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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

D Employer identification number
35-1443425

E Telephone number
(734) 343-1000

G Gross receipts $ 1,762,208,901

F Name and address of principal officer
RICHARD GILFILLAN MD
20555 VICTOR PARKWAY
LIVONIA, MI 481527018

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW 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

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	4,835
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	307,573
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-85,506

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	1,000,000
9	Program service revenue (Part VIII, line 2g)	1,273,394,628	1,484,395,525
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	168,448,233	240,846,365
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,124,543	35,967,011
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,488,967,404	1,762,208,901
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,289,510	7,924,133
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	544,198,414	586,635,718
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,025,259,455	1,139,141,408
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,573,747,379	1,733,701,259
19	Revenue less expenses Subtract line 18 from line 12	-84,779,975	28,507,642

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,807,575,801	9,360,629,660
21	Total liabilities (Part X, line 26)	9,797,551,148	9,511,419,906
22	Net assets or fund balances Subtract line 21 from line 20	-989,975,347	-150,790,246

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

****** 2018-05-10
Signature of officer Date

BENJAMIN CARTER EVP, CFO
Type or print name and title

Paid Preparer Use Only

Print/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

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 $ 1,689,487,611 including grants of $ 7,924,133) (Revenue $ 1,520,050,776)

See Additional Data

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 ▶** 1,689,487,611

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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 . .	**1a**	1,349		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4,835		
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)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			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? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response 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	14		
	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	13		
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 ▶BENJAMIN CARTER 20555 VICTOR PARKWAY LIVONIA, MI 481527018 (734) 343-0817

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								31,256,650	0	2,445,790

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 ▶ 1,121

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORPORATION 10200 ABILITIES WAY KANSAS CITY, KS 66111	SOFTWARE SERVICES	65,216,055
HURON CONSULTING SERVICES LLC 900 WILSHIRE DRIVE TROY, MI 48084	CONSULTING SERVICES	33,977,196
PRESIDIO NETWORKED SOLUTIONS 48325 ALPHA DR WIXOM, MI 48393	SOFTWARE SERVICES	22,016,650
ACCENTURE LLP 3000 TOWN CENTER 2400 SOUTHFIELD, MI 48075	CONSULTING SERVICES	21,329,530
STRATEGIC STAFFING SOLUTIONS 645 GRISWOLD ST DETROIT, MI 48226	TEMPORARY SERVICES	18,592,271

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 ▶ 380

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	1,000,000		
	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 . . . . . ▶		1,000,000		

Program Service Revenue		Business Code				
	2a SUBSIDIARY FEES	551114	1,418,879,441	1,418,879,441		
	b INTERCOMPANY PURCHASED SERVICES	900099	65,516,084	65,516,084		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		1,484,395,525			

Other Revenue					
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	217,816,934		-4,187	217,821,121
	4 Income from investment of tax-exempt bond proceeds ▶	31,468			31,468
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	22,997,963			
	b Less cost or other basis and sales expenses	0			
	c Gain or (loss)	22,997,963			
	d Net gain or (loss) . . . . . ▶	22,997,963			22,997,963
	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 OTHER RELATED REVENUE	900099	35,655,251	35,655,251	
	b SVCS TO UNRELATED ORGS	541519	311,760		311,760
	c _____				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶		35,967,011		
	12 Total revenue. See Instructions . . . . . ▶		1,762,208,901	1,520,050,776	307,573	240,850,552

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,924,133	7,924,133		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,595,774		16,595,774	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,352,329		4,352,329	
7 Other salaries and wages	414,833,903	414,833,903		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,088,867	26,738,631	1,350,236	
9 Other employee benefits	94,906,149	90,343,997	4,562,152	
10 Payroll taxes	27,858,696	26,519,524	1,339,172	
11 Fees for services (non-employees)				
a Management	3,516,244		3,516,244	
b Legal	4,328,611		4,328,611	
c Accounting	7,719,130		7,719,130	
d Lobbying	450,000		450,000	
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)	150,052,522	150,052,522		
12 Advertising and promotion	1,304,842	1,304,842		
13 Office expenses	66,886,143	66,886,143		
14 Information technology	242,405,714	242,405,714		
15 Royalties				
16 Occupancy	29,142,215	29,142,215		
17 Travel	10,341,105	10,341,105		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,166,355	4,166,355		
20 Interest	201,628,987	201,628,987		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	113,362,060	113,362,060		
23 Insurance	181,900,928	181,900,928		
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	116,818,794	116,818,794		
b SUBSCRIPTIONS & DUES	4,617,758	4,617,758		
c UBI TAXES	500,000	500,000		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,733,701,259	1,689,487,611	44,213,648	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 Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	404,344	1	50,288
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	63,298,975	4	63,481,458
	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	5,730,979,204	7	5,702,918,506
	8	Inventories for sale or use		8	13,676,970
	9	Prepaid expenses and deferred charges	104,748,220	9	98,597,362
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,230,456,971			
	b	Less accumulated depreciation — 10b: 664,572,740	501,037,379	10c	565,884,231
	11	Investments—publicly traded securities	1,182,268,273	11	1,532,340,999
	12	Investments—other securities See Part IV, line 11	858,804,086	12	1,029,165,435
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	366,035,320	15	354,514,411
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	8,807,575,801	16	9,360,629,660
Liabilities	17	Accounts payable and accrued expenses	2,405,616,130	17	1,898,199,334
	18	Grants payable		18	
	19	Deferred revenue	383,462	19	150,129
	20	Tax-exempt bond liabilities	5,634,446,903	20	5,834,839,752
	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	8,769,719	23	5,908,645
	24	Unsecured notes and loans payable to unrelated third parties	145,957,808	24	99,860,979
	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	1,602,377,126	25	1,672,461,067
	26	**Total liabilities.** Add lines 17 through 25	9,797,551,148	26	9,511,419,906
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	-989,985,949	27	-150,801,467
	28	Temporarily restricted net assets	10,602	28	11,221
	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	-989,975,347	33	-150,790,246
	34	Total liabilities and net assets/fund balances	8,807,575,801	34	9,360,629,660

Part XI Reconcilliation 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	1,762,208,901
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,733,701,259
3	Revenue less expenses Subtract line 2 from line 1	3	28,507,642
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-989,975,347
5	Net unrealized gains (losses) on investments	5	217,988,363
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	592,689,096
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-150,790,246

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

Form 990 (2016)

Form 990, Part III, Line 4a:

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 HEALTH CARE 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 HEALTH CARE 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 MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS IN FISCAL YEAR 2017, GOALS INCLUDED 1) PARTICIPATING IN LOCAL COALITION AND ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, AND 2) ASSESSING CAPACITY TO IDENTIFY AND SUPPORT INDIVIDUALS THAT ARE HOUSING INSECURE AND ACKNOWLEDGING OTHER BARRIERS INDIVIDUALS HAVE ACCESSING HEALTHCARE AND 3) EXPANDING ACCESS AND DELIVERY OF DIABETES PREVENTION PROGRAM TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL THE AWARDED COMMUNITIES FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED NEEDS AND THAT WILL REDUCE CHILDHOOD OBESITY AND YOUTH TOBACCO USE IN FISCAL YEAR 2017, TRINITY HEALTH INVESTED $2 7 MILLION IN TCI AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND DEVELOPING PROGRAMS AND POLICIES TO SPECIFICALLY SUPPORT VULNERABLE POPULATIONS ANNUALLY, THE ORGANIZATION INVESTS OVER $1 1 BILLION 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 THE SPECIFIC NEEDS OF EACH COMMUNITY FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW TRINITY-HEALTH ORG

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 CHIEF EXECUTIVE OFFICER	54 00 1 00	X		X				2,458,370	0	46,513
JAMES BENTLEY PHD DIRECTOR, CHAIR AS OF 1/17	8 00 1 00	X		X				45,000	0	0
MELANIE DREHER PHD RN DIRECTOR, CHAIR THROUGH 12/16	8 00 1 00	X		X				57,500	0	0
MARY CATHERINE KARL CPA DIRECTOR, VICE CHAIR AS OF 1/17	8 00 1 00	X		X				30,000	0	0
BARBARA WHEELEY RSM PHD VICE CHAIR THR 12/16, DIR THR 4/17	8 00 1 00	X		X				0	0	0
KEVIN BARNETT DRPH DIRECTOR	4 00 1 00	X						30,000	0	0
JOSEPH BETANCOURT MD DIRECTOR	4 00 1 00	X						30,000	0	0
SUZANNE BRENNAN CSC DIRECTOR THROUGH 12/16	4 00 1 00	X						0	0	0
MARY FANNING RSM DIRECTOR AS OF 3/17	4 00 1 00	X						0	0	0
VIRGINIA MCFERRAN DIRECTOR THROUGH 9/16	4 00 1 00	X						21,250	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			
GEORGE PHILIP JD DIRECTOR	4 00 1 00	X						45,000	0	0
KATHLEEN POPKO SP PHD DIRECTOR	4 00 1 00	X						0	0	0
DAVID SOUTHWELL DIRECTOR	4 00 1 00	X						45,000	0	0
STANLEY URBAN DIRECTOR	4 00 1 00	X						30,000	0	0
ROBERTA WAITE EDD DIRECTOR	4 00 1 00	X						45,000	0	0
LARRY WARREN DIRECTOR	4 00 1 00	X						45,000	0	0
LINDA WERTHMAN RSM PHD DIRECTOR	4 00 1 00	X						0	0	0
PAUL NEUMANN SECRETARY, EVP, CHIEF LEGAL OFFICER	54 00 1 00			X				1,070,455	0	43,694
MICHAEL HEMSLEY ASSISTANT SECRETARY, DEP GEN CSL	45 00 5 00			X				821,075	0	55,395
JOSHUA MOORE ASSISTANT SECRETARY, ASSOC COUNSEL	44 00 1 00			X				190,019	0	32,169

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			
BENJAMIN CARTER TREASURER, EVP, CFO	50 00 5 00			X				1,306,307	0	48,877
CYNTHIA CLEMENCE ASST TREAS, SVP, OPERATIONS CFO	50 00 5 00			X				621,891	0	46,541
RICHARD O'CONNELL EVP, EAST GROUP THROUGH 11/16	50 00 5 00				X			1,545,409	0	47,362
SALLY JEFFCOAT EVP, WEST/MIDWEST GROUP	50 00 5 00				X			1,396,522	0	41,561
MARK FROIMSON MD EVP, CHIEF CLINICAL OFFICER THR 4/17	55 00 0 00				X			1,102,409	0	232,355
CLAYTON FITZHUGH EVP, CHIEF HR OFFICER THROUGH 7/16	50 00 5 00				X			1,005,114	0	32,084
SCOTT NORDLUND EVP, GROWTH & STRATEGY THR 12/16	53 00 2 00				X			982,149	0	38,806
BARBARA WALTERS DO EVP, CHIEF POPULATION HEALTH OFFICER	55 00 0 00				X			847,769	0	168,115
JOHN CAPASSO EVP, CONTINUING CARE	50 00 5 00				X			839,429	0	57,479
LOUIS FIERENS II SVP, SUPPLY CHAIN & FIXED ASSET MGMT	45 00 5 00				X			669,522	0	41,706

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 ROTH MD INT CHIEF CLINICAL OFFCR AS OF 4/17	55 00 0 00				X			539,773	0	127,214
LARRY GOLDBERG PRES & CEO, LOYOLA UNIV HLTH SYS	0 00 55 00					X		1,265,728	0	31,887
ROGER SPOELMAN PRES & CEO, WEST MICHIGAN REGIONAL	0 00 55 00					X		1,060,999	0	42,408
JAMES REED CEO, ST PETER'S HEALTH PARTNERS	0 00 55 00					X		999,674	0	60,078
ROBERT CASALOU CEO, SOUTHEAST MICHIGAN REGIONAL	0 00 55 00					X		976,428	0	43,315
CLAUS VON ZYCHLIN CEO MCHS THR 2/16, CONSLT THR 9/16	0 00 55 00					X		966,101	0	787,668
JUDITH PERSICHILLI FORMER OFFICER	0 00 0 00						X	2,115,151	0	0
JENNIFER BARNETT FORMER OFFICER	0 00 0 00						X	392,595	0	17,120
DANIEL HALE FORMER KEY EMPLOYEE	0 00 0 00						X	534,994	0	6,972
PHILIP BOYLE FORMER KEY EMPLOYEE, SVP, MISSION	50 00 0 00						X	487,804	0	36,290

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			
MICHAEL FINEGAN FORMER KEY EMP, SVP OPERATIONAL EXC	48 00 2 00						X	506,181	0	38,170
PETER DEANGELIS JR FORMER KEY EMPLOYEE	0 00 0 00						X	797,439	0	17,158
DONALD BIGNOTTI MD FORMER KEY EMPLOYEE	0 00 0 00						X	498,652	0	21,466
NORA TRIOLA RN FORMER KEY EMPLOYEE, SVP, CNO	49 00 1 00						X	879,832	0	31,338
MARCUS SHIPLEY FORMER KEY EMPLOYEE, SVP, CIO	49 00 1 00						X	874,330	0	39,596
PAUL CONLON FORMER KE, SVP, CLIN QUAL/PAT SFTY	45 00 5 00						X	698,188	0	48,417
PAUL HARKAWAY MD FORMER KE,SVP, CHIEF ACCT CARE OFFCR	50 00 0 00						X	714,582	0	39,250
CYNTHIA FRY FORMER KEY EMP, SVP, CHIEF REV OFFCR	49 00 1 00						X	632,454	0	44,544
MICHAEL HOLPER FORMER KEY EMP,SVP, INTEG/AUDIT SVCS	45 00 5 00						X	598,397	0	46,500
AGNES HAGERTY FORMER OFFICER, DEP GEN CSL THR 6/16	0 00 13 00						X	437,158	0	33,742

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☑ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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 24

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 24					2,981,632	0

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2	Yes	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a	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?	5b	Yes	
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		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))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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 12G (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 12 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 BEE N DETERMINED THAT THOSE HOSPITALS LISTED IN THE OCD ARE PUBLIC CHARITIES AS DESCRIBED IN S ECTION 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	ST JAMES MERCY HOSPITAL, EIN 16-0743310, WAS REMOVED AS A SUPPORTED ORGANIZATION THE HOSPITAL'S BYLAWS WERE AMENDED AND RESTATED EFFECTIVE MAY 1, 2015 TO REMOVE TRINITY HEALTH CORPORATION'S WHOLLY-OWNED SUBSIDIARY, ST JAMES MERCY HEALTH SYSTEM, AS THE SOLE MEMBER OF THE HOSPITAL

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 12g - 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		
(A) CATHOLIC HEALTH MINISTRIES	000000000	1	Yes		0	0
(A) CATHOLIC HEALTH MINISTRIES	000000000	1	Yes		0	0
(A) TRINITY HEALTH - MICHIGAN	382113393	3		No	208,099	0
(A) TRINITY HEALTH - MICHIGAN	382113393	3		No	208,099	0
(B) HOLY CROSS HEALTH INC	520738041	3		No	450,411	0
(B) HOLY CROSS HEALTH INC	520738041	3		No	450,411	0
(C) MOUNT CARMEL HEALTH SYSTEM	311439334	3		No	23,914	0
(C) MOUNT CARMEL HEALTH SYSTEM	311439334	3		No	23,914	0
(D) HOSP SUBS ST JOSEPH REG MED CTR	351568821	3		No	0	0
(D) HOSP SUBS ST JOSEPH REG MED CTR	351568821	3		No	0	0
(E) HOSP SUBS ST ALPHONSUS HEALTH SYSTEM	271929502	3		No	582,269	0
(E) HOSP SUBS ST ALPHONSUS HEALTH SYSTEM	271929502	3		No	582,269	0
(F) SAINT AGNES MEDICAL CENTER	941437713	3		No	31,986	0
(F) SAINT AGNES MEDICAL CENTER	941437713	3		No	31,986	0
(G) MERCY HEALTH SERVICES - IOWA CORP	311373080	3		No	13,624	0
(G) MERCY HEALTH SERVICES - IOWA CORP	311373080	3		No	13,624	0
(H) MERCY HEALTH PARTNERS	382589966	3		No	0	0
(H) MERCY HEALTH PARTNERS	382589966	3		No	0	0
(I) HOSP SUBS MERCY HLTH SYS OF CHICAGO	363163327	3		No	64,000	0
(I) HOSP SUBS MERCY HLTH SYS OF CHICAGO	363163327	3		No	64,000	0
(J) HOSP SUBS LOYOLA UNIV HEALTH SYSTEM	363342448	3		No	276,786	0
(J) HOSP SUBS LOYOLA UNIV HEALTH SYSTEM	363342448	3		No	276,786	0
(K) MERCY MEDICAL CENTER - CLINTON	421336618	3		No	0	0
(K) MERCY MEDICAL CENTER - CLINTON	421336618	3		No	0	0
(L) HOSP SUBS OF ST MARY'S ATHENS	580566223	3		No	0	0
(L) HOSP SUBS OF ST MARY'S ATHENS	580566223	3		No	0	0
(M) HOSP SUBS OF OUR LADY OF LOURDES HEALTH CARE SERVICES	222568528	3		No	35,188	0
(M) HOSP SUBS OF OUR LADY OF LOURDES HEALTH CARE SERVICES	222568528	3		No	35,188	0
(N) HOLY CROSS HOSPITAL	590791028	3		No	200,981	0
(N) HOLY CROSS HOSPITAL	590791028	3		No	200,981	0

Form 990, Sch A, Part I, Line 12g - 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		
(P) ST MARY MEDICAL CENTER	231913910	3		No	23,786	0
(P) ST MARY MEDICAL CENTER	231913910	3		No	23,786	0
(A) HOSP SUBS OF MERCY HLTH SYS OF SE PA	232212638	3		No	0	0
(A) HOSP SUBS OF MERCY HLTH SYS OF SE PA	232212638	3		No	0	0
(B) HOSP SUBS OF SISTERS OF PROVIDENCE	043398374	3		No	450,868	0
(B) HOSP SUBS OF SISTERS OF PROVIDENCE	043398374	3		No	450,868	0
(C) HOSP SUBS OF ST PETER'S HEALTH PTRS	453570715	3		No	0	0
(C) HOSP SUBS OF ST PETER'S HEALTH PTRS	453570715	3		No	0	0
(D) ST FRANCIS MEDICAL CENTER TRENTON NJ	223431049	3		No	194,684	0
(D) ST FRANCIS MEDICAL CENTER TRENTON NJ	223431049	3		No	194,684	0
(E) SAINT MICHAEL'S MEDICAL CENTER	262616046	3		No	0	0
(E) SAINT MICHAEL'S MEDICAL CENTER	262616046	3		No	0	0
(F) ST FRANCIS HOSPITAL	510064326	3		No	0	0
(F) ST FRANCIS HOSPITAL	510064326	3		No	0	0
(G) HOSP SUBS TRINITY HLTH OF NEW ENGLAND	061491191	3		No	102,924	0
(G) HOSP SUBS TRINITY HLTH OF NEW ENGLAND	061491191	3		No	102,924	0
(H) ST JOSEPH'S HOSP HEALTH CENTER	150532254	3		No	322,112	0
(H) ST JOSEPH'S HOSP HEALTH CENTER	150532254	3		No	322,112	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

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	Employer identification number
TRINITY HEALTH CORPORATION	35-1443425

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

1 Provide a description of the organization's direct and indirect political campaign activities 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		450,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		950,000
j	Total Add lines 1c through 1i			1,400,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

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 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 OUR 2017 FEDERAL AND STATE ADVOCACY GOALS AND PRIORITIES INCLUDE GOAL 1 IMPROVE THE HEALTH OF INDIVIDUALS AND COMMUNITIES - COVERAGE AND ACCESS TO MENTAL AND PHYSICAL HEALTH SERVICES - INSURANCE PROTECTIONS - MEDICAID EXPANSION - HIX SUSTAINABILITY - BEHAVIORAL HEALTH INTEGRATION - PALLIATIVE CARE - SUBSTANCE ABUSE / OPIOIDS - TOBACCO - OBESITY / NUTRITION - HEALTH EQUITY - GOAL 2 SUSTAIN CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION - INNOVATIVE DELIVERY AND PAYMENT MODELS - ALTERNATIVE PAYMENT MODELS (SIM / MACRA) - HIT / INTEROPERABILITY - WORKFORCE - MEDICAID INNOVATION - MEANINGFUL & STANDARD MEASURERS - TELEHEALTH - TRANSPARENCY TRINITY HEALTH IS ONE OF THE LARGEST MULTI-INSTITUTIONAL CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE NATION, SERVING DIVERSE COMMUNITIES THAT INCLUDE MORE THAN 30 MILLION PEOPLE ACROSS 22 STATES WE ARE 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 LOBBYING ACTIVITY PERFORMED BY TRINITY HEALTH CORPORATION INCLUDED - PROVIDING 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 HEALTH CARE 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

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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

2016

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ▶ $ _____

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the 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

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

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		19,946,658		19,946,658
b Buildings		53,313,547	34,033,441	19,280,106
c Leasehold improvements				
d Equipment		990,648,668	630,539,299	360,109,369
e Other		166,548,098		166,548,098
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				565,884,231

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	457,550,248	F
(B) INTEREST RATE SWAP AGREEMENTS	5,124,404	F
(C) EQUITY METHOD INVESTMENTS	348,609,713	C
(D) HEDGE FUNDS	217,881,070	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,029,165,435	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
INTERCOMPANY ACCOUNTS PAYABLE	22,416,372
INTERCOMPANY OTHER LONG TERM LIABILITIES	560,992,906
DEFERRED COMPENSATION LIABILITY	51,733,729
SECURITY LENDING OBLIGATION	332,971,712
ASSET RETIREMENT OBLIGATION (FIN 47)	1,151,491
OTHER LONG TERM LIABILITIES	264,800,825
OTHER CURRENT LIABILITIES	88,394,032
LONG TERM TAXABLE FIXED RATE BONDS	350,000,000
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,672,461,067

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
INTERCOMPANY ACCOUNTS PAYABLE	22,416,372
INTERCOMPANY OTHER LONG TERM LIABILITIES	560,992,906
DEFERRED COMPENSATION LIABILITY	51,733,729
SECURITY LENDING OBLIGATION	332,971,712
ASSET RETIREMENT OBLIGATION (FIN 47)	1,151,491
OTHER LONG TERM LIABILITIES	264,800,825
OTHER CURRENT LIABILITIES	88,394,032
LONG TERM TAXABLE FIXED RATE BONDS	350,000,000

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,609,801,806
b Total from continuation sheets to Part I	0	0			4,319,936
c **Totals** (add lines 3a and 3b)	0	0			1,614,121,742

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)
(1)									
(2)									
(3)									
(4)									

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 separately 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)*	☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

Part V **Supplemental Information**

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	64,399,450
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		1,038,675,311
EAST ASIA AND THE PACIFIC			INVESTMENTS		79,345,202

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		258,564,006
NORTH AMERICA			INVESTMENTS		142,362,171
SOUTH AMERICA			INVESTMENTS		13,467,125

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		9,247,673
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		3,740,868
RUSSIA AND THE NEWLY INDEPENDENT STATES			INVESTMENTS		1,486,888

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		2,833,048

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 37

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

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 HEALTH CARE, 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
ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	23-1913910	501(C)(3)	23,786				COMMUNITY WELFARE - CALL TO CARE GRANT
MERCY HOSPITAL INC 1221 MAIN STREET NO 213 HOLYOKE, MA 01040	04-3398280	501(C)(3)	450,868				COMMUNITY WELFARE - CALL TO CARE AND TRANSFORMING COMMUNITIES INITIATIVE 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)	194,684				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVENUE FRESNO, CA 93720	94-1437713	501(C)(3)	31,986				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
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	36-4015560	501(C)(3)	276,786				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE AND INNOVATION GRANTS
MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	36-2170152	501(C)(3)	64,000				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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105	06-0646813	501(C)(3)	102,924				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152	38-2113393	501(C)(3)	3,708,099				SUPPORT FOR MERCY PRIMARY CARE AND 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
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 N CURTIS ROAD BOISE, ID 83706	82-0200895	501(C)(3)	582,269				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE, INNOVATION AND SAFETY GRANTS
HOLY CROSS HEALTH INC 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	52-0738041	501(C)(3)	450,411				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 JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION 301 PROSPECT AVE SYRACUSE, NY 13203	22-2149775	501(C)(3)	322,112				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333	38-2559656	501(C)(3)	101,769				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
HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308	59-0791028	501(C)(3)	200,981				COMMUNITY WELFARE - INNOVATION AND SAFETY GRANTS
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY 218 SUNSET RD WILLINGBORO, NJ 08046	22-3612265	501(C)(3)	35,188				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
SAINT JOSEPH'S HEALTH SYSTEM INC 424 DECATUR STREET ATLANTA, GA 30312	58-1744848	501(C)(3)	50,000				COMMUNITY WELFARE - HEALTH CARE FOR THE HOMELESS GRANT
GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152	42-1253527	501(C)(3)	500,004				COMMUNITY WELFARE

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 ANTHONY'S HOSPITAL INC 1200 7TH AVENUE NORTH ST PETERSBURG, FL 33705	59-2043026	501(C)(3)	30,607				COMMUNITY WELFARE - CALL TO CARE GRANT
TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY SUITE 150 LIVONIA, MI 48152	38-2621935	501(C)(3)	40,000				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
MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440	91-1932918	501(C)(3)	133,739				COMMUNITY WELFARE - INNOVATION GRANT
FOUNDATION OF THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES ONE NORTH FRANKLIN ST NO 1700 CHICAGO, IL 60606	36-0724325	501(C)(3)	10,000				COMMUNITY WELFARE

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
AMERICAN NONSMOKERS RIGHTS FOUNDATION 2530 SAN PABLO AVE STE J BERKELEY, CA 94702	94-2922136	501(C)(3)	7,500				COMMUNITY WELFARE
BLUE RIDGE INSTITUTE DEVELOPMENT FUND INC PO BOX 4421 GREENSBORO, NC 27404	58-1486420	501(C)(3)	15,000				COMMUNITY WELFARE

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
CAMPAIGN FOR TOBACCO FREE KIDS 1400 I STREET NW STE 1200 WASHINGTON, DC 20005	52-1969967	501(C)(3)	25,000				COMMUNITY WELFARE
THE DEMOCRACY COLLABORATIVE FOUNDATION INC 1422 EUCLID AVE STE 616 CLEVELAND, OH 44115	20-0387511	501(C)(3)	20,000				COMMUNITY WELFARE

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
FAITHHEALTH INNOVATIONS INC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	23-7426944	501(C)(3)	12,000				COMMUNITY WELFARE
HFMA EASTERN MICHIGAN CHAPTER 13064 BURNINGWOOD DR WASHINGTON, MI 48094	26-0206453	501(C)(6)	6,000				COMMUNITY WELFARE - SPONSORSHIP

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
ILLINOIS PUBLIC HEALTH INSTITUTE 954 W WASHINGTON STE 405 CHICAGO, IL 60607	26-2757523	501(C)(3)	10,000				COMMUNITY WELFARE
MERCY EDUCATION PROJECT 1450 HOWARD ST DETROIT, MI 48216	38-3209556	501(C)(3)	9,100				COMMUNITY WELFARE

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 HOUSING CALIFORNIA 1999 BROADWAY STE 1000 DENVER, CO 80202	94-3081666	501(C)(3)	25,000				COMMUNITY WELFARE
THE RESURRECTION PROJECT 1818 S PAULINA STREET CHICAGO, IL 60608	36-3576073	501(C)(3)	15,000				COMMUNITY WELFARE

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
SUPPORT OUR AGING RELIGIOUS INC 3025 4TH STREET NE STE 14 WASHINGTON, DC 20017	52-1485481	501(C)(3)	10,000				COMMUNITY WELFARE
ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	56-0694200	501(C)(3)	189,472				COMMUNITY WELFARE - HURRICANE RELIEF

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
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501(C)(3)	100,000				COMMUNITY WELFARE
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401	31-1373080	501(C)(3)	13,624				COMMUNITY WELFARE - SAFETY 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)	23,914				COMMUNITY WELFARE - SAFETY GRANT
TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152	47-3073124	501(C)(3)	41,240				COMMUNITY WELFARE - SAFETY 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
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
THE FILMMAKERS COLLABORATIVE INC 6 EASTMAN PLACE SUITE 202 MELROSE, MA 02176	22-2778829	501(C)(3)	20,000				COMMUNITY WELFARE

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" 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 appropiate 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
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 accured 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 INDIVIDUAL RECEIVED A TAX GROSS-UP PAYMENT DURING CALENDAR 2016 BARBARA WALTERS, DO - $1,103 THIS AMOUNT WAS INCLUDED IN TAXABLE INCOME AND IS 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 2016 PAUL NEUMANN - $46,441 RICHARD O'CONNELL - $37,415 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 2016 THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II JENNIFER BARNETT - $390,824 PETER DEANGELIS, JR - $782,906 DANIEL HALE - $525,006 JUDITH PERSICHILLI - $1,316,195 CLAUS VON ZYCHLIN - $179,938 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 12/31/16 CLAUS VON ZYCHLIN - $743,426 ($615,576 TO BE PAID IN 2017 AND $127,850 TO BE PAID IN 2018) THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2016 THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2016, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2016 THE FOLLOWING PAYOUTS FOR 2016 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II DONALD BIGNOTTI, MD - $144,876 PHILIP BOYLE - $96,560 JOHN CAPASSO - $133,431 BENJAMIN CARTER - $206,373 ROBERT CASALOU - $152,910 CYNTHIA CLEMENCE - $92,827 PAUL CONLON - $109,481 LOUIS FIERENS II - $102,984 MICHAEL FINEGAN - $79,910 CLAYTON FITZHUGH - $262,095 CYNTHIA FRY - $145,684 RICHARD GILFILLAN, MD - $404,613 LARRY GOLDBERG - $190,048 AGNES HAGERTY - $99,731 PAUL HARKAWAY, MD - $109,376 MICHAEL HEMSLEY - $217,810 MICHAEL HOLPER - $88,131 SALLY JEFFCOAT - $205,506 PAUL NEUMANN - $161,674 SCOTT NORDLUND - $155,604 RICHARD O'CONNELL - $221,949 JAMES REED - $145,891 MARCUS SHIPLEY - $137,946 ROGER SPOELMAN - $146,595 NORA TRIOLA, RN - $255,205 CLAUS VON ZYCHLIN - $143,771 THE FOLLOWING ACCRUALS FOR 2016 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II MARK FROIMSON, MD - $193,371 DANIEL ROTH, MD - $94,196 BARBARA WALTERS, DO - $146,493 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 2016) THE FOLLOWING PAYOUTS FOR 2016 FOR THESE PLANS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II PHILIP BOYLE - $3,914 SALLY JEFFCOAT - $92,254 RICHARD O'CONNELL - $121,018 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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1RICHARD GILFILLAN MD CHIEF EXECUTIVE OFFICER	(I)	1,429,569	575,579	453,222	11,925	34,588	2,504,883	0
	(II)	0	0	0	0	0	0	0
1PAUL NEUMANN SECRETARY, EVP, CHIEF LEGAL OFFICER	(I)	650,319	191,115	229,021	11,925	31,769	1,114,149	0
	(II)	0	0	0	0	0	0	0
2MICHAEL HEMSLEY ASSISTANT SECRETARY, DEP GEN CSL	(I)	456,274	117,139	247,662	15,900	39,495	876,470	0
	(II)	0	0	0	0	0	0	0
3JOSHUA MOORE ASSISTANT SECRETARY, ASSOC COUNSEL	(I)	176,655	13,203	161	12,091	20,078	222,188	0
	(II)	0	0	0	0	0	0	0
4BENJAMIN CARTER TREASURER, EVP, CFO	(I)	834,329	239,942	232,036	11,925	36,952	1,355,184	0
	(II)	0	0	0	0	0	0	0
5CYNTHIA CLEMENCE ASST TREAS, SVP, OPERATIONS CFO	(I)	415,105	98,135	108,651	19,875	26,666	668,432	0
	(II)	0	0	0	0	0	0	0
6RICHARD O'CONNELL EVP, EAST GROUP THROUGH 11/16	(I)	878,773	258,051	408,585	11,925	35,437	1,592,771	112,018
	(II)	0	0	0	0	0	0	0
7SALLY JEFFCOAT EVP, WEST/MIDWEST GROUP	(I)	825,512	239,747	331,263	11,925	29,636	1,438,083	85,393
	(II)	0	0	0	0	0	0	0
8MARK FROIMSON MD EVP, CHIEF CLINICAL OFFICER THR 4/17	(I)	839,617	246,669	16,123	205,296	27,059	1,334,764	0
	(II)	0	0	0	0	0	0	0
9CLAYTON FITZHUGH EVP, CHIEF HR OFFICER THROUGH 7/16	(I)	511,710	216,184	277,220	15,900	16,184	1,037,198	0
	(II)	0	0	0	0	0	0	0
10SCOTT NORDLUND EVP, GROWTH & STRATEGY THR 12/16	(I)	636,047	184,815	161,287	11,925	26,881	1,020,955	0
	(II)	0	0	0	0	0	0	0
11BARBARA WALTERS DO EVP, CHIEF POPULATION HEALTH OFFICER	(I)	640,607	186,870	20,292	158,418	9,697	1,015,884	0
	(II)	0	0	0	0	0	0	0
12JOHN CAPASSO EVP, CONTINUING CARE	(I)	527,613	155,135	156,681	19,875	37,604	896,908	0
	(II)	0	0	0	0	0	0	0
13LOUIS FIERENS II SVP, SUPPLY CHAIN & FIXED ASSET MGMT	(I)	423,133	127,622	118,767	15,900	25,806	711,228	0
	(II)	0	0	0	0	0	0	0
14DANIEL ROTH MD INT CHIEF CLINICAL OFFCR AS OF 4/17	(I)	417,613	107,720	14,440	102,146	25,068	666,987	0
	(II)	0	0	0	0	0	0	0
15LARRY GOLDBERG PRES & CEO, LOYOLA UNIV HLTH SYS	(I)	840,084	217,271	208,373	11,925	19,962	1,297,615	0
	(II)	0	0	0	0	0	0	0
16ROGER SPOELMAN PRES & CEO, WEST MICHIGAN REGIONAL	(I)	698,008	193,463	169,528	15,900	26,508	1,103,407	0
	(II)	0	0	0	0	0	0	0
17JAMES REED CEO, ST PETER'S HEALTH PARTNERS	(I)	620,465	214,504	164,705	15,900	44,178	1,059,752	0
	(II)	0	0	0	0	0	0	0
18ROBERT CASALOU CEO, SOUTHEAST MICHIGAN REGIONAL	(I)	612,136	191,668	172,624	11,925	31,390	1,019,743	0
	(II)	0	0	0	0	0	0	0
19CLAUS VON ZYCHLIN CEO MCHS THR 2/16, CONSLT THR 9/16	(I)	425,410	196,060	344,631	755,351	32,317	1,753,769	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21JUDITH PERSICHILLI FORMER OFFICER	(I)	0	0	2,115,151	0	0	2,115,151	0
	(II)	0	0	0	0	- 0	- 0	0
1JENNIFER BARNETT FORMER OFFICER	(I)	0	0	392,595	0	17,120	409,715	390,824
	(II)	0	0	0	0	- 0	- 0	0
2DANIEL HALE FORMER KEY EMPLOYEE	(I)	0	0	534,994	0	6,972	541,966	525,006
	(II)	0	0	0	0	- 0	- 0	0
3PHILIP BOYLE FORMER KEY EMPLOYEE, SVP, MISSION	(I)	292,140	75,067	120,597	15,900	20,390	524,094	0
	(II)	0	0	0	0	- 0	- 0	0
4MICHAEL FINEGAN FORMER KEY EMP, SVP OPERATIONAL EXC	(I)	326,458	84,366	95,357	11,925	26,245	544,351	0
	(II)	0	0	0	0	- 0	- 0	0
5PETER DEANGELIS JR FORMER KEY EMPLOYEE	(I)	0	0	797,439	0	17,158	814,597	782,906
	(II)	0	0	0	0	- 0	- 0	0
6DONALD BIGNOTTI MD FORMER KEY EMPLOYEE	(I)	217,396	127,627	153,629	12,575	8,891	520,118	0
	(II)	0	0	0	0	- 0	- 0	0
7NORA TRIOLA RN FORMER KEY EMPLOYEE, SVP, CNO	(I)	484,204	123,983	271,645	11,925	19,413	911,170	0
	(II)	0	0	0	0	- 0	- 0	0
8MARCUS SHIPLEY FORMER KEY EMPLOYEE, SVP, CIO	(I)	572,431	147,769	154,130	11,925	27,671	913,926	0
	(II)	0	0	0	0	- 0	- 0	0
9PAUL CONLON FORMER KE, SVP, CLIN QUAL/PAT SFTY	(I)	450,388	115,896	131,904	19,875	28,542	746,605	0
	(II)	0	0	0	0	- 0	- 0	0
10PAUL HARKAWAY MD FORMER KE,SVP, CHIEF ACCT CARE OFFCR	(I)	444,970	141,390	128,222	11,925	27,325	753,832	0
	(II)	0	0	0	0	- 0	- 0	0
11CYNTHIA FRY FORMER KEY EMP, SVP, CHIEF REV OFFCR	(I)	373,727	96,785	161,942	15,900	28,644	676,998	0
	(II)	0	0	0	0	- 0	- 0	0
12MICHAEL HOLPER FORMER KEY EMP,SVP, INTEG/AUDIT SVCS	(I)	392,209	102,488	103,700	19,875	26,625	644,897	0
	(II)	0	0	0	0	- 0	- 0	0
13AGNES HAGERTY FORMER OFFICER, DEP GEN CSL THR 6/16	(I)	221,244	104,714	111,200	19,875	13,867	470,900	0
	(II)	0	0	0	0	- 0	- 0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,180,000			
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	2013	2011

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 ▶				0 060 %		0 060 %		0 060 %
6	Total of lines 4 and 5				0 060 %		0 060 %		0 060 %
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 06/19/2 017 ISSUER NAME MONTGOMERY COUNTY MARYLAND DATE THE REBATE COMPUTATION WAS PERFORMED 01/ 19/2017 ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME COUNTY OF FRANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORME D 01/19/2017 ISSUER NAME ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERF ORMED 01/19/2017 ISSUER NAME CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME MICHIGAN FINANCE AUTHOR ITY DATE THE REBATE COMPUTATION WAS PERFORMED 04/13/2016 ISSUER NAME MICHIGAN FINANCE AU THORITY 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 FR ANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME IDAHO HEAL TH FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME HO SP FIN AUTH OF ONTARIO, OREGON DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 IS SUER 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 PERFORME D 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 COM PUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE T HE REBATE COMPUTATION WAS PERFORMED 02/06/2016 ISSUER NAME INDIANA FINANCE AUTHORITY DAT E THE REBATE COMPUTATION WAS PERFORMED 02/06/2016 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/15/2017 ISSUER NAME INDIANA HEALT H AND EDU FAC FIN AUTH DATE THE REBATE COMPUTATION WAS PERFORMED 03/15/2017 ISSUER NA ME 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 MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PER FORMED 03/02/2016 ISSUER NAME NORTH CAROLINA MEDICAL CARE COMMISSION DATE THE REBATE COM PUTATION WAS PERFORMED 02/05/2015 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBAT E COMPUTATION WAS PERFORMED 10/23/2017 ISSUER NAME CITY OF TAMPA, FLORIDA DATE THE REBAT E COMPUTATION WAS PERFORMED 10/23/2017 ISSUER NAME NORTH CAROLINA MEDICAL CARE COMMISSIO N DATE THE REBATE COMPUTATION WAS PERFORMED 10/23/2017 ISSUER NAME STATE OF CONNECTICUT HLTH AND EDU FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 I SSUER NAME CITY OF TAMPA, FLORIDA DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 I SSUER NAME MASS HEALTH AND E

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	DU 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 FIN AUTHORITY DATE THE REBATE COMPUTA TION WAS PERFORMED 07/14/2015 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE CO MPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME DVLPMT AUTHORITY OF THE UNIFIED GOVT OF ATHENS-CLARKE DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MASS HE ALTH AND EDU FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 I SSUER NAME MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUT ATION WAS PERFORMED 07/31/2014 ISSUER NAME MASS HEALTH AND EDU FACILITIES AUTHORITY DA TE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAM E NEW JERSEY HEALTH CARE FACILITIES FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFOR MED 06/21/2017 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS P ERFORMED 06/21/2017 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/26/2015 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTA TION WAS PERFORMED 05/26/2015 ISSUER NAME MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHO RITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/26/2015

Return Reference	Explanation
PART I, LINE (F)	2012MI 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 REFUND SERIES 2002C PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NO T REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011MD TO FINANCE, REFI NANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IM PROVEMENTS 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 SINGL E "ISSUE" FOR CERTAIN 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 PR IOR 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 OTH ER HEALTH CARE FACILITIES REFUND SERIES 2002C THE 2011MI BONDS, 2011MD BONDS, 2011OH BON DS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 A ND 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 IS SUES INCLUDE AMOUNTS CONTRIBUTED TO THE REFUNDED ESCROW FROM GROSS PROCEEDS OF THE PRIOR B ONDS OR OTHER EQUITY CONTRIBUTIONS BY THE ORGANIZATION PART II, LINE 3 - TOTAL PROCEEDS I NCLUDE 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 CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2011A B TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, C ONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITI ES IN ILLINOIS THE 2011AB BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF S ECTIONS 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 ADDIT IONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE F ACILITIES REFUND SERIES 2000C THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS AND 2011CA BO NDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 1 50 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART III - NOT REQUIRED TO COMPLETE PART III

Return Reference	Explanation
PART I, LINE (F)	REFUNDED DEBT PRIOR TO 12/31/2002 2011IL TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORT ION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN ILLINOIS THE 2011MI BONDS, 2011MD BONDS, 20 11OH BONDS AND 2011CA BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIO NS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FO RM 8038 2010A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000A MICHIGAN AND 2000B IOWA THE 2010A BONDS, 2010B BONDS , 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PUR POSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EAC H RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQU IRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2010B TO FINANCE, REFINANCE O R REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEME NTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1998 CA LIFORNIA AND 1998 INDIANA THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010 E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROU GH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LI NE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2010C TO FINANCE, REFINANCE OR R EIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1996 OHIO THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A S INGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REV ENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010D 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 AND THE ACQUISITION OF HOSPITA L FACILITIES IN IDAHO THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BO NDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 1 50 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010E TO FINANC E, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES AND THE ACQUISITION OF HOSPITAL FACILITIES IN OREGON THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2 010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTION S 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FOR M 8038 2010F TO FINANCE CERTA

Return Reference	Explanation
PART I, LINE (F)	IN CAPITAL IMPROVEMENTS TO HEALTH CARE FACILITIES LOCATED AT VARIOUS LOCATIONS IN MICHIGAN THE 2010F BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN 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 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 PARTIALLY REFUND SERIES 19 98 INDIANA AND 1998 CALIFORNIA OF PRIOR ISSUES, AND THE CHELSEA REFINANCING OF COMMERCIAL PAPER THE 2009A BONDS AND 2009BC BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOS ES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH R ESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2009BC - CUSIP NUMBERS 59465HMB9 AND 59465HMC7 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2009A BONDS AND 2009BC BONDS ARE TREA TED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE IN TERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2008A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVE MENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2003A , 2003F, 2003G, 2004A, 2004D, 2004E, 2004F OF PRIOR ISSUES THE 2008A BONDS AND 2008B BOND S ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2008B TO FINANCE, REFINANCE OR REIMBUR SE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AN D EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2002A, 2002B OF PRIOR ISSUES THE 2008A BONDS AND 2008B BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN 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 TH E COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000E, 2000F, 2003B, 2003D, 2003E, 2005C, 2005G, 2005H OF PRIOR ISSUES, AND THE HACKLEY REFINANCING OF COMMERCIAL PAPER THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 803 8 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY

Return Reference	Explanation
PART I, LINE (F) -CONTINUED	2008D - CUSIP NUMBERS 455057QM4 AND 455057QN2 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000F, 2003C1, 2003C2, 2003H , 2004C1 REFINANCING OF COMMERCIAL PAPER, 2004C2 REFINANCING OF COMMERCIAL PAPER, 2005B, 2 005I OF PRIOR ISSUES THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPO RTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTM ENT EARNINGS 2006A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELAT ED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACI LITIES PART I, COLUMN (G) AND PART IV, LINE 5 - TRINITY HEALTH HAD PLANNED TO ALLOCATE PR OCEEDS TO QUALIFIED EXPENDITURES IN FY11 - QUALIFIED EXPENDITURES WERE NOT AVAILABLE SO TH E BONDS RELATED TO THE PROCEEDS WERE DEFEASED PART II, LINE 11 - DUE TO CIRCUMSTANCES THA T WERE NOT REASONABLY EXPECTED AS OF THE ISSUE DATE OF THE 2006AB BONDS, PROCEEDS OF THE 2 006AB BONDS IN THE AMOUNT OF $31,946,774 WERE NOT SPENT AS OF JUNE 30, 2011 ON JUNE 30,20 11, THE ORGANIZATION DEPOSITED SUCH PROCEEDS IN IRREVOCABLE YIELD RESTRICTED DEFEASANCE ES CROWS 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 REDEEM ED ON THEIR FIRST OPTIONAL REDEMPTION DATE THE AMOUNTS IN THE DEFEASANCE ESCROW USED AND TO BE USED TO PAY PRINCIPAL ON THE 2006AB BONDS ARE NOT TREATED BY THE ORGANIZATION AS "PR OCEEDS" OF THE 2006B FOR PURPOSES OF PRIVATE BUSINESS USE COMPLIANCE, AS REPORTED IN PART III THESE AMOUNTS ARE, HOWEVER, REPORTED AS "PROCEEDS" IN PART I WITH RESPECT TO CERTAIN OF THE BOND ISSUES DESCRIBED IN PART I, THE ORGANIZATION HAS TAKEN AN ALTERNATIVE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION PURSUANT TO TREASURY REGULATION SECTIONS 1 141-12(E) AND 1 145-2 IN CONNECTION WITH SUCH REMEDIAL ACTIONS, THE ORGANIZATION HAS FILED WITH TH E SERVICE SUPPLEMENTAL FORMS 8038 WITH RESPECT TO PORTIONS OF BOND ISSUES TREATED AS "REIS SUED" UNDER SECTIONS 141, 145, 147, 149 AND 150 OF THE TREASURY REGULATIONS SUCH "REISSUE D" PORTIONS OF BOND ISSUES HAVE BEEN SEPARATELY REPORTED TO THE SERVICE IN SUPPLEMENTAL FO RMS 8038, AND ARE NOT REPORTED IN THIS SCHEDULE K PART IV, LINE 1 - A REBATE COMPUTATION DATED JANUARY 6, 2012 WAS PERFORMED FOR THE ORGANIZATION 2006B TO FINANCE, REFINANCE OR RE IMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPME NT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PART II, LINE 11 - SAME AS NOTE ABOVE I N 2006A PART I, COLUMN (G) AND PART IV, LINE 5 - TRINITY HEALTH HAD PLANNED TO ALLOCATE PR OCEEDS TO QUALIFIED EXPENDITUR

Return Reference	Explanation
PART I, LINE (F) -CONTINUED	ES IN FY11 - QUALIFIED EXPENDITURES WERE NOT AVAILABLE SO THE BONDS RELATED TO THE PROCEED S WERE DEFEASED PART IV, LINE 1 - A REBATE COMPUTATION DATED JANUARY 6, 2012 WAS PERFORME D FOR THE ORGANIZATION 2005A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE CO STS 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 TR EATED AS A SINGLE "ISSUE" FOR CERTAIN 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 FO R 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 TREAT ED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INT ERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - R EFUNDING 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 T HE ORGANIZATION 2005EF - CUSIP NUMBERS 59465HBX3 AND 59465HBY1 TO FINANCE, REFINANCE OR RE IMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPME NT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2005E BONDS AND 2005F BONDS (TOGETH ER 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 CERTAIN PUR POSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EAC H RESPECTIVE FORM 8038 THE INFORMATION FOR THE 2005E BONDS AND 2005F BONDS IN PART I IS P ROVIDED FOR THE 2005E BONDS AND 2005F BONDS ONLY, INFORMATION WITH RESPECT TO THE 2005B BO NDS, 2005C BONDS, 2005F BONDS, 2005G BONDS AND 2005I BONDS, WHICH HAVE BEEN RETIRED, IS NO T 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 FY1 1 - QUALIFIED EXPENDITURES WERE NOT AVAILABLE SO THE MODEST PROCEEDS WERE MOVED BY THE TRU STEE TO SERVICE THE BONDS, PER OPINION OF BOND COUNSEL 2013 ID TO FINANCE, REFINANCE OR R EIMBURSE 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 CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE C ODE, AS REPORTED IN THE FORM 8

Return Reference	Explanation
PART I, LINE (F) -CONTINUED	038 2013MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO AD DITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CAR E 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 CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2013OH 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 TREA TED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE IN TERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2013MI TO FINANCE, REFINANCE OR REIMBUR SE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AN D 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 CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUG H 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LINE C, ADDITION AL CUSIP FOR 2013 MI-3 SERIES - 59447PXR7 SUBSEQUENT TO THE PRIOR TAX YEAR, CERTAIN DUPLIC ATE EXPENDITURES WERE DISCOVERED, WHICH HAVE BEEN CORRECTED THE ENTRIES FOR PART II, LINE 3 AND PART IV, LINE 6 REFLECT THE CORRECTED ALLOCATION OF EXPENDITURES 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 MICHIG AN REFUND PRIOR ISSUE FROM 7/15/1998 PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PE RFORMED 02/05/2015 INFORMATION REGARDING THE 2012A NC CHE BONDS , 2010 NC CHE BONDS AND 2 008 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 2012B PA 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 CERTAIN PURPOSES OF S ECTIONS 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 B ONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTE D IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	2012 GA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITI ONS AND IMPROVEMENTS 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 CERTAIN P URPOSES 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 SCH EDULE K OF ST MARY HEALTH CARE SYSTEM FOR CERTAIN PRIOR TAX YEARS 2012A PA REFINANCE EXIS TING DEBT (1998A & 1998A-3, ISSUED 2/19/98) THE 2012A FL CHE BONDS, 2012A NC CHE BONDS AND 2012A PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE FOR CERTAIN PURPOSES OF SECTIONS 103 AN D 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 2 004B 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 T HE 2009 PA (MONTCO) CHE BONDS, THE 2007D PA CHE BONDS AND THE 2004C CHE BONDS ISSUED BY TH E MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2010B PA CHE BONDS AND 2 012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 99 0 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS ON DECEMBER 6, 2017, THE ORGANIZATION SUBMITTED A VOLUNTARY CLOSING AGREEMENT TO THE IRS RELATING TO THE 2010AB BONDS AND THE 2012A BONDS THE VCAP REQUEST CONCERNS A SALE OF PROPERTY ORIGINALLY FINANC ED WITH PROCEEDS OF THE 1998 BONDS THAT WERE REFUNDED WITH PROCEEDS OF THE 2010AB BONDS AN D 2012A BONDS THE SALE OF PROPERTY OCCURRED PRIOR TO THE ISSUE DATE OF THE 2010AB BONDS BECAUSE THE 2010AB BONDS AND 2012A BONDS REFUNDED BONDS ISSUED BEFORE 2003, THE AMOUNT OF PRIVATE BUSINESS USE RESULTING FROM THE SALE OF THE PROPERTY IS NOT REPORTED IN PART III 2012A FL THE 2012A FL CHE BONDS, 2012A NC CHE BONDS AND 2012A PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFO RMATION REGARDING THE 2012A FL CHE BONDS AND THE 2010 FL CHE BONDS ISSUED BY THE CITY OF T AMPA, FLORIDA HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF HOLY CROSS HOSPITAL, INC FO R CERTAIN PRIOR TAX YEARS 2012A NC 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 CE RTAIN 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 PINE S 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 OTH ER HEALTH CARE FACILITIES REF

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PART I, LINE (F) - CONTINUED	UND PREVIOUS ISSUE (SERIES 1999F) THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BO NDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE T REATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2010 CT CHE BONDS ISSUED BY THE STATE OF CONNECTICUT HEALT H AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY C OMMUNITY HEALTH, INC FOR CERTAIN PRIOR TAX YEARS ISSUANCE COSTS FOR THE COMPOSITE BOND I SSUE IS LESS THAN 2% OF PROCEEDS 2010FL TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTI ON OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND O THER 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 CERTAIN PURPOSES O F SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A FL CHE BOND S 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 2010MA TO FI NANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPRO VEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2010 FL CHE B ONDS, 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 CERTAIN 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 SYS TEM, INC FOR CERTAIN PRIOR TAX YEARS 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 B ONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAI N 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 MEDIC AL 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 TH E COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEA LTH CARE FACILITIES PART II, LINE 11 OTHER SPENT PROCEEDS INCLUDES $10,415,583 WHICH WER E 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 CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARD

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PART I, LINE (F) - CONTINUED	ING THE 2010 NJ CHE BONDS ISSUED BY THE NEW JERSEY HEALTH CARE FACILITIES AUTHORITY HAS BE EN REPORTED IN THE FORM 990 SCHEDULE K OF OUR LADY OF LOURDES MEDICAL CENTER FOR CERTAIN P RIOR TAX YEARS 2010AB PA REFINANCE EXISTING DEBT (1998A, ISSUED 2/19/1998) THE 2010 FL CH E 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 CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A PA CHE BON DS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CH E BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPO RTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS INFORM ATION REGARDING THE 2009 PA (MONTCO) CHE BONDS, THE 2007D PA CHE BONDS AND THE 2004C CHE B ONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2010B P A CHE BONDS AND 2012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN RE PORTED IN FORM 990 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS ON D ECEMBER 6, 2017, THE ORGANIZATION SUBMITTED A VOLUNTARY CLOSING AGREEMENT TO THE IRS RELAT ING TO THE 2010AB BONDS AND THE 2012A BONDS THE VCAP REQUEST CONCERNS A SALE OF PROPERTY ORIGINALLY FINANCED WITH PROCEEDS OF THE 1998 BONDS THAT WERE REFUNDED WITH PROCEEDS OF TH E 2010AB BONDS AND 2012A BONDS THE SALE OF PROPERTY OCCURRED PRIOR TO THE ISSUE DATE OF T HE 2010AB BONDS BECAUSE THE 2010AB BONDS AND 2012A BONDS REFUNDED BONDS ISSUED BEFORE 200 3, THE AMOUNT OF PRIVATE BUSINESS USE RESULTING FROM THE SALE OF THE PROPERTY IS NOT REPOR TED IN PART III 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 BO NDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 1 50 OF THE CODE 2009 MA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS R ELATED 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 PROCE EDS ARE HELD IN A YIELD RESTRICTED REFUNDING ESCROW THE 2009 GA CHE BONDS, 2009 MA CHE BON DS, 2009 PA (MONTCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE " FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARD ING 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 SISTE RS OF PROVIDENCE HEALTH SYSTEM, INC FOR CERTAIN PRIOR TAX YEARS

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PART I, LINE (F) - CONTINUED	2009 PA (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 FACILIT IES 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 TREA TED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE 2009 PA (SMHA) PART II, COLUMN C, LINE11 AMOUNT INCLUDES $9,141,670 OF PROCEEDS WHICH WERE US ED TO TERMINATE AN INTEGRATED SWAP THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 PA (MON TCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PU RPOSES 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 200 7F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS B EEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS 2007C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITI ONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES ADVA NCE 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 CH E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROU GH 150 OF THE CODE INFORMATION REGARDING THE 2007C MA CHE, 2009 MA CHE AND 2010MA CHE BON DS ISSUED BY THE MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORT ED IN THE FORM 990 SCHEDULE K OF SISTERS OF PROVIDENCE HEALTH SYSTEM, INC FOR CERTAIN PRI OR 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 CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF TH E 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 2 012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 99 0 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS 2007E PART IV, LINE 2 C DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 PART III, LINE 8C CERTAIN HOSPIT AL ASSETS THAT WERE FINANCED AND REFINANCED WITH PROCEEDS OF THE SERIES 1998E BONDS, THE S ERIES 2007E BONDS AND THE SERIES 2010 BONDS WERE SOLD TO A NON-501(C)(3) ORGANIZATION ON O R ABOUT OCTOBER 5, 2011, BUT THE HOSPITAL DID NOT REMEDIATE THESE ISSUES OF BONDS WITHIN T HE PERMITTED TIMEFRAME AS A RESULT, THE HOSPITAL AND CHE FILED A LETTER WITH THE IRS REQU ESTING REMEDIATION AND A CLOSING AGREEMENT THROUGH THE IRS VOLUNTARY CLOSING AGREEMENT PRO GRAM (VCAP) AS PART OF THE CL

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PART I, LINE (F) - CONTINUED	OSING 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 PORTI ON 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 CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUG H 150 OF THE CODE 2007F PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 09/2 5/2012 THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, 2007E NJ CHE BONDS AND 2007F PA CHE BON DS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 15 0 OF THE CODE INFORMATION REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2 010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BOND S 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 2004A TO FINANCE, R EFINANCE 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 IV, LINE 2C REBATE COMPUTATION WAS PERFORMED 11/09/2009 2004B THE 2004B PA CHE BONDS AND 2004C PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN 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 IS SUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MA RY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS 2004C THE 2004B PA CHE BONDS AND 2004C PA C HE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTION 103 AND 141 THROU GH 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 HOSP ITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CER TAIN PRIOR TAX YEARS 2015 MI FRN TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF T HE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITAL S AND OTHER HEALTH CARE FACILITIES 2015 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PO RTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FO R HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2004B, 2006A, 2006B, 2008A MI, 2008 B IN SPHP 2008A, SPHP 2008B, SPHP 2008C, SPHP 2008D, SPHP 2008E SPHP 2011 THE 2015 MI, 20 15 ID, AND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	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 INVESTMENTS SUBSEQUENT TO THE PRIOR TAX YEAR, CERTAIN DUPLICATE EXPEND ITURES WERE DISCOVERED, WHICH HAVE BEEN CORRECTED THE ENTRIES FOR PART II, LINE 3 AND PAR T II, LINE 12 REFLECT THE CORRECTED ALLOCATION OF EXPENDITURES 2015 MD TO FINANCE, REFINA NCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPR OVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2015 MI, 201 5 ID, AND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 1 03 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, CO NSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIE S REFUNDED 2008B ID THE 2015 MI, 2015ID, AND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE " FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, A S REPORTED IN THE FORM 8038 THE AMOUNT SHOWN IN PART II, LINE 6 IS THE PRESENT VALUE OF P ROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON THE REFUNDING ESCROW INVES TMENTS 2016MI 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 C ARE 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 BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN 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 ESCROW INVESTMENTS 2016ID TO FINANCE, REFINANCE OR REIMBURSE AL L OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQU IPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2016 MI, 2016 ID, 2016 CT AND 2 016 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2016MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION A ND IMPROVEMENTS TO AND 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 CERTAIN PURPOSE S OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FOR M 8038

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	2016CT 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 THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BONDS ARE TREATED AS A SINGLE "ISSUE" F OR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS R EPORTED IN THE FORM 8038 2016MI-1,2,3,4 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTI ON OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR H OSPITALS 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 CERTAIN PURPOSES OF SECTIONS 103 AND 141 THRO UGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2017MI TO FINANCE, REF INANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND I MPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2006 A THE 2017 MI, 2017 ID, 2017 OH AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CER TAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTE D IN THE FORM 8038 PART I, LINE C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 5944TPR8 2017MD 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 THE 2017 MI, 2017 ID, 2017 OH AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERT AIN 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 2017 MI SERIES - 574218T45 2017ID 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 THE 2017 MI, 2017 ID, 2017 OH AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERT AIN 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 2017 MI SERIES - 45129UCD4 2017OH 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 THE 2017 MI, 2017 ID, 2017 OH AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERT AIN 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 2017 MI SERIES - 353202FL3 OTHER N OTES IN ALL CASES, THE INFORMATION IN PART I (OTHER THAN LINES 14 AND 15) IS PROVIDED ON T HE BASIS OF THE SERIES LISTED IN PART I, BUT THE INFORMATION IN PART I (LINES 14 AND 15 ON LY), PART II, PART III (TO THE EXTENT APPLICABLE), PART IV AND PART V IS PROVIDED ON THE B ASIS OF THE "ISSUES" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTER NAL REVENUE CODE WITH RESPECT

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	TO CERTAIN OF THE BOND ISSUES DESCRIBED IN PART I, THE ORGANIZATION SOLD CERTAIN BOND-FIN ANCED PROPERTY TO ANOTHER 501(C)(3) ORGANIZATION WITH THE EXPECTATION THAT THE SALE POSSIB LY COULD CAUSE THE RESPECTIVE BOND ISSUES TO VIOLATE THE PRIVATE USE RESTRICTIONS AND OWNE RSHIP REQUIREMENT OF SECTION 145(A) OF THE CODE ACCORDINGLY, THE ORGANIZATION HAS TAKEN A N ALTERNATIVE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION PURSUANT TO TREASURY REGULATION S SECTIONS 1 141-12(E) AND 1 145-2 WITH RESPECT TO SUCH SALE IN CONNECTION WITH SUCH REME DIAL ACTIONS, THE ORGANIZATION HAS FILED WITH THE SERVICE SUPPLEMENTAL FORMS 8038 WITH RES PECT TO PORTIONS OF BOND ISSUES TREATED AS "REISSUED" UNDER SECTIONS 141, 145, 147, 149 AN D 150 OF THE TREASURY REGULATIONS SUCH "REISSUED" PORTIONS OF BOND ISSUES HAVE BEEN SEPAR ATELY REPORTED TO THE SERVICE IN SUPPLEMENTAL FORMS 8038 AND ARE NOT REPORTED IN THIS SCHE DULE 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, HO WEVER, 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 CO NSISTING ONLY OF CURRENT REFUNDING PORTIONS IN THE CASE OF BONDS REPORTED AS ISSUED AS PA RT OF AN ADVANCE REFUNDING ISSUES, GROSS PROCEEDS IN THE REFUNDING ESCROW WERE INVESTED BE YOND AN APPLICABLE TEMPORARY PERIOD SUCH INVESTMENTS ARE NOT SEPARATELY REPORTED IN PART IV, LINE 8

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			29,395,000	14,360,000
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

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 ▶		0 060 %		0 060 %		0 060 %		0 090 %
6	Total of lines 4 and 5		0 060 %		0 060 %		0 060 %		0 090 %
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

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

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	42,955,000		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	2010	2011	2011	2010

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		35,545,000	2,230,000	28,645,000
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

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 ▶				0 040 %		0 040 %		0 020 %
6	Total of lines 4 and 5				0 040 %		0 040 %		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								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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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	13,760,000	53,910,000	49,620,000	66,545,000
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	2008	2009

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 ▶				0 010 %		0 010 %		
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 %		0 010 %		0 010 %		0 190 %
6	Total of lines 4 and 5		0 020 %		0 020 %		0 020 %		0 190 %
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).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		19,475,000	1,765,000	80,700,000
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	2005	2005	2007

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 ▶		0 190 %						
6	Total of lines 4 and 5		0 190 %						
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		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

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	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				10,000,000
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

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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

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

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	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 GA		X		X		X
D	ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCX0	06-27-2012	111,382,312	SEE PART VI - 2012A PA		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	390,068,202	39,192,495	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	2016	2012

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			690,000	14,980,000
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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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MASS HEALTH AND EDU FACILITIES AUTHORITY	04-2456011	57586ESB8	04-07-2010	16,901,948	SEE PART VI - 2010MA		X		X		X
B	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PEC5	04-07-2010	15,773,834	SEE PART VI - 2010NC		X		X		X
C	NEW JERSEY HEALTH CARE FACILITIES FIN AUTHORITY	22-1987084	64579FZR7	03-31-2010	131,123,284	SEE PART VI - 2010NJ	X			X		X
D	ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCA0	04-07-2010	164,735,960	SEE PART VI - 2010AB PA		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,095,000	9,005,000	32,090,000	64,230,000
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

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	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	1,520,000	1,355,000	215,000	2,090,000
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

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	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	550,000	225,000	1,900,000	145,000
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

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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		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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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	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
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

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 0000000000 %		180 0000000000 %		180 0000000000 %			
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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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	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	198,740,466	SEE PART VI - 2015 ID		X		X		X
C	MONTGOMERY COUNTY MARYLAND	52-6000980	61336PEU1	02-26-2015	172,864,507	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
1	Amount of bonds retired	18,225,000	1,145,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	641,323,932	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	342,610,421	159,366,082		23,778,216
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	957,265			
13	Year of substantial completion	2015	2015	2015	2016

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 ▶		0 040 %		0 040 %		0 040 %		
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		0 060 %		0 060 %		0 060 %		
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

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	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

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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

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

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59447TPQ0	01-19-2017	181,377,952	SEE PART VI - 2017MI		X		X		X
B	MARYLAND HEALTH AND HIGHER EDU FACILITIES AUTHORITY	52-0936091	574218T52	01-19-2017	32,616,932	SEE PART VI - 2017MD		X		X		X
C	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCC6	01-19-2017	60,226,757	SEE PART VI - 2017ID		X		X		X
D	COUNTY OF FRANKLIN OHIO	31-6400067	353202FM1	01-19-2017	96,071,211	SEE PART VI - 2017OH		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	181,377,952	32,616,932	60,226,757	96,071,615
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,711,045	402,142	674,801	970,231
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	113,121,906	32,214,790	59,551,956	95,100,979
11	Other spent proceeds	66,545,000			
12	Other unspent proceeds				
13	Year of substantial completion	2017	2017	2017	2017

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 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

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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 AP PROVE ANY AMENDMENTS TO THE BYLAWS OF THC - ADOPT AND APPROVE ANY CHANGES TO THE MISSION A ND CORE VALUES OF THC AND THE FOUNDING PRINCIPLES OF CHM AND APPROVE MATTERS THAT AFFECT T HE CATHOLIC IDENTITY OF THC - APPROVE THE SALE OR TRANSFER OF ANY PROPERTY OF THC, THE ALI ENATION OF WHICH WOULD REQUIRE APPROVAL UNDER THE CANON LAW OF THE ROMAN CATHOLIC CHURCH - 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 AND REMOVAL OF T HE 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 11B	PRIOR TO FILING, THE FORM 990 FOR TRINITY HEALTH CORPORATION IS REVIEWED BY SENIOR MANAGEM ENT 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 BEFOR E 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 ORGANIZATI ON'S CONFLICT OF INTEREST POLICY AND PROCESSES IT APPLIES TO ALL "INTERESTED PERSONS" OF TRINITY HEALTH CORPORATION, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, A ND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS INTERESTED PERSONS ARE EXPECTED TO D ISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERES TS 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 DI SCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIA NCE 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 I NTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL P REPARES 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 TH E BOARD) ON A YEARLY BASIS INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO TRI NITY HEALTH CORPORATION OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAV E THE APPEARANCE OF A CONFLICT OF INTEREST THE BOARD OF DIRECTORS OF TRINITY HEALTH CORPO RATION (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIO NS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IN THE EVENT OF AN ACTUAL C ONFLICT, 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 TRINI TY HEALTH CORPORATION INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSIO N 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 R EGARD 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 REVI EWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES A ND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WI TH RESPECT TO CERTAIN COMPENSATION MATTERS AS PART OF ITS REVIEW PROCESS, THE HRCC RETAIN S AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT H EALTH CARE 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 I TS WEBSITE, WWW TRINITY-HEALTH ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE CONSOL IDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE IN ADDITION, TRINITY HEALTH CO RPORATION'S WEBSITE INCLUDES COPIES OF THE MOST RECENTLY FILED SCHEDULE H FORMS FILED BY A LL OF ITS HOSPITAL SUBSIDIARIES TRINITY HEALTH CORPORATION'S GOVERNING DOCUMENTS AND CONF LICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1	SUZANNE BRENNAN, CSC, IS A MEMBER OF THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS HA VING TAKEN A VOW OF POVERTY, SUZANNE BRENNAN, CSC DID NOT RECEIVE COMPENSATION FOR THE SER VICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF $30,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS F OR SUZANNE BRENNAN, CSC'S SERVICES KATHLEEN POPKO, SP, IS A MEMBER OF THE SISTERS OF PROV IDENCE HAVING TAKEN A VOW OF POVERTY, KATHLEEN POPKO, SP DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF $45,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE SISTERS OF PROVIDENCE FOR KATHLEEN POPK O, SP'S SERVICES LINDA WERTHMAN, RSM, IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY HAVI NG TAKEN A VOW OF POVERTY, LINDA WERTHMAN, RSM DID NOT RECEIVE COMPENSATION FOR THE SERVIC ES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF $45,000 WAS PAID BY TRI NITY HEALTH CORPORATION DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR LINDA WERTHMAN, RSM 'S SERVICES BARBARA WHEELEY, RSM, IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY HAVING T AKEN A VOW OF POVERTY, BARBARA WHEELEY, RSM DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF $30,000 WAS PAID BY TRINIT Y HEALTH CORPORATION DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR BARBARA WHEELEY, RSM'S SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS FROM AFFILIATES 264,351,150 CHANGE IN DEFERRED RETIREMENT COSTS 340,461,480 OTHER TRANSACTIONS -8,950,396 INCOME/LOSS FROM DISCONTINUED OPERATIONS 4,989 GAIN/LOSS ON DISPOSAL OF DISCONTINUED OPERATIONS -1,692,079 EQUITY GAIN/LOSS IN UNCONSOLIDATED AFFILIATES 3,160,130 ASSET IMPAIRMENT -4,646,178

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 FY17 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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

(a) Name, address, and EIN (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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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.

See Additional Data Table

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

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.

See Additional Data Table

(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	(i) Section 512(b)(13) controlled entity? No

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

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
(1) 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
(1) 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	GRANT MAKING	FL	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
(2) 114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
(3) 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTH CARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(4) 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 12A, I	BAUM HARMON MERCY HOSPITAL	Yes	
(5) 2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
(6) 905 WATSON STREET PITTSBURGH, PA 15219 25-1436685	HOMELESS SHELTER	PA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
(7) 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
(8) 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 10	THE MERCY HOSPITAL INC	Yes	
(9) 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
(10) 1200 EARHART RD ANN ARBOR, MI 48105 20-1681131	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	GLACIER HILLS INC	Yes	
(11) PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
(12) 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
(13) 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S MEDICAL CENTER	Yes	
(14) 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320699	HOSPICE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
(15) 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
(16) 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(17) 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(18) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
(19) 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	

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						Yes	No
(21) 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 10	ST JOSEPH'S HEALTH INC	Yes	
(1) 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
(2) 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
(3) PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
(4) 1200 EARHART RD ANN ARBOR, MI 48105 20-8072723	FOUNDATION	MI	501(C)(3)	LINE 12A, I	GLACIER HILLS INC	Yes	
(5) 1200 EARHART RD ANN ARBOR, MI 48105 38-1891500	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
(6) 1 GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
(7) 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
(8) 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(9) 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	COMMUNITY OUTREACH	IL	501(C)(3)	LINE 10	GOTTLIEB MEMORIAL HOSPITAL	Yes	
(10) 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
(11) 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
(12) 945 OTTAWA AVE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
(13) 125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
(14) 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
(15) PO BOX 2153 WATERBURY, CT 06722 83-0416893	MANAGEMENT	CT	501(C)(3)	LINE 12A, I	N/A		No
(16) 2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
(17) PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
(18) 1500 FOREST GLEN RD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
(19) 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HEALTH CARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
(41) 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTH CARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(1) 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283	BUILDING MANAGEMENT SERVICES	FL	501(C)(2)	N/A	HOLY CROSS HOSPITAL INC	Yes	
(2) 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
(3) 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
(4) 114 WOODLAND STREET HARTFORD, CT 06105 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
(5) 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
(6) 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(7) 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
(8) 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
(9) 114 WOODLAND STREET HARTFORD, CT 06105 81-0709903	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
(10) 114 WOODLAND STREET HARTFORD, CT 06105 47-5676956	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
(11) 114 WOODLAND STREET HARTFORD, CT 06105 81-0696923	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
(12) 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
(13) 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
(14) 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(15) 7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
(16) 1435 LIBERTY STREET HAMILTON, NJ 08629 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 10	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
(17) 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	ST JOSEPH OF THE PINES INC	Yes	
(18) 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
(19) 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SERVICE AUXILIARY	NJ	501(C)(3)	LINE 12B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	

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(61) 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(1) 218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(2) 905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORATION SERVICES	IL	501(C)(3)	LINE 10	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
(3) 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(4) 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
(5) 2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 12B, II	ST PETER'S HEALTH PARTNERS	Yes	
(6) 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 24-0711230	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 10	MAXIS HEALTH SYSTEM	Yes	
(7) 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(8) 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
(9) 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
(10) PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
(11) 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
(12) 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(13) 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
(14) 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320701	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
(15) 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(16) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(17) 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	Yes	
(18) 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
(19) 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
(81) 888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOSPICE & HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
(1) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(2) 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12B, II	N/A		No
(3) 1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
(4) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(5) 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(6) 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(7) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
(8) 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTH CARE AND HOSPITAL SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
(9) 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
(10) 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
(11) 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(12) 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
(13) 1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
(14) 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791034	HEALTH CARE SERVICES (INACTIVE)	FL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(15) 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
(16) PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
(17) 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	
(18) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
(19) 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	

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						Yes	No
(101) 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(1) 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(2) PO BOX 7957 MOBILE, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
(3) 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
(4) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(5) 424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(6) 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(7) PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
(8) 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
(9) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(10) 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, NY 19073 16-1535133	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(11) 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 12A, I	N/A		No
(12) 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
(13) 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
(14) 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
(15) 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(16) 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
(17) 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081 26-2729300	HOME HEALTH SERVICES	OH	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
(18) 500 BLUE HILLS AVENUE HARTFORD, CT 06112 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 12C, III-FI	N/A		No
(19) 114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	

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						Yes	No
(121) 7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998	LONG TERM CARE	ME	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(1) 1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
(2) 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
(3) 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 12A, I	NAZARETH HOSPITAL	Yes	
(4) 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
(5) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
(6) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
(7) 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTH CARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
(8) 601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	Yes	
(9) 114 WOODLAND STREET HARTFORD, CT 06105 06-0922325	BUILDING MANAGEMENT SERVICES	CT	501(C)(2)	N/A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
(10) 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 12A, I	N/A		No
(11) 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 12B, II	MAXIS HEALTH SYSTEM	Yes	
(12) 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(13) 1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
(14) 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
(15) 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
(16) 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(17) 2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
(18) 965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
(19) 271 CAREW ST SPRINGFIELD, MA 01104 81-1807730	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	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	(g) No
(141) 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
(1) 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTH CARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(2) 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTH CARE SERVICES	CA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	Yes	
(3) 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	BUILDING MANAGEMENT SERVICES	ID	501(C)(3)	LINE 10	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
(4) 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTH CARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 12A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
(5) 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
(6) 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
(7) 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(8) 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
(9) 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(10) 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
(11) 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(12) 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(13) 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
(14) 114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO INC	Yes	
(15) 114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
(16) 114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 12B, II	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
(17) 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S MEDICAL CENTER	Yes	
(18) 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 7	TRINITY HEALTH PACE	Yes	
(19) PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	

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						Yes	No
(161) 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
(1) 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
(2) 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(3) 424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
(4) 424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(5) PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
(6) 1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
(7) 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
(8) 56 FRANKLIN STREET WATERBURY, CT 06706 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	
(9) 56 FRANKLIN STREET WATERBURY, CT 06706 06-0646844	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
(10) 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976	FOUNDATION	NJ	501(C)(3)	LINE 12A, I	SAINT MICHAEL'S MEDICAL CENTER	Yes	
(11) 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
(12) 2215 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
(13) 2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(14) 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
(15) 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
(16) ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
(17) 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SETON HEALTH SYSTEM INC	Yes	
(18) 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(19) 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	

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(181) 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398374	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	MA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(1) 424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
(2) 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	
(3) ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 12A, I	ST AGNES CONTINUING CARE CENTER	Yes	
(4) PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL	Yes	
(5) PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(6) 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
(7) 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
(8) 411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
(9) 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
(10) 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
(11) 206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
(12) 301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
(13) 301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(14) 301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
(15) 301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HEALTH INC	Yes	
(16) 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
(17) 301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 12A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
(18) 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
(19) 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	

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(201) 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
(1) 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(2) 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
(3) 1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(4) 1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(5) 1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(6) 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	
(7) 1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(8) 367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
(9) 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(10) 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(11) 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(12) 310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
(13) 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(14) 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
(15) 445 NEW KARNER RD ALBANY, NY 12205 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
(16) 445 NEW KARNER RD ALBANY, NY 12205 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
(17) 707 EAST CEDAR STREET SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
(18) 2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
(19) 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	

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						Yes	No
(221) 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
(1) 310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
(2) 114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 12B, II	N/A		No
(3) 309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
(4) PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
(5) PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
(6) 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
(7) 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	CATHOLIC HEALTH MINISTRIES		No
(8) 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
(9) 114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
(10) 114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
(11) 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
(12) 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
(13) 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
(14) 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 15-0532190	HEALTH CARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
(15) 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	TITLE HOLDING COMPANY	NJ	501(C)(2)	N/A	SAINT MICHAEL'S MEDICAL CENTER	Yes	
(16) 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
(17) 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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ADVENT REHABILITATION LLC 607 DEWEY AVENUE SUITE 300 GRAND RAPIDS, MI 49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A									
(1) BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
(2) CATHERINE HORAN BUILDING ASSOCIATES LP 1221 MAIN STREET SUITE 105 HOLYOKE, MA 01040 04-2723429	PROPERTY MANAGEMENT	MA	N/A									
(3) CENTENNIAL SURGUNIT LLC 502 CENTENNIAL BLVD SUITE 1 VOORHEES, NJ 08043 22-3580847	HEALTH CARE SERVICES	NJ	N/A									
(4) CENTER FOR DIGESTIVE CARE LLC 5300 ELLIOTT DRIVE YPSILANTI, MI 48197 03-0447062	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A									
(5) CENTRAL NEW JERSEY HEART SERVICES LLC PO BOX 148 BAYONNE, NJ 07002 20-8525458	CARDIAC PROGRAM	NJ	N/A									
(6) CLINTON IMAGING SERVICES LLC 615 VALLEY VIEW DR STE 202 MOLINE, IL 61265 41-2044739	MRI DIAGNOSTIC SERVICES	IA	N/A									
(7) DIAGNOSTIC IMAGING OF SOUTHBURY LLC 385 MAIN STREET SOUTH SOUTHBURY, CT 06488 06-1487582	IMAGING CENTER	CT	N/A									
(8) FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A									
(9) FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI 48104 38-2648446	LABORATORY	MI	N/A									
(10) GATEWAY HEALTH PLAN LP 444 LIBERTY AVE SUITE 2100 PITTSBURGH, PA 15222 25-1691945	MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE ORGANIZATION	PA	N/A									
(11) GREATER HARTFORD LITHOTRIPSY LLC 144 WOODLAND ST HARTFORD, CT 06105 06-1578891	LITHOTRIPSY SERVICES	CT	N/A									
(12) HAWARDEN REGIONAL HEALTH CLINICS LLC 1122 AVENUE L HAWARDEN, IA 51023 20-1444339	MEDICAL CLINIC	IA	N/A									
(13) IDAHO ASC HOLDINGS LLC 1055 N CURTIS ROAD BOISE, ID 83706 36-4729605	HOLDING COMPANY FOR AMBULATORY SURGERY	ID	N/A									
(14) INNOVATIVE HEALTH ALLIANCE OF NEW YORK LLC 14 COLUMBIA CIRCLE DRIVE ALBANY, NY 12203 46-5676066	ACCOUNTABLE CARE ORGANIZATION	NY	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK LP 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 36-4119522	SURGICAL SERVICES	IL	N/A									
(1) MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388	MRI SERVICES	IA	N/A									
(2) MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA 50401 20-1960348	SURGERY-SAME DAY	IA	N/A									
(3) MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
(4) MDRMRI TECHNICAL SERVICES LLC 5640 EAST TAFT ROAD 3770 SYRACUSE, NY 13220 16-1590982	MRI SERVICES	NY	N/A									
(5) MEDILUCENT MOB I 793 W STATE STREET COLUMBUS, OH 43222 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
(6) MEDWORKS LLC 375 EAST CEDAR STREET NEWINGTON, CT 06111 06-1490483	REHABILITATION SERVICES	CT	N/A									
(7) MERCY ADVANCED MRI LLC 2525 SOUTH MICHIGAN AVE CHICAGO, IL 60616 26-2116721	SUBLEASE MRI EQUIPMENT	IL	N/A									
(8) MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA 50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A									
(9) MERCYMANOR PARTNERSHIP PO BOX 10086 TOLEDO, OH 43699 52-1931012	NURSING HOME	PA	N/A									
(10) MERCYUSP HEALTH VENTURES LLC 15305 DALLAS PARKWAY STE 1600 LB 28 ADDISON, TX 75001 47-1290300	OUTPATIENT SURGERY	IA	N/A									
(11) MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
(12) NAUGATUCK VALLEY MRI LIMITED PARTNERSHIP 1389 WEST MAIN ST WATERBURY, CT 06708 06-1239526	IMAGING CENTER	CT	N/A									
(13) NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES LP C/O NAZARETH HOSP 2601 HOLME AVE PHILADELPHIA, PA 19152 23-2388040	MEDICAL OFFICE BUILDING	PA	N/A									
(14) OSWEGO HEALTH HOME CARE LLC 113 SCHUYLER STREET FULTON, NY 13069 47-2463736	HOME HEALTH CARE	NY	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) PHYSICIANS OUTPATIENT SURGERY CENTER LLC 1000 NE 56TH STREET OAKLAND PARK, FL 33334 35-2325646	AMBULATORY SURGERY CENTER	FL	N/A									
(1) RADISSON SJH PROPERTIES LLC 5000 CAMPUSWOOD DRIVE SUITE 100 EAST SYRACUSE, NY 13057 46-1892799	MEDICAL OFFICE BUILDING	NY	N/A									
(2) SARMED OUTPATIENT PHARMACY LLC 999 N CURTIS RD STE 102 BOISE, ID 83706 51-0483218	PHARMACY	ID	N/A									
(3) SIXTY FOURTH STREET LLC 2373 64TH ST STE 2200 BYRON CENTER, MI 49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A									
(4) SJLS LLC 7650 SE 27TH ST STE 200 MERCER ISLAND, WA 98040 20-1796650	DIALYSIS SERVICES	NY	N/A									
(5) SJV MANAGEMENT LLC 200 CENTURY PKWY STE 200E MOUNT LAUREL, NJ 08054 20-2273476	RADIOLOGY	NJ	N/A									
(6) SMMC MOB II LP 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 36-4559869	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A									
(7) ST AGNES LONG-TERM INTENSIVE CARE LLP C/O MHS ONE WEST ELM ST STE 100 CONSHOHOCKEN, PA 19428 20-0984882	LONG TERM INTENSIVE CARE	PA	N/A									
(8) ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID 83605 82-0526861	HEALTH CARE SERVICES	ID	N/A									
(9) ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH 43222 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A									
(10) ST JOSEPH'S IMAGING ASSOCIATES PLLC 104 UNION AVE SUITE 905 SYRACUSE, NY 13203 16-1104293	RADIOLOGY SERVICES	NY	N/A									
(11) ST MARY REHABILITATION HOSPITAL LLP 680 SOUTH FORTH STREET LOUISVILLE, KY 40202 27-3938747	HEALTH CARE SERVICES	DE	N/A									
(12) ST PETER'S AMBULATORY SURGERY CENTER LLC 1375 WASHINGTON AVENUE STE 201 ALBANY, NY 12206 46-0463892	OUTPATIENT SURGERY	NY	N/A									
(13) TAMARACK MEDICAL CLINIC LLC 402 LAKE CASCADE PARKWAY CASCADE, ID 83611 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A									
(14) THE AMBULATORY SURGERY CENTER AT ST MARY LLC 1203 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2871206	OUTPATIENT SURGERY	PA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) TRINITY HEALTH PARTNERS LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-2798085	POPULATION HEALTH MANAGEMENT	DE	TRINITY HEALTH CORPORATION	RELATED	-1,075,293	21,537,716		No			No	80 000 %
(1) WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI 48106 76-0820959	RADIOLOGY/ IMAGING	MI	N/A									

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
(1) AFFILIATED MANAGEMENT SERVICES 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	
(4) DIVERSIFIED COMMUNITY SERVICES 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) FRANKLIN MEDICAL GROUP PC 56 FRANKLIN ST WATERBURY, CT 06706 06-1470493	PHYSICIAN OFFICE	CT	N/A	C				Yes	
(10) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
(11) HEF INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401	OFFICE STAFFING	MI	N/A	C				Yes	
(12) HACKLEY HEALTH MANAGEMENT INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
(13) HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
(14) HACKLEY HEALTHCARE EQUIPMENT CORP 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	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	
(1) HEALTH CARE MANAGEMENT ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTH CARE 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 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
(4) HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
(5) IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
(6) LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
(7) LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
(8) LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C				Yes	
(9) LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
(10) LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
(11) MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTH CARE HOLDING	MD	N/A	C				Yes	
(12) 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	
(13) MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	
(14) MERCY HOME CARE INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	

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

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								Yes	No
(31) MERCY INPATIENT MEDICAL 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	
(5) SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
(6) SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
(7) SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET STE 4312 HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	
(8) SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
(9) SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
(10) SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
(11) SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(12) SJRMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
(13) ST ELIZABETH HEALTH SUPPORT SERVICES INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
(14) ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	

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

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								Yes	No
(46) SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
(1) THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
(2) TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTH CARE SERVICES	MI	N/A	C				Yes	
(3) TRINITY ASSURANCE LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C				Yes	
(4) TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	TRINITY HEALTH CORPORATION	C	-4,825,955	14,590,003	100 000 %	Yes	
(5) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	TRINITY HEALTH CORPORATION	T			100 000 %	Yes	
(6) TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
(7) WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
(8) WORKPLACE HEALTH OF GRAND 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)	ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	C	173,000	PER BOOKS
(1)	ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	P	171,095	PER BOOKS
(2)	ALLEGANY FRANCISCAN MINISTRIES INC	C	1,000,000	PER BOOKS
(3)	ALLEGANY FRANCISCAN MINISTRIES INC	Q	964,070	PER BOOKS
(4)	DILEY RIDGE MEDICAL CENTER	L	339,005	PER BOOKS
(5)	DILEY RIDGE MEDICAL CENTER	Q	251,898	PER BOOKS
(6)	FRANCES WARDE MEDICAL LABORATORY	C	101,575	PER BOOKS
(7)	FRANCES WARDE MEDICAL LABORATORY	L	66,446	PER BOOKS
(8)	GLOBAL HEALTH MINISTRY	B	500,004	PER BOOKS
(9)	GLOBAL HEALTH MINISTRY	L	51,967	PER BOOKS
(10)	GOTTLIEB MEMORIAL HOSPITAL	A	579,900	PER BOOKS
(11)	GOTTLIEB MEMORIAL HOSPITAL	B	18,311,693	PER BOOKS
(12)	GOTTLIEB MEMORIAL HOSPITAL	L	1,768,089	PER BOOKS
(13)	GOTTLIEB MEMORIAL HOSPITAL	M	264,980	PER BOOKS
(14)	GOTTLIEB MEMORIAL HOSPITAL	P	1,650,871	PER BOOKS
(15)	GOTTLIEB MEMORIAL HOSPITAL	Q	4,942,484	PER BOOKS
(16)	GOTTLIEB MEMORIAL HOSPITAL	S	61,614	PER BOOKS
(17)	HAWTHORNE RIDGE INC	D	7,680,000	PER BOOKS
(18)	HEALTH MANAGEMENT SERVICES ORG INC	L	674,643	PER BOOKS
(19)	HOLY CROSS HEALTH INC	A	14,377,977	PER BOOKS
(20)	HOLY CROSS HEALTH INC	B	450,000	PER BOOKS
(21)	HOLY CROSS HEALTH INC	C	14,380,568	PER BOOKS
(22)	HOLY CROSS HEALTH INC	L	40,484,296	PER BOOKS
(23)	HOLY CROSS HEALTH INC	P	1,780,571	PER BOOKS
(24)	HOLY CROSS HEALTH INC	Q	14,499,794	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)	HOLY CROSS HEALTH INC	S	1,527,594	PER BOOKS
(1)	HOLY CROSS HOSPITAL INC	A	5,314,299	PER BOOKS
(2)	HOLY CROSS HOSPITAL INC	B	200,163	PER BOOKS
(3)	HOLY CROSS HOSPITAL INC	C	10,186,694	PER BOOKS
(4)	HOLY CROSS HOSPITAL INC	D	20,000,000	PER BOOKS
(5)	HOLY CROSS HOSPITAL INC	L	29,016,311	PER BOOKS
(6)	HOLY CROSS HOSPITAL INC	M	370,827	PER BOOKS
(7)	HOLY CROSS HOSPITAL INC	P	1,322,902	PER BOOKS
(8)	HOLY CROSS HOSPITAL INC	Q	12,906,101	PER BOOKS
(9)	HOLY CROSS HOSPITAL INC	S	565,700	PER BOOKS
(10)	IHA HEALTH SERVICES CORPORATION	C	244,000	PER BOOKS
(11)	IHA HEALTH SERVICES CORPORATION	P	337,680	PER BOOKS
(12)	INNOVATIVE HEALTH ALLIANCE OF NEW YORK LLC	L	92,435	PER BOOKS
(13)	JOHNSON MEMORIAL HOSPITAL INC	Q	1,002,029	PER BOOKS
(14)	LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	A	8,331,495	PER BOOKS
(15)	LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	D	38,000,000	PER BOOKS
(16)	LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	S	885,179	PER BOOKS
(17)	LOYOLA UNIVERSITY HEALTH SYSTEM	L	413,596	PER BOOKS
(18)	LOYOLA UNIVERSITY MEDICAL CENTER	A	16,472,928	PER BOOKS
(19)	LOYOLA UNIVERSITY MEDICAL CENTER	B	276,786	PER BOOKS
(20)	LOYOLA UNIVERSITY MEDICAL CENTER	C	20,111,648	PER BOOKS
(21)	LOYOLA UNIVERSITY MEDICAL CENTER	L	57,570,446	PER BOOKS
(22)	LOYOLA UNIVERSITY MEDICAL CENTER	M	2,075,985	PER BOOKS
(23)	LOYOLA UNIVERSITY MEDICAL CENTER	P	3,153,235	PER BOOKS
(24)	LOYOLA UNIVERSITY MEDICAL CENTER	Q	50,867,512	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)	LOYOLA UNIVERSITY MEDICAL CENTER	S	1,750,174	PER BOOKS
(1)	MARIAN COMMUNITY HOSPITAL	A	214,912	PER BOOKS
(2)	MARIAN COMMUNITY HOSPITAL	C	377,589	PER BOOKS
(3)	MARIAN COMMUNITY HOSPITAL	Q	126,915	PER BOOKS
(4)	MERCY CARE FOUNDATION	L	54,434	PER BOOKS
(5)	MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	C	3,146,273	PER BOOKS
(6)	MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	P	207,269	PER BOOKS
(7)	MERCY COMMUNITY HEALTH INC	A	1,079,011	PER BOOKS
(8)	MERCY COMMUNITY HEALTH INC	D	4,112,335	PER BOOKS
(9)	MERCY COMMUNITY HEALTH INC	L	63,690	PER BOOKS
(10)	MERCY COMMUNITY HEALTH INC	Q	60,138	PER BOOKS
(11)	MERCY COMMUNITY HEALTH INC	S	114,633	PER BOOKS
(12)	MERCY HEALTH NETWORK	R	1,500,000	PER BOOKS
(13)	MERCY HEALTH PARTNERS	A	4,313,752	PER BOOKS
(14)	MERCY HEALTH PARTNERS	C	11,491,952	PER BOOKS
(15)	MERCY HEALTH PARTNERS	L	51,115,148	PER BOOKS
(16)	MERCY HEALTH PARTNERS	M	1,013,409	PER BOOKS
(17)	MERCY HEALTH PARTNERS	P	1,336,322	PER BOOKS
(18)	MERCY HEALTH PARTNERS	Q	12,180,369	PER BOOKS
(19)	MERCY HEALTH PARTNERS	S	458,320	PER BOOKS
(20)	MERCY HEALTH SERVICES - IOWA CORP	A	6,677,445	PER BOOKS
(21)	MERCY HEALTH SERVICES - IOWA CORP	C	26,756,412	PER BOOKS
(22)	MERCY HEALTH SERVICES - IOWA CORP	D	17,400,000	PER BOOKS
(23)	MERCY HEALTH SERVICES - IOWA CORP	L	72,486,893	PER BOOKS
(24)	MERCY HEALTH SERVICES - IOWA CORP	P	3,143,804	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)	MERCY HEALTH SERVICES - IOWA CORP	Q	18,561,415	PER BOOKS
(1)	MERCY HEALTH SERVICES - IOWA CORP	S	713,749	PER BOOKS
(2)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	A	4,043,707	PER BOOKS
(3)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	C	12,419,787	PER BOOKS
(4)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	L	35,667,364	PER BOOKS
(5)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	M	59,940	PER BOOKS
(6)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	P	1,708,158	PER BOOKS
(7)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Q	20,667,227	PER BOOKS
(8)	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	S	429,627	PER BOOKS
(9)	MERCY HOSPITAL AND MEDICAL CENTER	A	1,024,773	PER BOOKS
(10)	MERCY HOSPITAL AND MEDICAL CENTER	B	64,000	PER BOOKS
(11)	MERCY HOSPITAL AND MEDICAL CENTER	C	2,434,704	PER BOOKS
(12)	MERCY HOSPITAL AND MEDICAL CENTER	L	16,713,568	PER BOOKS
(13)	MERCY HOSPITAL AND MEDICAL CENTER	P	581,011	PER BOOKS
(14)	MERCY HOSPITAL AND MEDICAL CENTER	Q	12,564,553	PER BOOKS
(15)	MERCY HOSPITAL AND MEDICAL CENTER	S	108,878	PER BOOKS
(16)	MERCY MEDICAL CENTER - CLINTON INC	A	606,825	PER BOOKS
(17)	MERCY MEDICAL CENTER - CLINTON INC	C	3,223,200	PER BOOKS
(18)	MERCY MEDICAL CENTER - CLINTON INC	L	10,716,480	PER BOOKS
(19)	MERCY MEDICAL CENTER - CLINTON INC	P	362,018	PER BOOKS
(20)	MERCY MEDICAL CENTER - CLINTON INC	Q	3,493,801	PER BOOKS
(21)	MERCY MEDICAL CENTER - CLINTON INC	S	64,476	PER BOOKS
(22)	MERCY UIHLEIN HEALTH CORPORATION	B	3,078,849	PER BOOKS
(23)	MOUNT CARMEL HEALTH SYSTEM	A	22,519,814	PER BOOKS
(24)	MOUNT CARMEL HEALTH SYSTEM	C	38,550,652	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
(101)	MOUNT CARMEL HEALTH SYSTEM	L	109,677,947	PER BOOKS
(1)	MOUNT CARMEL HEALTH SYSTEM	M	749,234	PER BOOKS
(2)	MOUNT CARMEL HEALTH SYSTEM	P	10,071,651	PER BOOKS
(3)	MOUNT CARMEL HEALTH SYSTEM	Q	30,124,515	PER BOOKS
(4)	MOUNT CARMEL HEALTH SYSTEM	S	2,392,637	PER BOOKS
(5)	MOUNT CARMEL HEALTH SYSTEM FOUNDATION	L	114,058	PER BOOKS
(6)	MUSKEGON COMMUNITY HEALTH PROJECT	B	133,739	PER BOOKS
(7)	OUR LADY OF LOURDES HEALTH CARE SERVICES INC	C	5,361,173	PER BOOKS
(8)	OUR LADY OF LOURDES HEALTH CARE SERVICES INC	L	27,846,393	PER BOOKS
(9)	OUR LADY OF LOURDES HEALTH CARE SERVICES INC	M	509,929	PER BOOKS
(10)	OUR LADY OF LOURDES HEALTH CARE SERVICES INC	P	2,173,346	PER BOOKS
(11)	OUR LADY OF LOURDES HEALTH CARE SERVICES INC	Q	12,410,627	PER BOOKS
(12)	PITTSBURGH MERCY HEALTH SYSTEM INC	C	1,422,731	PER BOOKS
(13)	PITTSBURGH MERCY HEALTH SYSTEM INC	L	446,604	PER BOOKS
(14)	PITTSBURGH MERCY HEALTH SYSTEM INC	Q	4,361,089	PER BOOKS
(15)	RIVERBEND MEDICAL GROUP INC	P	362,846	PER BOOKS
(16)	SAINT AGNES MEDICAL CENTER	A	3,328,169	PER BOOKS
(17)	SAINT AGNES MEDICAL CENTER	C	14,823,355	PER BOOKS
(18)	SAINT AGNES MEDICAL CENTER	L	41,884,810	PER BOOKS
(19)	SAINT AGNES MEDICAL CENTER	P	2,810,212	PER BOOKS
(20)	SAINT AGNES MEDICAL CENTER	Q	10,235,798	PER BOOKS
(21)	SAINT AGNES MEDICAL CENTER	S	353,610	PER BOOKS
(22)	SAINT AGNES MEDICAL FOUNDATION	A	25,902	PER BOOKS
(23)	SAINT ALPHONSUS HEALTH SYSTEM INC	L	52,669,909	PER BOOKS
(24)	SAINT ALPHONSUS HEALTH SYSTEM INC	Q	9,098,706	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)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	A	377,840	PER BOOKS
(1)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	C	141,000	PER BOOKS
(2)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	L	866,407	PER BOOKS
(3)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	P	52,925	PER BOOKS
(4)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	Q	770,250	PER BOOKS
(5)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	A	1,778,391	PER BOOKS
(6)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	C	100,000	PER BOOKS
(7)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	L	4,324,809	PER BOOKS
(8)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	P	213,011	PER BOOKS
(9)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	Q	1,448,137	PER BOOKS
(10)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	S	188,950	PER BOOKS
(11)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	A	726,247	PER BOOKS
(12)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	C	321,000	PER BOOKS
(13)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	L	2,302,593	PER BOOKS
(14)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	P	134,216	PER BOOKS
(15)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	Q	854,217	PER BOOKS
(16)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	S	77,164	PER BOOKS
(17)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	A	6,520,880	PER BOOKS
(18)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	B	470,916	PER BOOKS
(19)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	C	15,860,804	PER BOOKS
(20)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	L	16,727,490	PER BOOKS
(21)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	M	50,620	PER BOOKS
(22)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	P	6,254,323	PER BOOKS
(23)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	Q	7,839,818	PER BOOKS
(24)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	S	692,807	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)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	B	102,924	PER BOOKS
(1)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	C	1,664,845	PER BOOKS
(2)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	L	28,534,107	PER BOOKS
(3)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	P	1,491,470	PER BOOKS
(4)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Q	28,597,807	PER BOOKS
(5)	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	A	211,677	PER BOOKS
(6)	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	L	61,557	PER BOOKS
(7)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	A	10,387,851	PER BOOKS
(8)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	L	63,891	PER BOOKS
(9)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	S	1,103,663	PER BOOKS
(10)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	C	12,582,772	PER BOOKS
(11)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	L	34,479,132	PER BOOKS
(12)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	M	215,510	PER BOOKS
(13)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	P	3,607,582	PER BOOKS
(14)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Q	10,510,613	PER BOOKS
(15)	SAINT JOSEPH'S HEALTH SYSTEM INC	C	132,980	PER BOOKS
(16)	SAINT JOSEPH'S HEALTH SYSTEM INC	L	225,343	PER BOOKS
(17)	SAINT JOSEPH'S HEALTH SYSTEM INC	Q	836,675	PER BOOKS
(18)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	C	2,140,626	PER BOOKS
(19)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	D	17,000,000	PER BOOKS
(20)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	L	9,377,526	PER BOOKS
(21)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	P	472,669	PER BOOKS
(22)	SISTERS OF PROVIDENCE HEALTH SYSTEM INC	Q	4,021,308	PER BOOKS
(23)	ST AGNES CONTINUING CARE CENTER	L	400,928	PER BOOKS
(24)	ST FRANCIS HOSPITAL INC	A	3,924,200	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)	ST FRANCIS HOSPITAL INC	C	2,470,924	PER BOOKS
(1)	ST FRANCIS HOSPITAL INC	L	9,868,379	PER BOOKS
(2)	ST FRANCIS HOSPITAL INC	P	809,193	PER BOOKS
(3)	ST FRANCIS HOSPITAL INC	Q	5,218,277	PER BOOKS
(4)	ST FRANCIS HOSPITAL INC	S	416,928	PER BOOKS
(5)	ST FRANCIS MEDICAL CENTER TRENTON NJ	A	2,484,567	PER BOOKS
(6)	ST FRANCIS MEDICAL CENTER TRENTON NJ	B	194,684	PER BOOKS
(7)	ST FRANCIS MEDICAL CENTER TRENTON NJ	C	2,374,558	PER BOOKS
(8)	ST FRANCIS MEDICAL CENTER TRENTON NJ	D	14,000,000	PER BOOKS
(9)	ST FRANCIS MEDICAL CENTER TRENTON NJ	L	9,130,133	PER BOOKS
(10)	ST FRANCIS MEDICAL CENTER TRENTON NJ	M	156,477	PER BOOKS
(11)	ST FRANCIS MEDICAL CENTER TRENTON NJ	P	476,104	PER BOOKS
(12)	ST FRANCIS MEDICAL CENTER TRENTON NJ	Q	2,402,888	PER BOOKS
(13)	ST FRANCIS MEDICAL CENTER TRENTON NJ	S	265,933	PER BOOKS
(14)	ST JOSEPH OF THE PINES INC	A	1,712,602	PER BOOKS
(15)	ST JOSEPH OF THE PINES INC	L	52,633	PER BOOKS
(16)	ST JOSEPH OF THE PINES INC	Q	567,146	PER BOOKS
(17)	ST JOSEPH OF THE PINES INC	S	181,956	PER BOOKS
(18)	ST JOSEPH'S HEALTH CENTER PROPERTIES INC	A	1,212,191	PER BOOKS
(19)	ST JOSEPH'S HEALTH CENTER PROPERTIES INC	S	128,791	PER BOOKS
(20)	ST JOSEPH'S HOSPITAL HEALTH CENTER	A	8,536,112	PER BOOKS
(21)	ST JOSEPH'S HOSPITAL HEALTH CENTER	L	23,333,859	PER BOOKS
(22)	ST JOSEPH'S HOSPITAL HEALTH CENTER	M	960,936	PER BOOKS
(23)	ST JOSEPH'S HOSPITAL HEALTH CENTER	P	912,136	PER BOOKS
(24)	ST JOSEPH'S HOSPITAL HEALTH CENTER	Q	12,394,940	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 JOSEPH'S HOSPITAL HEALTH CENTER	R	7,089,358	PER BOOKS
(1)	ST JOSEPH'S HOSPITAL HEALTH CENTER	S	7,833,509	PER BOOKS
(2)	ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC	B	322,112	PER BOOKS
(3)	ST JOSEPH'S MEDICAL PC	A	449,582	PER BOOKS
(4)	ST MARY MEDICAL CENTER	A	4,339,392	PER BOOKS
(5)	ST MARY MEDICAL CENTER	C	6,530,802	PER BOOKS
(6)	ST MARY MEDICAL CENTER	L	28,618,068	PER BOOKS
(7)	ST MARY MEDICAL CENTER	P	2,296,912	PER BOOKS
(8)	ST MARY MEDICAL CENTER	Q	14,937,062	PER BOOKS
(9)	ST MARY MEDICAL CENTER	S	461,044	PER BOOKS
(10)	ST MARY'S HEALTH CARE SYSTEM INC	A	2,250,391	PER BOOKS
(11)	ST MARY'S HEALTH CARE SYSTEM INC	C	3,482,898	PER BOOKS
(12)	ST MARY'S HEALTH CARE SYSTEM INC	L	12,432,014	PER BOOKS
(13)	ST MARY'S HEALTH CARE SYSTEM INC	P	428,173	PER BOOKS
(14)	ST MARY'S HEALTH CARE SYSTEM INC	Q	5,233,883	PER BOOKS
(15)	ST MARY'S HEALTH CARE SYSTEM INC	S	239,098	PER BOOKS
(16)	ST PETER'S HEALTH PARTNERS	C	965,832	PER BOOKS
(17)	ST PETER'S HEALTH PARTNERS	L	72,311,855	PER BOOKS
(18)	ST PETER'S HEALTH PARTNERS	M	1,385,365	PER BOOKS
(19)	ST PETER'S HEALTH PARTNERS	P	3,513,858	PER BOOKS
(20)	ST PETER'S HEALTH PARTNERS	Q	29,355,842	PER BOOKS
(21)	ST PETER'S HOSPITAL	A	10,037,299	PER BOOKS
(22)	ST PETER'S HOSPITAL	B	10,698,614	PER BOOKS
(23)	ST PETER'S HOSPITAL	P	6,696,040	PER BOOKS
(24)	ST PETER'S HOSPITAL	S	481,671	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)	THE MERCY HOSPITAL INC	A	4,133,561	PER BOOKS
(1)	THE MERCY HOSPITAL INC	B	450,868	PER BOOKS
(2)	THE MERCY HOSPITAL INC	C	2,715,220	PER BOOKS
(3)	THE MERCY HOSPITAL INC	L	10,104,842	PER BOOKS
(4)	THE MERCY HOSPITAL INC	M	66,667	PER BOOKS
(5)	THE MERCY HOSPITAL INC	P	880,098	PER BOOKS
(6)	THE MERCY HOSPITAL INC	Q	4,469,205	PER BOOKS
(7)	THE MERCY HOSPITAL INC	S	439,168	PER BOOKS
(8)	THRE SERVICES LLC	B	267,703	PER BOOKS
(9)	TRINITY ASSURANCE LTD	C	1,093,118	PER BOOKS
(10)	TRINITY ASSURANCE LTD	L	914,212	PER BOOKS
(11)	TRINITY ASSURANCE LTD	P	64,399,450	PER BOOKS
(12)	TRINITY CONTINUING CARE SERVICES	A	5,082,940	PER BOOKS
(13)	TRINITY CONTINUING CARE SERVICES	B	101,769	PER BOOKS
(14)	TRINITY CONTINUING CARE SERVICES	C	5,105,476	PER BOOKS
(15)	TRINITY CONTINUING CARE SERVICES	L	7,166,894	PER BOOKS
(16)	TRINITY CONTINUING CARE SERVICES	P	1,143,985	PER BOOKS
(17)	TRINITY CONTINUING CARE SERVICES	Q	10,290,650	PER BOOKS
(18)	TRINITY CONTINUING CARE SERVICES	S	539,386	PER BOOKS
(19)	TRINITY HEALTH - MICHIGAN	A	28,588,144	PER BOOKS
(20)	TRINITY HEALTH - MICHIGAN	B	208,100	PER BOOKS
(21)	TRINITY HEALTH - MICHIGAN	C	67,755,222	PER BOOKS
(22)	TRINITY HEALTH - MICHIGAN	L	210,549,112	PER BOOKS
(23)	TRINITY HEALTH - MICHIGAN	M	940,834	PER BOOKS
(24)	TRINITY HEALTH - MICHIGAN	P	13,275,808	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	53,453,500	PER BOOKS
(1)	TRINITY HEALTH - MICHIGAN	S	3,037,377	PER BOOKS
(2)	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	A	9,012,817	PER BOOKS
(3)	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	L	800,166	PER BOOKS
(4)	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	S	957,575	PER BOOKS
(5)	TRINITY HEALTH PACE	A	789,263	PER BOOKS
(6)	TRINITY HEALTH PACE	L	279,932	PER BOOKS
(7)	TRINITY HEALTH PACE	Q	1,811,339	PER BOOKS
(8)	TRINITY HEALTH PACE	S	83,851	PER BOOKS
(9)	TRINITY HEALTH PARTNERS LLC	L	120,231	PER BOOKS
(10)	TRINITY HEALTH PARTNERS LLC	Q	920,908	PER BOOKS
(11)	TRINITY HOME HEALTH SERVICES	A	19,069	PER BOOKS
(12)	TRINITY HOME HEALTH SERVICES	C	3,792,944	PER BOOKS
(13)	TRINITY HOME HEALTH SERVICES	L	5,000,473	PER BOOKS
(14)	TRINITY HOME HEALTH SERVICES	P	1,233,094	PER BOOKS
(15)	TRINITY HOME HEALTH SERVICES	Q	4,755,191	PER BOOKS
(16)	WESTSHORE HEALTH NETWORK	L	746,950	PER BOOKS