 020 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 100 %		0 100 %		0 100 %			
6	Total of lines 4 and 5	0 120 %		0 120 %		0 120 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

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As Filed Data -

DLN: 93493130013877

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Employer identification number

35-1443425

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A IDAHO HEALTH FINANCE AUTHORITY	82-6051863	451295YC7	01-26-2016	25,287,426	SEE PART VI - 2016ID		X		X		X
B MONTGOMERY COUNTY MARYLAND	52-6000980	61336PEV9	01-26-2016	48,224,317	SEE PART VI - 2016MD		X		X		X
C CONNECTICUT HEALTH AND EDU FACILITIES AUTHORITY	06-0806186	20774YYL5	01-26-2016	249,760,524	SEE PART VI - 2016CT		X		X		X
D MICHIGAN FINANCE AUTHORITY	80-0596186	59447THG1	02-11-2016	263,795,000	SEE PART VI - 2016MI - 1,2,3,4		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired											
2	Amount of bonds legally defeased											
3	Total proceeds of issue				25,287,426		48,224,317		249,760,524		263,795,000	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				283,297		180,047		1,757,514		619,951	
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				25,004,129		48,044,270		248,003,010		263,175,049	
11	Other spent proceeds											
12	Other unspent proceeds											
13	Year of substantial completion				2016		2016		2016		2016	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?					X		X		X		X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

**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

2015

**Open to Public
Inspection**

Name of the organization TRINITY HEALTH CORPORATION	Employer identification number 35-1443425
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990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TRINITY HEALTH CORPORATION HAS ADOPTED A GOVERNANCE POLICY WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF TRINITY HEALTH CORPORATION, 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 TRINITY HEALTH CORPORATION 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 TRINITY HEALTH CORPORATION (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO TRINITY HEALTH CORPORATION OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF TRINITY HEALTH CORPORATION (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 APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF TRINITY HEALTH CORPORATION. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	TRINITY HEALTH CORPORATION FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO, OFFICERS, AND KEY MANAGEMENT OFFICIALS OF TRINITY HEALTH CORPORATION ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	TRINITY HEALTH CORPORATION MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, TRINITY HEALTH CORPORATION'S WEBSITE INCLUDES COPIES OF THE MOST RECENTLY FILED SCHEDULE H FORMS FILED BY ALL OF ITS HOSPITAL SUBSIDIARIES. TRINITY HEALTH CORPORATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1	SR SUZANNE BRENNAN, CSC, IS A MEMBER OF THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS HAVING TAKEN A VOW OF POVERTY, SR SUZANNE BRENNAN DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF \$35,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS FOR SR. SUZANNE BRENNAN'S SERVICES SR KATHLEEN POPKO, SP, IS A MEMBER OF THE SISTERS OF PROVIDENCE HAVING TAKEN A VOW OF POVERTY, SR KATHLEEN POPKO DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF \$35,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE SISTERS OF PROVIDENCE FOR SR KATHLEEN POPKO'S SERVICES SR LINDA WERTHMAN, RSM, IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY HAVING TAKEN A VOW OF POVERTY, SR LINDA WERTHMAN DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF \$25,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR SR LINDA WERTHMAN'S SERVICES SR BARBARA WHEELLEY, RSM, IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY HAVING TAKEN A VOW OF POVERTY, SR BARBARA WHEELLEY DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF \$32,500 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR SR BARBARA WHEELLEY'S SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS TO/FROM AFFILIATES 199,612,421 CHANGE IN DEFERRED RETIREMENT COSTS -717, 538,350 OTHER TRANSACTIONS -17,528,015 INCOME/LOSS FROM DISCONTINUED OPERATIONS -1,805,0 25 GAIN/LOSS ON DISPOSAL OF DISCONTINUED OPERATIONS -29,911,212 EQUITY GAIN/LOSS IN UNCO NSOLIDATED AFFILIATES 88,370,073

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2	THE AUDITED FINANCIAL STATEMENTS OF TRINITY HEALTH INCLUDE THE PARENT ORGANIZATION AND ITS SUBSIDIARIES THE FY 16 CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT P UBLIC ACCOUNTING FIRM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, DOING BUSINESS AS NAMES	TRINITY HEALTH TRINITY INFORMATION SERVICES HOLY CROSS SHARED SERVICES CHE TRINITY HEALTH CATHOLIC HEALTH EAST CHE TRINITY, INC HOLY CROSS HEALTH SYSTEM CORPORATION

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

▶ 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.

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

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
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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 entity is listed in Parts II, III, or IV of this schedule

1

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

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

Gift, grant, or capital contribution to 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)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
ALBANY MEMORIAL HOSPITAL 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ALLEGANY FRANCISCAN MINISTRIES INC 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	FL	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
AMICARE HOSPICE SERVICES INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2949053	HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
ASYLUM HILL FAMILY MEDICINE CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTHCARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 11A, I	BAUM HARMON MERCY HOSPITAL	Yes	
BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
BRIGHTSIDE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 9	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
CAPITAL REGION GERIATRIC CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
COLUMBUS ACQUISITION CORP 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	Yes	
COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440	HEALTHCARE SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
CRANBROOK HOSPICE CARE 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320699	HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
EAST NORRITON PHYSICIAN SERVICES ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	

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

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						Yes	No
EDDY LICENSED HOME CARE AGENCY INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
EMBRACING AGE INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 9	ST JOSEPH'S HEALTH INC	Yes	
EMPIRE HOME INFUSION SERVICE INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
FARREN CARE CENTER INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
FRANCISCAN ELDERCARE CORPORATION PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
GLEN EDDY INC ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
GOOD SAMARITAN HOSPITAL INC 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	COMMUNITY OUTREACH	IL	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL	Yes	
GOTTLIEB MEMORIAL FOUNDATION 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 11C, III-FI	N/A		No
GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
GRAND RAPIDS MEDICAL EDUCATION PARTNERS INC 945 OTTAWA AVE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST PO BOX 3302 MUSKEGON, MI 49443 38-2299878	SELF INSURANCE	MI	501(C)(3)	LINE 11B, II	MERCY HEALTH PARTNERS	Yes	
HACKLEY LIFE COUNSELING 125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
HAWTHORNE RIDGE INC 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HERITAGE HOUSE NURSING CENTER INC 2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 9	HOLY CROSS HEALTH INC	Yes	
HOLY CROSS HEALTH FOUNDATION INC 11801 TECH ROAD SILVER SPRING, MD 20904 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
HOLY CROSS HEALTH INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HEALTHCARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTHCARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
HOLY CROSS MEDICAL PROPERTIES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283	BUILDING MANAGEMENT SERVICES	FL	501(C)(2)	N/A	HOLY CROSS HOSPITAL INC	Yes	
HOLY CROSS OUTPATIENT SERVICES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTHCARE SERVICES	FL	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL INC	Yes	
HOLY CROSS PRIMARY CARE INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTHCARE SERVICES	FL	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL INC	Yes	
HOME & COMMUNITY HEALTH SERVICES INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 9	TRINITY HEALTH - NEW ENGLAND INC	Yes	
HOME AIDE SERVICE OF EASTERN NEW YORK INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 9	MERCY HEALTH SERVICES-IOWA CORP	Yes	
HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 11A, I	N/A		No
HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH- MICHIGAN	Yes	
JOHNSON HEALTH CARE INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0709903	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 9	TRINITY HEALTH - NEW ENGLAND INC	Yes	
JOHNSON MEMORIAL HOSPITAL INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 47-5676956	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
JOHNSON MEMORIAL MEDICAL CENTER INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0696923	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND INC	Yes	
LANGHORNE MRI INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LANGHORNE PHYSICIAN SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LIFE AT LOURDES INC 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LIFE AT ST FRANCIS HEALTHCARE INC 7TH CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
LIFE ST FRANCIS CORPORATION 1435 LIBERTY STREET HAMILTON, NJ 08629 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 9	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
LIFE ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	ST JOSEPH OF THE PINES INC	Yes	
LIFE ST MARY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LOURDES ANCILLARY SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SERVICE AUXILIARY	NJ	501(C)(3)	LINE 11B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	

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						Yes	No
LOURDES CARDIOLOGY SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTHCARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY 218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LOYOLA MEDICINE TRANSPORT LLC 905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORATION SERVICES	IL	501(C)(3)	LINE 9	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
LTC (EDDY) INC 2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
MARIAN COMMUNITY HOSPITAL 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 24-0711230	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	Yes	
MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MARYCREST HEIGHTS PO BOX 9184 FARMINGTON HILLS, MI 48333 27-0291722	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
MAXIS HEALTH SYSTEM 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
MCAULEY CENTER INC 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC	Yes	
MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
MCAULEY MINISTRIES 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 11B, II	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
MERCY AMICARE HOME HEALTHCARE OAKLAND 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY AMICARE HOME HEALTHCARE PORT HURON 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320701	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	Yes	
MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	Yes	
MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	

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						Yes	No
MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOSPICE & HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HEALTH NETWORK INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 11B, II	N/A		No
MERCY HEALTH PARTNERS 1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH- MICHIGAN	Yes	
MERCY HEALTH PLAN ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTHCARE CENTER 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTHCARE AND HOSPITAL SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
MERCY HEALTHCARE FOUNDATION-CLINTON 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	Yes	
MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
MERCY HOSPITAL CADILLAC FOUNDATION 1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI 48060 38-1630480	VOLUNTEER SERVICE AUXILIARY	MI	501(C)(3)	LINE 9	TRINITY HEALTH- MICHIGAN	Yes	
MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	HEALTHCARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
MERCY HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791034	HEALTHCARE SERVICES (INACTIVE)	FL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
MERCY LIFE OF ALABAMA PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
MERCY LIFE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS INC	Yes	

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

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						Yes	No
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CORPORATION PO BOX 7957 MOBILE, AL 36670 63-6002215	HOSPICE & HOME HEALTH SERVICES	AL	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
MERCY MEDICAL GROUP C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
MERCY PHYSICIAN NETWORK ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY SENIOR CARE INC 424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY SERVICES DOWNTOWN INC 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
MERCY SPECIALIST PHYSICIANS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY UIHLEIN HEALTH CORPORATION 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, NY 19073 16-1535133	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MISSION HEALTH CORPORATION 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 11A, I	N/A		No
MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 11A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HOME CARE LLC 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081 26-2729300	HOME HEALTH SERVICES	OH	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	

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						Yes	No
MOUNT SINAI HOSPITAL FOUNDATION INC 500 BLUE HILLS AVENUE HARTFORD, CT 06112 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 11C, III-FI	N/A		No
MOUNT SINAI REHABILITATION HOSPITAL INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
MRI MOBILE SERVICES OF WEST MICHIGAN 1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 9	TRINITY HEALTH- MICHIGAN	Yes	
MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 11A, I	NAZARETH HOSPITAL	Yes	
NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
NAZARETH PHYSICIAN SERVICES INC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
NE PHYSICIAN SERVICES INC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
NORTHEAST HEALTH INC 2212 BURDETT AVE TROY, NY 12180 04-2450756	HEALTHCARE SYSTEM SUPPORT	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
OAKLAND MERCY HOSPITAL FOUNDATION 601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 11C, III-FI	N/A		No
ONE THOUSAND CORPORATION 1000 ASYLUM AVENUE HARTFORD, CT 06105 06-0922325	BUILDING MANAGEMENT SERVICES	CT	501(C)(2)	N/A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
OSUMOUNT CARMEL HEALTH ALLIANCE 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTHCARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 11A, I	N/A		No
OUR LADY OF LOURDES HEALTH CARE SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM	Yes	
OUR LADY OF LOURDES HEALTH FOUNDATION INC 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
PIONEER VALLEY CARDIOLOGY ASSOCIATES INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	
PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI 48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	

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						Yes	No
PROBILITY THERAPY SERVICES 2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTHCARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
SAINT AGNES MEDICAL FOUNDATION (FKA PROFESSIONAL OFFICE CORPORATION) 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	Yes	
SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	BUILDING MANAGEMENT SERVICES	ID	501(C)(3)	LINE 9	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTHCARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS FOUNDATION-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
SAINT ALPHONSUS FOUNDATION-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTHCARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	HEALTHCARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTHCARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTHCARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT FRANCIS EMERGENCY MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 11B, II	SAINT FRANCIS MEDICAL GROUP INC	Yes	
SAINT FRANCIS FOUNDATION INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 11B, II	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT FRANCIS MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH - NEW ENGLAND INC	Yes	
SAINT JAMES CARE INC 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	Yes	

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						Yes	No
SAINT JOSEPH PACE INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 7	TRINITY HEALTH PACE	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTHCARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTHCARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY INC 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 11B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SAINT JOSEPH'S HEALTH SYSTEM INC 424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	Yes	
SAINT JOSEPH'S MERCY CARE SERVICES INC 424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTHCARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
SAINT MARY'S FOUNDATION 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH- MICHIGAN	Yes	
SAINT MICHAEL'S MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
SAMARITAN CHILD CARE CENTER INC 2213 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE	NY	501(C)(3)	LINE 9	ST PETER'S HEALTH PARTNERS	Yes	
SAMARITAN HOSPITAL 2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE 1 ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH FOUNDATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH SYSTEM INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SISTERS OF PROVIDENCE CARE CENTERS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Yes	

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						Yes	No
SISTERS OF PROVIDENCE HEALTH SYSTEM INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398374	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	MA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SJ MANAGEMENT COMPANY OF SYRACUSE INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11C, III-FI	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
SJHSJOC HOLDINGS INC 424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTHCARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ST AGNES CONTINUING CARE CENTER ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
ST AGNES CONTINUING CARE CENTER FOUNDATION ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 11A, I	ST AGNES CONTINUING CARE CENTER	Yes	
ST FRANCIS FOUNDATION PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 11A, I	ST FRANCIS HOSPITAL	Yes	
ST FRANCIS HOSPITAL INC PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST FRANCIS MEDICAL CENTER FOUNDATION INC 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
ST JAMES MERCY HEALTH SYSTEM INC 411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
ST JAMES MERCY HOSPITAL 411 CANISTEO STREET HORNELL, NY 14843 16-0743310	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JAMES MERCY HEALTH SYSTEM INC	Yes	
ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
ST JOSEPH'S COLLEGE OF NURSING AT ST JOSEPH'S HOSPITAL HEALTH CENTER 206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
ST JOSEPH'S HEALTH CENTER PROPERTIES INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 11B, II	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S HEALTH INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
ST JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S MEDICAL PC 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
ST JOSEPH'S PHYSICIAN HEALTH PC 301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	

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						Yes	No
ST MARY BUILDING AND DEVELOPMENT COMPANY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
ST MARY EMERGENCY MEDICAL SERVICES 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
ST MARY HOME INCORPORATED 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST MARY MEDICAL CENTER FOUNDATION INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
ST MARY'S FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 11A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S HEALTH CARE SYSTEM INC 1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST MARY'S HIGHLAND HILLS INC 1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S MEDICAL GROUP INC 1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTHCARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S SACRED HEART HOSPITAL INC 367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MICHAEL'S FOUNDATION INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976	FOUNDATION	NJ	501(C)(3)	LINE 11A, I	SAINT MICHAEL'S MEDICAL CENTER	Yes	
ST PETER'S HEALTH CARE SERVICES 315 SOUTH MANNING BLVD ALBANY, NY 12208 22-2702507	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 9	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
ST PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES PC 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HOSPITAL FOUNDATION INC 319 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION INC 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 11A, I	SUNNYVIEW HOSPITAL & REHABILITATION CENTER	Yes	
THE COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 707 EAST CEDAR STREET SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
THE JAMES A EDDY MEMORIAL GERIATRIC CENTER INC 2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
THE MARJORIE DOYLE ROCKWELL CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
THE NORTHEAST HEALTH FOUNDATION INC 2224 BURDETT AVE TROY, NY 12180 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 11A, I	N/A		No
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES 309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11D, III-O	N/A		No
TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
TRINITY CONTINUING CARE SERVICES - INDIANA INC PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH - NEW ENGLAND INC (FKA SAINT FRANCIS CARE INC) 114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH MINISTRIES		No
TRINITY HEALTH LIFE PENNSYLVANIA INC 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 9	TRINITY HEALTH PACE	Yes	
TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
UIHLEIN MERCY CENTER 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 15-0532190	HEALTHCARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
UNIVERSITY HEIGHTS PROPERTY COMPANY INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	TITLE HOLDING COMPANY	NJ	501(C)(2)	N/A	SAINT MICHAEL'S MEDICAL CENTER	Yes	
VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

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

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

[illegible]

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

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES (1) CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
(1) CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C				Yes	
(2) CATHERINE HORAN BUILDING CORP 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
(3) CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES (4) INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
(5) FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
(6) FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
(7) FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
(8) FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(9) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
(10) HEF INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401	OFFICE STAFFING	MI	N/A	C				Yes	
(11) HACKLEY HEALTH MANAGEMENT INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
(12) HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY HEALTHCARE EQUIPMENT (13) CORP 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
(14) HACKLEY PROFESSIONAL CENTER INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3024797	REAL ESTATE RENTAL	MI	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	
HEALTH CARE MANAGEMENT (1) ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTHCARE MANAGEMENT	NY	N/A	C				Yes	
(2) HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C				Yes	
(3) HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD 20904 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
(4) HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
(5) HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR YPSILANTI, MI 48197 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
(6) IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
(7) LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
(8) LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
(9) LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C				Yes	
(10) LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
(11) LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
(12) MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C				Yes	
(13) MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
(14) MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MERCY INPATIENT MEDICAL (31) ASSOCIATES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
(1) MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
(2) MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
(3) MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
(4) NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
PHYSICIANS MEDICAL OFFICE (5) BUILDING CONDOMINIUM TRUST 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-6608649	PROPERTY MANAGEMENT	MA	N/A	C				Yes	
(6) PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	SAINT AGNES MEDICAL CENTER	C	-87,115		36 000 %	Yes	
(7) PROVIDENCE HOME CARE INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
(8) SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
(9) SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
(10) SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	
(11) SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE (12) BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
(13) SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
SJPE PRACTICE MANAGEMENT (14) SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(46) SJRMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
ST ELIZABETH HEALTH SUPPORT (1) SERVICES INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
ST MARY'S HIGHLAND HILLS (2) VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	
(3) SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
(4) THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
(5) TRINITY ASSURANCE LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C				Yes	
(6) TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	TRINITY HEALTH CORPORATION	C	-5,032,432	11,797,400	100 000 %	Yes	
TRINITY HEALTH EMPLOYEE (7) BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	TRINITY HEALTH CORPORATION	T			100 000 %	Yes	
TRINITY SENIOR SERVICES (8) MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
WEST SHORE PROFESSIONAL (9) BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
WORKPLACE HEALTH OF GRAND (10) HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	IHA HEALTH SERVICES CORPORATION	M	74,692	PER BOOKS
(1)	IHA HEALTH SERVICES CORPORATION	P	473,255	PER BOOKS
(2)	SAINT AGNES MEDICAL CENTER	A	3,189,250	PER BOOKS
(3)	SAINT AGNES MEDICAL CENTER	B	200,000	PER BOOKS
(4)	SAINT AGNES MEDICAL CENTER	C	9,181,199	PER BOOKS
(5)	SAINT AGNES MEDICAL CENTER	L	38,590,732	PER BOOKS
(6)	SAINT AGNES MEDICAL CENTER	P	3,940,356	PER BOOKS
(7)	SAINT AGNES MEDICAL CENTER	Q	9,282,293	PER BOOKS
(8)	SAINT AGNES MEDICAL CENTER	R	256,355	PER BOOKS
(9)	SAINT AGNES MEDICAL CENTER	S	356,375	PER BOOKS
(10)	SAINT AGNES MEDICAL FOUNDATION	A	95,155	PER BOOKS
(11)	LOYOLA UNIVERSITY MEDICAL CENTER	A	14,265,584	PER BOOKS
(12)	LOYOLA UNIVERSITY MEDICAL CENTER	B	199,867	PER BOOKS
(13)	LOYOLA UNIVERSITY MEDICAL CENTER	C	17,120,331	PER BOOKS
(14)	LOYOLA UNIVERSITY MEDICAL CENTER	L	36,326,392	PER BOOKS
(15)	LOYOLA UNIVERSITY MEDICAL CENTER	M	2,178,555	PER BOOKS
(16)	LOYOLA UNIVERSITY MEDICAL CENTER	P	4,079,360	PER BOOKS
(17)	LOYOLA UNIVERSITY MEDICAL CENTER	Q	51,870,381	PER BOOKS
(18)	LOYOLA UNIVERSITY MEDICAL CENTER	S	1,642,305	PER BOOKS
(19)	LOYOLA UNIVERSITY MEDICAL CENTER	D	60,000,000	PER BOOKS
(20)	GOTTLIEB MEMORIAL HOSPITAL	A	555,692	PER BOOKS
(21)	GOTTLIEB MEMORIAL HOSPITAL	B	91,374	PER BOOKS
(22)	GOTTLIEB MEMORIAL HOSPITAL	L	1,537,380	PER BOOKS
(23)	GOTTLIEB MEMORIAL HOSPITAL	M	200,706	PER BOOKS
(24)	GOTTLIEB MEMORIAL HOSPITAL	P	1,262,422	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	GOTTLIEB MEMORIAL HOSPITAL	Q	5,599,273	PER BOOKS
(1)	GOTTLIEB MEMORIAL HOSPITAL	S	62,095	PER BOOKS
(2)	MERCY MEDICAL CENTER - CLINTON INC	A	581,501	PER BOOKS
(3)	MERCY MEDICAL CENTER - CLINTON INC	C	2,171,701	PER BOOKS
(4)	MERCY MEDICAL CENTER - CLINTON INC	L	9,939,246	PER BOOKS
(5)	MERCY MEDICAL CENTER - CLINTON INC	P	891,852	PER BOOKS
(6)	MERCY MEDICAL CENTER - CLINTON INC	Q	3,880,961	PER BOOKS
(7)	MERCY MEDICAL CENTER - CLINTON INC	R	334,859	PER BOOKS
(8)	MERCY MEDICAL CENTER - CLINTON INC	S	64,977	PER BOOKS
(9)	MERCY HOSPITAL AND MEDICAL CENTER	A	555,149	PER BOOKS
(10)	MERCY HOSPITAL AND MEDICAL CENTER	C	2,154,141	PER BOOKS
(11)	MERCY HOSPITAL AND MEDICAL CENTER	L	14,846,340	PER BOOKS
(12)	MERCY HOSPITAL AND MEDICAL CENTER	Q	14,060,418	PER BOOKS
(13)	MERCY HOSPITAL AND MEDICAL CENTER	S	75,581	PER BOOKS
(14)	MERCY HOSPITAL AND MEDICAL CENTER	D	30,000,000	PER BOOKS
(15)	GLOBAL HEALTH MINISTRY	B	506,000	PER BOOKS
(16)	THRE SERVICES LLC	B	150,000	PER BOOKS
(17)	ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	P	547,883	PER BOOKS
(18)	TRINITY HOME HEALTH SERVICES	A	18,272	PER BOOKS
(19)	TRINITY HOME HEALTH SERVICES	C	3,083,201	PER BOOKS
(20)	TRINITY HOME HEALTH SERVICES	L	5,077,730	PER BOOKS
(21)	TRINITY HOME HEALTH SERVICES	P	1,308,482	PER BOOKS
(22)	TRINITY HOME HEALTH SERVICES	Q	4,904,195	PER BOOKS
(23)	TRINITY HOME HEALTH SERVICES	R	209,169	PER BOOKS
(24)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	A	6,248,685	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	B	326,960	PER BOOKS
(1)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	C	12,896,681	PER BOOKS
(2)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	L	13,047,710	PER BOOKS
(3)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	M	50,640	PER BOOKS
(4)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	P	4,136,140	PER BOOKS
(5)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	Q	6,233,956	PER BOOKS
(6)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	R	374,033	PER BOOKS
(7)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	S	698,247	PER BOOKS
(8)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	A	690,993	PER BOOKS
(9)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	L	2,942,296	PER BOOKS
(10)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	P	354,955	PER BOOKS
(11)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	Q	1,211,141	PER BOOKS
(12)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	R	175,589	PER BOOKS
(13)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	S	109,376	PER BOOKS
(14)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	D	40,000,000	PER BOOKS
(15)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	A	695,933	PER BOOKS
(16)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	B	99,981	PER BOOKS
(17)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	L	1,816,057	PER BOOKS
(18)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	P	251,727	PER BOOKS
(19)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	Q	954,565	PER BOOKS
(20)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	R	141,426	PER BOOKS
(21)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	S	77,769	PER BOOKS
(22)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	A	362,066	PER BOOKS
(23)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	C	58,361	PER BOOKS
(24)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	L	729,174	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	P	60,750	PER BOOKS
(1)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	Q	727,875	PER BOOKS
(2)	SAINT ALPHONSUS HEALTH SYSTEM INC	L	48,972,021	PER BOOKS
(3)	SAINT ALPHONSUS HEALTH SYSTEM INC	Q	9,329,908	PER BOOKS
(4)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	C	9,640,486	PER BOOKS
(5)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	L	31,052,293	PER BOOKS
(6)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	P	3,236,281	PER BOOKS
(7)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Q	8,663,288	PER BOOKS
(8)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	A	9,954,270	PER BOOKS
(9)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	L	65,871	PER BOOKS
(10)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	R	111,122	PER BOOKS
(11)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	S	1,112,312	PER BOOKS
(12)	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	A	202,846	PER BOOKS
(13)	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	R	113,358	PER BOOKS
(14)	TRINITY HEALTH PARTNERS LLC	L	364,511	PER BOOKS
(15)	TRINITY HEALTH PARTNERS LLC	Q	2,254,549	PER BOOKS
(16)	TRINITY HEALTH ACO INC	B	10,500,000	PER BOOKS
(17)	HOLY CROSS HEALTH INC	A	13,777,823	PER BOOKS
(18)	HOLY CROSS HEALTH INC	B	200,000	PER BOOKS
(19)	HOLY CROSS HEALTH INC	C	11,365,035	PER BOOKS
(20)	HOLY CROSS HEALTH INC	L	37,612,346	PER BOOKS
(21)	HOLY CROSS HEALTH INC	P	2,169,335	PER BOOKS
(22)	HOLY CROSS HEALTH INC	Q	13,225,252	PER BOOKS
(23)	HOLY CROSS HEALTH INC	S	1,539,567	PER BOOKS
(24)	MERCY HEALTH PARTNERS	A	4,133,692	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101)	MERCY HEALTH PARTNERS	C	9,656,446	PER BOOKS
(1)	MERCY HEALTH PARTNERS	L	48,701,098	PER BOOKS
(2)	MERCY HEALTH PARTNERS	M	963,213	PER BOOKS
(3)	MERCY HEALTH PARTNERS	P	1,682,416	PER BOOKS
(4)	MERCY HEALTH PARTNERS	Q	11,778,226	PER BOOKS
(5)	MERCY HEALTH PARTNERS	R	182,304	PER BOOKS
(6)	MERCY HEALTH PARTNERS	S	461,913	PER BOOKS
(7)	MOUNT CARMEL HEALTH SYSTEM	A	18,979,712	PER BOOKS
(8)	MOUNT CARMEL HEALTH SYSTEM	B	491,251	PER BOOKS
(9)	MOUNT CARMEL HEALTH SYSTEM	C	30,746,491	PER BOOKS
(10)	MOUNT CARMEL HEALTH SYSTEM	L	101,919,195	PER BOOKS
(11)	MOUNT CARMEL HEALTH SYSTEM	P	5,993,811	PER BOOKS
(12)	MOUNT CARMEL HEALTH SYSTEM	Q	27,617,582	PER BOOKS
(13)	MOUNT CARMEL HEALTH SYSTEM	R	300,609	PER BOOKS
(14)	MOUNT CARMEL HEALTH SYSTEM	S	2,203,368	PER BOOKS
(15)	MOUNT CARMEL HEALTH SYSTEM	D	152,000,000	PER BOOKS
(16)	MOUNT CARMEL HEALTH SYSTEM FOUNDATION	L	195,896	PER BOOKS
(17)	TRINITY HEALTH PACE	A	147,091	PER BOOKS
(18)	TRINITY HEALTH PACE	Q	1,499,206	PER BOOKS
(19)	TRINITY HEALTH PACE	D	22,891,273	PER BOOKS
(20)	TRINITY CONTINUING CARE SERVICES	A	3,927,355	PER BOOKS
(21)	TRINITY CONTINUING CARE SERVICES	B	57,627	PER BOOKS
(22)	TRINITY CONTINUING CARE SERVICES	C	4,406,889	PER BOOKS
(23)	TRINITY CONTINUING CARE SERVICES	L	6,422,604	PER BOOKS
(24)	TRINITY CONTINUING CARE SERVICES	P	577,371	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(126)	TRINITY CONTINUING CARE SERVICES	Q	8,670,365	PER BOOKS
(1)	TRINITY CONTINUING CARE SERVICES	R	170,932	PER BOOKS
(2)	TRINITY CONTINUING CARE SERVICES	S	468,924	PER BOOKS
(3)	TRINITY CONTINUING CARE SERVICES	D	30,000,000	PER BOOKS
(4)	MERCY COMMUNITY HEALTH INC	A	897,941	PER BOOKS
(5)	MERCY COMMUNITY HEALTH INC	Q	93,477	PER BOOKS
(6)	MERCY COMMUNITY HEALTH INC	S	100,340	PER BOOKS
(7)	ST JOSEPH OF THE PINES INC	A	1,641,118	PER BOOKS
(8)	ST JOSEPH OF THE PINES INC	Q	516,271	PER BOOKS
(9)	ST JOSEPH OF THE PINES INC	R	71,315	PER BOOKS
(10)	ST JOSEPH OF THE PINES INC	S	183,381	PER BOOKS
(11)	HOLY CROSS HOSPITAL INC	A	3,549,988	PER BOOKS
(12)	HOLY CROSS HOSPITAL INC	B	139,376	PER BOOKS
(13)	HOLY CROSS HOSPITAL INC	C	7,892,275	PER BOOKS
(14)	HOLY CROSS HOSPITAL INC	L	25,535,623	PER BOOKS
(15)	HOLY CROSS HOSPITAL INC	M	278,120	PER BOOKS
(16)	HOLY CROSS HOSPITAL INC	P	933,003	PER BOOKS
(17)	HOLY CROSS HOSPITAL INC	Q	13,654,479	PER BOOKS
(18)	HOLY CROSS HOSPITAL INC	R	308,707	PER BOOKS
(19)	HOLY CROSS HOSPITAL INC	S	428,294	PER BOOKS
(20)	HOLY CROSS HOSPITAL INC	D	35,000,000	PER BOOKS
(21)	ST MARY'S HEALTH CARE SYSTEM INC	A	2,156,463	PER BOOKS
(22)	ST MARY'S HEALTH CARE SYSTEM INC	C	2,028,168	PER BOOKS
(23)	ST MARY'S HEALTH CARE SYSTEM INC	L	8,840,710	PER BOOKS
(24)	ST MARY'S HEALTH CARE SYSTEM INC	P	288,739	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(151)	ST MARY'S HEALTH CARE SYSTEM INC	Q	4,153,918	PER BOOKS
(1)	ST MARY'S HEALTH CARE SYSTEM INC	R	83,305	PER BOOKS
(2)	ST MARY'S HEALTH CARE SYSTEM INC	S	240,973	PER BOOKS
(3)	ST MARY'S SACRED HEART HOSPITAL INC	Q	324,754	PER BOOKS
(4)	SAINT JOSEPH'S HEALTH SYSTEM INC	C	134,074	PER BOOKS
(5)	SAINT JOSEPH'S HEALTH SYSTEM INC	L	263,552	PER BOOKS
(6)	SAINT JOSEPH'S HEALTH SYSTEM INC	Q	865,820	PER BOOKS
(7)	MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	B	5,189,352	PER BOOKS
(8)	MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	P	157,968	PER BOOKS
(9)	MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	Q	545,460	PER BOOKS
(10)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	A	4,576,919	PER BOOKS
(11)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	C	13,009,153	PER BOOKS
(12)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	L	35,906,329	PER BOOKS
(13)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	M	59,941	PER BOOKS
(14)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	P	2,477,726	PER BOOKS
(15)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Q	23,840,890	PER BOOKS
(16)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	R	296,378	PER BOOKS
(17)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	S	489,148	PER BOOKS
(18)	ST MARY MEDICAL CENTER	A	4,158,264	PER BOOKS
(19)	ST MARY MEDICAL CENTER	C	2,772,666	PER BOOKS
(20)	ST MARY MEDICAL CENTER	L	26,332,193	PER BOOKS
(21)	ST MARY MEDICAL CENTER	P	1,572,924	PER BOOKS
(22)	ST MARY MEDICAL CENTER	Q	14,233,675	PER BOOKS
(23)	ST MARY MEDICAL CENTER	R	403,037	PER BOOKS
(24)	ST MARY MEDICAL CENTER	S	464,652	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(176)	OUR LADY OF LOURDES HEALTH CARE SERVICES	C	5,208,831	PER BOOKS
(1)	OUR LADY OF LOURDES HEALTH CARE SERVICES	L	24,831,587	PER BOOKS
(2)	OUR LADY OF LOURDES HEALTH CARE SERVICES	P	1,077,542	PER BOOKS
(3)	OUR LADY OF LOURDES HEALTH CARE SERVICES	Q	12,427,231	PER BOOKS
(4)	OUR LADY OF LOURDES HEALTH CARE SERVICES	R	350,781	PER BOOKS
(5)	LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	A	6,440,544	PER BOOKS
(6)	LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	B	153,949	PER BOOKS
(7)	LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	S	728,763	PER BOOKS
(8)	LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	D	15,000,000	PER BOOKS
(9)	PITTSBURGH MERCY HEALTH SYSTEM	C	1,244,715	PER BOOKS
(10)	PITTSBURGH MERCY HEALTH SYSTEM	L	452,903	PER BOOKS
(11)	PITTSBURGH MERCY HEALTH SYSTEM	Q	4,274,766	PER BOOKS
(12)	ST FRANCIS HOSPITAL INC	A	3,608,425	PER BOOKS
(13)	ST FRANCIS HOSPITAL INC	C	1,388,563	PER BOOKS
(14)	ST FRANCIS HOSPITAL INC	L	8,388,146	PER BOOKS
(15)	ST FRANCIS HOSPITAL INC	P	706,828	PER BOOKS
(16)	ST FRANCIS HOSPITAL INC	Q	4,872,783	PER BOOKS
(17)	ST FRANCIS HOSPITAL INC	R	85,324	PER BOOKS
(18)	ST FRANCIS HOSPITAL INC	S	408,038	PER BOOKS
(19)	ST FRANCIS HOSPITAL INC	D	6,000,000	PER BOOKS
(20)	ST FRANCIS MEDICAL CENTER TRENTON NJ	A	2,005,175	PER BOOKS
(21)	ST FRANCIS MEDICAL CENTER TRENTON NJ	B	100,000	PER BOOKS
(22)	ST FRANCIS MEDICAL CENTER TRENTON NJ	C	1,714,564	PER BOOKS
(23)	ST FRANCIS MEDICAL CENTER TRENTON NJ	L	7,821,735	PER BOOKS
(24)	ST FRANCIS MEDICAL CENTER TRENTON NJ	P	724,049	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(201)	ST FRANCIS MEDICAL CENTER TRENTON NJ	Q	2,088,269	PER BOOKS
(1)	ST FRANCIS MEDICAL CENTER TRENTON NJ	R	226,361	PER BOOKS
(2)	ST FRANCIS MEDICAL CENTER TRENTON NJ	S	241,161	PER BOOKS
(3)	ST FRANCIS MEDICAL CENTER TRENTON NJ	D	6,000,000	PER BOOKS
(4)	SAINT MICHAEL'S MEDICAL CENTER	P	1,417,972	PER BOOKS
(5)	SAINT MICHAEL'S MEDICAL CENTER	Q	253,516	PER BOOKS
(6)	MARIAN COMMUNITY HOSPITAL	A	205,945	PER BOOKS
(7)	MARIAN COMMUNITY HOSPITAL	C	432,026	PER BOOKS
(8)	MARIAN COMMUNITY HOSPITAL	Q	205,394	PER BOOKS
(9)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	C	4,036,180	PER BOOKS
(10)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	L	16,037,375	PER BOOKS
(11)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	P	878,276	PER BOOKS
(12)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Q	7,950,672	PER BOOKS
(13)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	R	255,000	PER BOOKS
(14)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	D	40,000,000	PER BOOKS
(15)	MERCY HOSPITAL INC	A	2,451,833	PER BOOKS
(16)	MERCY HOSPITAL INC	B	455,430	PER BOOKS
(17)	MERCY HOSPITAL INC	P	295,771	PER BOOKS
(18)	MERCY HOSPITAL INC	Q	152,472	PER BOOKS
(19)	MERCY HOSPITAL INC	S	304,035	PER BOOKS
(20)	ST PETER'S HEALTH PARTNERS	B	2,133,141	PER BOOKS
(21)	ST PETER'S HEALTH PARTNERS	L	59,334,032	PER BOOKS
(22)	ST PETER'S HEALTH PARTNERS	M	1,269,918	PER BOOKS
(23)	ST PETER'S HEALTH PARTNERS	P	807,614	PER BOOKS
(24)	ST PETER'S HEALTH PARTNERS	Q	28,684,408	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(226)	ST PETER'S HEALTH PARTNERS	R	241,460	PER BOOKS
(1)	ST PETER'S HOSPITAL	A	9,508,616	PER BOOKS
(2)	ST PETER'S HOSPITAL	C	6,439,960	PER BOOKS
(3)	ST PETER'S HOSPITAL	P	6,440,478	PER BOOKS
(4)	ST PETER'S HOSPITAL	S	250,946	PER BOOKS
(5)	ST PETER'S HOSPITAL	D	21,382,000	PER BOOKS
(6)	MERCY MEDICAL CORPORATION	A	229,158	PER BOOKS
(7)	MERCY MEDICAL CORPORATION	C	168,254	PER BOOKS
(8)	MERCY MEDICAL CORPORATION	L	427,671	PER BOOKS
(9)	MERCY MEDICAL CORPORATION	Q	302,720	PER BOOKS
(10)	JOHNSON MEMORIAL HOSPITAL INC	Q	344,122	PER BOOKS
(11)	TRINITY HEALTH - NEW ENGLAND INC	A	5,967,577	PER BOOKS
(12)	TRINITY HEALTH - NEW ENGLAND INC	P	161,683	PER BOOKS
(13)	TRINITY HEALTH - NEW ENGLAND INC	S	751,552	PER BOOKS
(14)	TRINITY HEALTH - NEW ENGLAND INC	D	266,000,000	PER BOOKS
(15)	TRINITY ASSURANCE LTD	C	759,868	PER BOOKS
(16)	TRINITY ASSURANCE LTD	L	835,148	PER BOOKS
(17)	TRINITY ASSURANCE LTD	P	75,334,405	PER BOOKS
(18)	FRANCES WARDE MEDICAL LABORATORY	C	96,907	PER BOOKS
(19)	TRINITY HEALTH - MICHIGAN	A	27,595,899	PER BOOKS
(20)	TRINITY HEALTH - MICHIGAN	B	462,282	PER BOOKS
(21)	TRINITY HEALTH - MICHIGAN	C	44,925,067	PER BOOKS
(22)	TRINITY HEALTH - MICHIGAN	L	197,052,992	PER BOOKS
(23)	TRINITY HEALTH - MICHIGAN	M	673,295	PER BOOKS
(24)	TRINITY HEALTH - MICHIGAN	P	14,141,920	PER BOOKS

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(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(251)	TRINITY HEALTH - MICHIGAN	Q	54,557,618	PER BOOKS
(1)	TRINITY HEALTH - MICHIGAN	R	913,099	PER BOOKS
(2)	TRINITY HEALTH - MICHIGAN	S	3,076,531	PER BOOKS
(3)	MERCY HEALTH SERVICES - IOWA CORP	A	6,267,415	PER BOOKS
(4)	MERCY HEALTH SERVICES - IOWA CORP	C	20,018,591	PER BOOKS
(5)	MERCY HEALTH SERVICES - IOWA CORP	L	70,241,585	PER BOOKS
(6)	MERCY HEALTH SERVICES - IOWA CORP	P	6,251,171	PER BOOKS
(7)	MERCY HEALTH SERVICES - IOWA CORP	Q	19,052,819	PER BOOKS
(8)	MERCY HEALTH SERVICES - IOWA CORP	R	292,286	PER BOOKS
(9)	MERCY HEALTH SERVICES - IOWA CORP	S	700,328	PER BOOKS
(10)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	B	43,367,617	PER BOOKS
(11)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	L	52,237	PER BOOKS
(12)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Q	10,768,432	PER BOOKS
(13)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	R	70,945,448	PER BOOKS
(14)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	S	880,561	PER BOOKS
(15)	ST JOSEPH'S HOSPITAL HEALTH CENTER	A	3,462,185	PER BOOKS
(16)	ST JOSEPH'S HOSPITAL HEALTH CENTER	B	406,801	PER BOOKS
(17)	ST JOSEPH'S HOSPITAL HEALTH CENTER	L	7,145,636	PER BOOKS
(18)	ST JOSEPH'S HOSPITAL HEALTH CENTER	M	320,312	PER BOOKS
(19)	ST JOSEPH'S HOSPITAL HEALTH CENTER	Q	6,603,488	PER BOOKS
(20)	ST JOSEPH'S HOSPITAL HEALTH CENTER	R	105,196,801	PER BOOKS
(21)	ST JOSEPH'S HOSPITAL HEALTH CENTER	S	539,526	PER BOOKS
(22)	ST JOSEPH'S HOSPITAL HEALTH CENTER	D	295,098,399	PER BOOKS
(23)	SJ MANAGEMENT COMPANY OF SYRACUSE INC	S	42,474,444	PER BOOKS
(24)	ST ELIZABETH HEALTH SUPPORT SERVICES INC	R	343,108	PER BOOKS

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(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(276)	FRANCISCAN HEALTH SUPPORT INC	R	1,031,274	PER BOOKS
(1)	SJPE PRACTICE MANAGEMENT SERVICES INC	S	638,323	PER BOOKS
(2)	ST JOSEPH'S PHYSICIAN HEALTH PC	S	5,560,494	PER BOOKS
(3)	ST JOSEPH'S MEDICAL PC	A	298,922	PER BOOKS
(4)	ST JOSEPH'S MEDICAL PC	C	410,834	PER BOOKS
(5)	ST JOSEPH'S MEDICAL PC	S	21,453,769	PER BOOKS
(6)	ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC	R	10,195,033	PER BOOKS
(7)	ST JOSEPH'S HEALTH CENTER PROPERTIES INC	A	336,999	PER BOOKS
(8)	ST JOSEPH'S HEALTH CENTER PROPERTIES INC	C	128,512	PER BOOKS
(9)	ST JOSEPH'S HEALTH CENTER PROPERTIES INC	R	31,135,079	PER BOOKS
(10)	ST JOSEPH'S HEALTH CENTER PROPERTIES INC	S	63,830	PER BOOKS
(11)	ST JOSEPH'S HEALTH CENTER PROPERTIES INC	D	43,550,283	PER BOOKS
(12)	FRANCISCAN ASSOCIATES INC	R	2,387,239	PER BOOKS
(13)	FHS SERVICES INC	R	125,359	PER BOOKS
(14)	FRANCISCAN MANAGEMENT SERVICES INC	R	1,683,540	PER BOOKS
(15)	HEALTH CARE MANAGEMENT ADMINISTRATORS INC	R	67,221	PER BOOKS
(16)	EMBRACING AGE INC	S	567,111	PER BOOKS