

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 542,827,586 including grants of \$ 4,596,830) (Revenue \$ 592,755,901)
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 ▶ 542,827,586

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 Yes | |
| 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 Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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 | No |
| 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 Yes | |
| 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 Yes | |
| 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 Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b Yes | |
| 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 | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 | 28a 28b 28c | No Yes Yes |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes |
| 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 | Yes |
| 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 | Yes |
| 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|------------|--|------------|-------|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 385 |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 2 |
| 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 | 4,747 |
| 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 | Yes |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes |
| 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 | 15 | |
| 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 | 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 | Yes |
| 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 | No |
| b | Other officers or key employees of the organization | 15b | No |
| 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: **►**

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: **►** TAMARA RICCO 1820 44TH STREET SE KENTWOOD, MI 49508 (616) 685-3573

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

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

Form **990** (2016)

[illegible]

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 ▶ 364

Section B. Independent Contractors

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| THE CHRISTMAN COMPANY 208 N CAPITOL AVENUE LANSING, MI 48933 | CONSTRUCTION SERVICES | 9,098,377 |
| HGA ARCHITECTS AND ENGINEERS 420 N 5TH ST MINNEAPOLIS, MN 55401 | CONSTRUCTION SERVICES | 7,520,066 |
| AMERICAN ANESTHESIA PO BOX 281034 ATLANTA, GA 30384 | HEALTH CARE SERVICES | 4,121,933 |
| WISCONSIN PHYSICIANS SERVICE PO BOX 8190 MADISON, WI 53708 | HEALTH ADMINISTRATIVE SVCS | 1,965,335 |
| SECURITAS SECURITY SERVICE USA PO BOX 403412 ATLANTA, GA 30384 | SECURITY SERVICES | 1,822,196 |

| | |
|---|--|
| <p>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 ► 97</p> | |
|---|--|

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---------------------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | 246,500 | | | |
| | b Membership dues . . . | 1b | | | | |
| | c Fundraising events . . . | 1c | 31,975 | | | |
| | d Related organizations | 1d | 19,135 | | | |
| | e Government grants (contributions) | 1e | 860,541 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,604,948 | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | 700,273 | | | |
| | h Total. Add lines 1a-1f | | 4,763,099 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a NET PATIENT SVC REV | 622110 | 555,537,446 | 555,537,446 | | |
| | b PHARMACY REVENUE | 446110 | 28,413,888 | 25,362,147 | 3,051,741 | |
| | c LABORATORY REVENUE | 621500 | 3,385,532 | | 3,385,532 | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | 1,904,686 | 1,904,686 | | |
| | g Total. Add lines 2a-2f | | 589,241,552 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,821,252 | | | 1,821,252 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real (ii) Personal | | | | |
| | | 1,697,911 | | | | |
| | b Less rental expenses | 2,788,081 | | | | |
| | c Rental income or (loss) | -1,090,170 | | | | |
| | d Net rental income or (loss) | | -1,090,170 | | | -1,090,170 |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| | | 1,472,189 343,926 | | | | |
| | b Less cost or other basis and sales expenses | 0 539,052 | | | | |
| | c Gain or (loss) | 1,472,189 -195,126 | | | | |
| | d Net gain or (loss) | | 1,277,063 | | | 1,277,063 |
| | 8a Gross income from fundraising events (not including \$ 31,975 of contributions reported on line 1c) See Part IV, line 18 | a | 72,136 | | | |
| | b Less direct expenses | b | 69,228 | | | |
| | c Net income or (loss) from fundraising events | | 2,908 | | | 2,908 |
| | 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 | 467,459 | | | | |
| b Less cost of goods sold | b | 466,357 | | | | |
| c Net income or (loss) from sales of inventory | | 1,102 | | | 1,102 | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a PROVIDER INCENTIVE REV | 622110 | 4,873,623 | 4,873,623 | | | |
| b CAFETERIA | 722514 | 1,565,691 | | | 1,565,691 | |
| c GOVT'T SUBSIDY - EHR | 622110 | 326,214 | 326,214 | | | |
| d All other revenue | | 4,824,880 | 4,751,785 | 73,095 | | |
| e Total. Add lines 11a-11d | | 11,590,408 | | | | |
| 12 Total revenue. See Instructions | | 607,607,214 | 592,755,901 | 6,510,368 | 3,577,846 | |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 4,596,830 | 4,596,830 | | |
| 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. | 3,961,431 | | 3,961,431 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 691,594 | 170,240 | 521,354 | |
| 7 Other salaries and wages. | 237,552,655 | 219,088,328 | 18,464,327 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 10,167,698 | 9,394,880 | 772,818 | |
| 9 Other employee benefits. | 27,543,588 | 25,177,697 | 2,365,891 | |
| 10 Payroll taxes. | 15,856,805 | 14,379,089 | 1,477,716 | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 130,448 | | 130,448 | |
| c Accounting. | | | | |
| d Lobbying. | 6,950 | | 6,950 | |
| e Professional fundraising services. See Part IV, line 17. | 56,500 | | | 56,500 |
| f Investment management fees. | 198,023 | | 198,023 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 40,756,093 | 38,860,151 | 1,895,942 | |
| 12 Advertising and promotion. | 1,058,882 | 629,205 | 429,677 | |
| 13 Office expenses. | 5,213,982 | 4,410,274 | 803,708 | |
| 14 Information technology. | 27,360,690 | 24,810,912 | 2,549,778 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 12,884,143 | 11,683,453 | 1,200,690 | |
| 17 Travel. | 449,172 | 273,995 | 175,177 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 707,680 | 641,730 | 65,950 | |
| 20 Interest. | 3,982,338 | 3,982,338 | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 23,701,958 | 21,493,142 | 2,208,816 | |
| 23 Insurance. | 4,150,764 | 3,763,949 | 386,815 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a MEDICAL SUPPLIES | 98,823,626 | 98,823,626 | | |
| b INTERCO PURCH SVCS | 25,088,211 | 22,750,209 | 2,338,002 | |
| c BAD DEBT EXPENSE | 15,584,062 | 15,584,062 | | |
| d HOSPITAL PROVIDER TAX | 11,680,400 | 11,680,400 | | |
| e All other expenses | 11,725,819 | 10,633,076 | 1,092,743 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 583,930,342 | 542,827,586 | 41,046,256 | 56,500 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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

| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|---|-------------|--------------------------|-------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 1,181,284 | 1 | 1,487,778 |
| | 2 | Savings and temporary cash investments | | 28,710 | 2 | 0 |
| | 3 | Pledges and grants receivable, net | | 4,276,616 | 3 | 5,172,656 |
| | 4 | Accounts receivable, net | | 61,012,808 | 4 | 64,435,870 |
| | 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 | | 13,354,120 | 7 | 5,550,738 |
| | 8 | Inventories for sale or use | | 8,811,361 | 8 | 10,611,016 |
| | 9 | Prepaid expenses and deferred charges | | 1,797,787 | 9 | 1,554,658 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 481,238,968 | | |
| | b | Less: accumulated depreciation | 10b | 341,884,026 | | |
| | | | | 105,913,668 | 10c | 139,354,942 |
| | 11 | Investments—publicly traded securities | | 88,735,456 | 11 | 80,824,143 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 76,176,851 | 12 | 62,147,868 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 3,167,213 | 14 | 4,119,472 |
| 15 | Other assets. See Part IV, line 11 | | 38,795,922 | 15 | 45,797,473 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 403,251,796 | 16 | 421,056,614 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 64,298,950 | 17 | 56,112,587 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 2,345,950 | 23 | 2,173,512 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 148,732,814 | 25 | 149,580,272 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 215,377,714 | 26 | 207,866,371 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 179,917,410 | 27 | 203,705,426 |
| | 28 | Temporarily restricted net assets | | 7,084,543 | 28 | 8,474,534 |
| | 29 | Permanently restricted net assets | | 872,129 | 29 | 1,010,283 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| 33 | Total net assets or fund balances | | 187,874,082 | 33 | 213,190,243 | |
| 34 | Total liabilities and net assets/fund balances | | 403,251,796 | 34 | 421,056,614 | |

Part XI Reconciliation of Net AssetsCheck 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 | 607,607,214 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 583,930,342 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 23,676,872 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 187,874,082 |
| 5 | Net unrealized gains (losses) on investments | 5 | 13,147,782 |
| 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 | -11,508,493 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 213,190,243 |

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | Yes | |

Additional Data

Software ID:
Software Version:
EIN: 38-2589966
Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Form 990 (2016)

Form 990, Part III, Line 4a:

MERCY HEALTH PARTNERS IS A TEACHING HOSPITAL WITH MULTIPLE LOCATIONS, INCLUDING THREE HOSPITALS TOTALING OVER 400 LICENSED BEDS, LOCATED IN THE MUSKEGON, MICHIGAN AREA THE HOSPITALS HAVE OVER 65,000 INPATIENT DISCHARGES AND 120,000 EMERGENCY ROOM VISITS ANNUALLY THE SYSTEM IS THE LARGEST EMPLOYER IN MUSKEGON COUNTY, WITH A TEAM OF MORE THAN 4,000 EMPLOYEES AND 375 PHYSICIANS COMMITTED TO THE QUALITY CARE OF PATIENTS AND THEIR FAMILIES THE MERCY AND HACKLEY CAMPUSES ARE ACUTE FACILITIES LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON, OCEANA AND NEWAYGO COUNTIES THE LAKESHORE CAMPUS IS A CRITICAL CARE FACILITY SERVING OCEANA AND NEWAYGO COUNTIES HEALTHGRADES HAS RANKED THE SYSTEM IN THE TOP 5% IN THE NATION FOR COMMITMENT TO CLINICAL QUALITY AND SUPERIOR PATIENT OUTCOMES PLEASE VISIT SCHEDULE H AND OUR WEBSITE FOR ADDITIONAL INFORMATION ABOUT OUR SERVICES, RECOGNITIONS AND AWARDS WWW.MERCYHEALTHMUSKEGON.COM

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ROGER SPOELMAN DIRECTOR, W MI REG PRES & CEO | 26 00 29 00 | X | | X | | | | 0 | 1,060,999 | 42,408 |
| CHARLES FRAYER DIRECTOR, CHAIR | 2 00 2 00 | X | | X | | | | 0 | 0 | 0 |
| MICHAEL GLUHANICH DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| LUANN MARY HANNASCH RSM DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| JOSE' INFANTE DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| NELSON JACOBSON DIRECTOR AS OF 1/17 | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| CAMILLE JOURDEN-MARK DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| TAUANA MCDONALD DIRECTOR, TRINITY SVP CLINICAL OPS | 2 00 48 00 | X | | | | | | 0 | 433,799 | 44,873 |
| JEAN NAGELKERK DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| DALE NESBARY DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 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 | | | |
| CANETTA REID DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| KENNETH SIKKEMA DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| LINDA THIEL OP DIRECTOR AS OF 1/17 | 50 00 0 00 | X | | | | | | 0 | 0 | 0 |
| TERRENCE WRIGHT MD DIRECTOR | 2 00 2 00 | X | | | | | | 0 | 0 | 0 |
| STEPHEN ZONCA MD DIRECTOR | 2 00 3 00 | X | | | | | | 0 | 0 | 0 |
| CAROL TARNOWSKY SECRETARY, TH MANAGING COUNSEL | 25 00 25 00 | | | X | | | | 0 | 306,625 | 23,782 |
| GARY ALLORE TREASURER, WEST MI REGIONAL CFO | 25 00 30 00 | | | X | | | | 0 | 381,068 | 39,307 |
| GREGORY LOOMIS PRES AND CEO MERCY HEALTH PARTNERS | 53 00 2 00 | | | | X | | | 0 | 670,229 | 44,595 |
| KRISTI NAGENGAST VP FINANCE | 50 00 0 00 | | | | X | | | 252,319 | 0 | 36,555 |
| JEFFREY ALEXANDER VP SUBS & STRATEGIC INTEGRATION | 49 00 1 00 | | | | X | | | 0 | 296,410 | 38,353 |

| 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 | | | |
| REMINGTON SPRAGUE VP & CMO | 48 00 2 00 | | | | X | | | 0 | 421,185 | 47,552 |
| KEN UGANSKI VP CLINICAL OPERATIONS | 49 00 1 00 | | | | X | | | 251,692 | 0 | 40,628 |
| KRISTEN BROWN MD VP PHYSICIAN NETWORK | 49 00 1 00 | | | | X | | | 326,510 | 0 | 36,620 |
| TOM REYNOLDS VP PHYSICIAN ALIGNMENT | 49 00 1 00 | | | | X | | | 275,060 | 0 | 42,084 |
| JAY BRYAN MERCY LAKESHORE CEO | 49 00 1 00 | | | | X | | | 225,579 | 0 | 31,966 |
| RICK EDGAR MD PHYSICIAN | 50 00 0 00 | | | | | X | | 1,327,446 | 0 | 24,000 |
| CHRISTOPHER MARQUART MD PHYSICIAN | 50 00 0 00 | | | | | X | | 803,252 | 0 | 26,666 |
| RICHARD DOWNEY MD PHYSICIAN | 50 00 0 00 | | | | | X | | 750,081 | 0 | 30,760 |
| JEREMY BARBER MD PHYSICIAN | 50 00 0 00 | | | | | X | | 747,561 | 0 | 22,739 |
| DAVID BONNEMA MD PHYSICIAN | 50 00 0 00 | | | | | X | | 745,422 | 0 | 32,491 |

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 O'CONNELL FORMER KE, TRINITY EVP THR 11/16 | 0 00 55 00 | | | | | | X | 0 | 1,545,409 | 47,362 |
| MARY BOYD FORMER KE, EVP REGIONAL OPERATIONS | 28 00 27 00 | | | | | | X | 0 | 368,988 | 25,154 |
| KIMBERLY MAGUIRE FORMER KE, VP PATIENT CARE SERVICES | 49 00 1 00 | | | | | | X | 0 | 289,518 | 34,765 |

SCHEDULE A
(Form 990 or 990-EZ)

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

MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number

38-2589966

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

The organization is not a private foundation because it is (For lines 1 through 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 33¹/₃% 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 33¹/₃% 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 _____

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? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|---------|---|--|----|--|--|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2016

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 | | | | | | |
| <div>Calendar year (or fiscal year beginning in) ▶</div> | (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 | | | | | | |
| <div>Calendar year (or fiscal year beginning in) ▶</div> | (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 ▶ <input type="checkbox"/> | | | | | | |
| 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 ▶ <input type="checkbox"/> | | | | | | |
| 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 ▶ <input type="checkbox"/> | | | | | | |
| 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 ▶ <input type="checkbox"/> | | | | | | |
| 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 ▶ <input type="checkbox"/> | | | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | | | | | |

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 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 grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a)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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | 1 | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | 3a | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | 5a | |
| 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 | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | 6 | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 8 | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | 9a | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | 9b | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | 9c | |
| 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)? <i>If "Yes," answer line 10b below.</i> | 10a | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | 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? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

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

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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 |
| |

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 MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON | Employer identification number 38-2589966 |
|--|---|

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

| | | |
|----------|--|------------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV | |
| 2 | Political expenditures | ▶ \$ _____ |
| 3 | Volunteer hours | _____ |

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

| | | |
|-----------|---|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ▶ \$ _____ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ _____ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 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) | | (b) |
|-----------|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | Yes | | 20,405 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 6,950 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 27,355 |
| 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). | 2a | |
| a | Current year | 2b | |
| b | Carryover from last year | 2c | |
| c | Total | 3 | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 4 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 5 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | |

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 | MERCY HEALTH PARTNERS HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO NATIONAL AND REGIONAL ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED MERCY HEALTH PARTNERS WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES. MERCY HEALTH PARTNERS ALSO PAID THIRD PARTY LOBBYING FIRMS DURING THE YEAR TO LOBBY FOR OR AGAINST LEGISLATION DETERMINED TO BE OF INTEREST TO MERCY HEALTH PARTNERS. |

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As Filed Data -

DLN: 93493134072338

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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

2a

2b

2c

2d

Held at the End of the Year

3

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

4

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

5

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

6

Number of states where property subject to conservation easement is located ►

7

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

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

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

11

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

1b

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

► \$

► \$

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Cat No 52283D

Schedule D (Form 990) 2016

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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 | 852,697 | 876,454 | 962,590 | 913,189 | 1,492,191 |
| b Contributions | 350 | | | | |
| c Net investment earnings, gains, and losses | 137,804 | -33,069 | 15,688 | 49,401 | 196,336 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | -9,312 | 101,824 | | 756,527 |
| f Administrative expenses | | | | | |
| g End of year balance | 990,851 | 852,697 | 876,454 | 962,590 | 932,000 |

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

100 000 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | Yes | |
| 3a(ii) | | No |
| 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 | | 6,682,225 | | 6,682,225 |
| b Buildings | | 212,249,793 | 149,268,334 | 62,981,459 |
| c Leasehold improvements | | | | |
| d Equipment | | 218,312,901 | 189,084,690 | 29,228,211 |
| e Other | | 43,994,049 | 3,531,002 | 40,463,047 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 139,354,942 |

Schedule D (Form 990) 2016

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 | 27,768,196 | F |
| (B) EQUITY METHOD INVESTMENTS | 21,156,721 | C |
| (C) HEDGE FUNDS | 13,222,951 | F |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | 62,147,868 | |

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) MISCELLANEOUS RECEIVABLES | 6,285,049 |
| (2) INTERCOMPANY LONG TERM ASSETS | 29,000,718 |
| (3) OTHER LONG TERM ASSETS | 222,912 |
| (4) INVESTMENT IN UNCONSOLIDATED AFFILIATES | 4,426,530 |
| (5) INTERCOMPANY RECEIVABLES | 5,862,264 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | 45,797,473 |

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 NOTES PAYABLE | 122,519,019 | |
| INTERCOMPANY ACCOUNTS PAYABLE | 15,224,801 | |
| SHORT TERM GUARANTEES | 1,365,534 | |
| DEFERRED COMPENSATION | 4,580,527 | |
| ASSET RETIREMENT OBLIGATIONS (FIN 47) | 4,345,135 | |
| LONG TERM GUARANTEES | 1,545,256 | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 149,580,272 | |
| 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 <input type="checkbox"/> | | |

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 |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 38-2589966
Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4 | EXPLANATION A PORTION OF MERCY HEALTH PARTNERS' ENDOWMENT FUNDS ARE FOR PATIENT RELATED PURPOSES INCLUDING PATIENT CARE, SPECIALIZED EQUIPMENT AND FACILITIES, FREE CARE AND OPERATIONS THE REMAINING FUNDS ARE FOR NURSING EDUCATION AND TRAINING |

| | | |
|---|---|--|
| <div>SCHEDULE G (Form 990 or 990-EZ)</div> <div>Department of the Treasury Internal Revenue Service</div> | <div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div> | <div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div> |
| Name of the organization MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON | | Employer identification number 38-2589966 |

Part I Fundraising Activities.

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

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

a ☒ Mail solicitations

b ☒ Internet and email solicitations

c ☐ Phone solicitations

d ☒ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|--|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 HILLARY LYONS ASSOC PO BOX 99 DIMONDALE, MI 48821 | CONSULTS IN ALL FUNDRAISING ACTIVITIES | | No | 3,112,959 | 56,500 | 3,056,459 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total ▶ | | | | 3,112,959 | 56,500 | 3,056,459 |

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

MI

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

| Revenue | | (a) Event #1 BENEFIT BALL (event type) | (b) Event #2 THE RIDE (event type) | (c) Other events 1 (total number) | (d) Total events (add col (a) through col (c)) |
|-----------------|---|---|---|--|---|
| | | | | | |
| | 1 Gross receipts | 44,620 | 37,002 | 22,489 | 104,111 |
| | 2 Less Contributions | 10,670 | 13,680 | 7,625 | 31,975 |
| | 3 Gross income (line 1 minus line 2) | 33,950 | 23,322 | 14,864 | 72,136 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 2,755 | 727 | 268 | 3,750 |
| | 7 Food and beverages | 21,272 | 54 | 3,611 | 24,937 |
| | 8 Entertainment | 2,000 | | | 2,000 |
| | 9 Other direct expenses | 15,714 | 8,362 | 14,465 | 38,541 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 69,228 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 2,908 |

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

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

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

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

☐ Yes ☐ No

b If "No," explain _____

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

☐ Yes ☐ No

b If "Yes," explain _____

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Return Reference

Explanation

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury

Name of the organization
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care

☐ 100%

☐ 150%

☒ 200%

☐ Other _____ %

b

Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other _____ %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

If "Yes," did the organization make it available to the public?

6b

Yes

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

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | 2 | 7,348 | 3,113,904 | | 3,113,904 | 0 550 % |
| b Medicaid (from Worksheet 3, column a) | 4 | 99,857 | 108,142,427 | 94,708,710 | 13,433,717 | 2 360 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | 3 | 191 | 966,593 | 964,603 | 1,990 | 0 % |
| d Total Financial Assistance and Means-Tested Government Programs | 9 | 107,396 | 112,222,924 | 95,673,313 | 16,549,611 | 2 910 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 35 | 195,480 | 6,299,626 | 210,415 | 6,089,211 | 1 070 % |
| f Health professions education (from Worksheet 5) | 2 | 95 | 10,209,522 | 3,217,834 | 6,991,688 | 1 230 % |
| g Subsidized health services (from Worksheet 6) | 1 | 920 | 14,176,297 | 6,935,665 | 7,240,632 | 1 270 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 2 | 24,707 | 70,209 | | 70,209 | 0 010 % |
| j Total. Other Benefits | 40 | 221,202 | 30,755,654 | 10,363,914 | 20,391,740 | 3 580 % |
| k Total. Add lines 7d and 7j | 49 | 328,598 | 142,978,578 | 106,037,227 | 36,941,351 | 6 490 % |

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

Cat No 50192T

Schedule H (Form 990) 2016

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | 2 | | 32,987 | | 32,987 | 0.010 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | 1 | 75 | 285,892 | | 285,892 | 0.050 % |
| 7 Community health improvement advocacy | 1 | | 4,801 | | 4,801 | 0 % |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | 4 | 75 | 323,680 | | 323,680 | 0.060 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|----------|------------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | | No |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 15,584,062 | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | 0 | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |

Section B. Medicare

| | | |
|---|--|--------------------------------|
| 5 Enter total revenue received from Medicare (including DSH and IME). | 5 | 121,920,537 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 134,832,538 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | -12,912,001 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

Section C. Collection Practices

| | | | |
|---|-----------|-----|--|
| 9a Did the organization have a written debt collection policy during the tax year? | 9a | Yes | |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | 9b | Yes | |

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|----------------------------|---|--|--|---|
| 1 1 MUSKEGON SC LLC | AMBULATORY SURGERY CTR | 36.590 % | 2.440 % | 59.760 % |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

3

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

| | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| | See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

| | Yes | No |
|---|------------|-----|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 | Yes |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 | Yes |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> | | |
| b <input checked="" type="checkbox"/> Other website (list url) <u>HTTP //WWW MCHP ORG/CHNA</u> | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> | 10 | Yes |
| a | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY HEALTH PARTNERS MERCY CAMPUS

Name of hospital facility or letter of facility reporting group

| | Yes | No |
|--|---------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | |
| 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 Yes | |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % | | |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c <input checked="" type="checkbox"/> Asset level | | |
| d <input checked="" type="checkbox"/> Medical indigency | | |
| e <input checked="" type="checkbox"/> Insurance status | | |
| f <input checked="" type="checkbox"/> Underinsurance discount | | |
| g <input checked="" type="checkbox"/> Residency | | |
| h <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 Explained the basis for calculating amounts charged to patients? | 14 Yes | |
| 15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 Yes | |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e <input type="checkbox"/> Other (describe in Section C) | | |
| 16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 Yes | |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) LINE 16B WWW MERCYHEALTH COM/FINANCIAL-ASSISTANCE-MUSKEGON | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) LINE 16B WWW MERCYHEALTH COM/FINANCIAL-ASSISTANCE-MUSKEGON | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) LINE 16B WWW MERCYHEALTH COM/FINANCIAL-ASSISTANCE-MUSKEGON | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)**Billing and Collections**

MERCY HEALTH PARTNERS MERCY CAMPUS

Name of hospital facility or letter of facility reporting group

| | | Yes | No |
|---|-----------|-----|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 | Yes | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 | | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged | | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | | |
| a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | | |

Policy Relating to Emergency Medical Care

| | | | |
|--|-----------|-----|--|
| 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 | Yes | |
| If "No," indicate why | | | |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCY HEALTH PARTNERS MERCY CAMPUS

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | | No |

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

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

3

Community Health Needs Assessment

| | Yes | No |
|---|---------------|----|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 Yes | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 Yes | |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a Yes | |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 Yes | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> | | |
| b <input checked="" type="checkbox"/> Other website (list url) <u>HTTP //WWW MCHP ORG/CHNA</u> | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 Yes | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> | 10 Yes | |
| a | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

| Name of hospital facility or letter of facility reporting group | | Yes | No |
|---|---|-----|-----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % | | | |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c <input checked="" type="checkbox"/> Asset level | | | |
| d <input checked="" type="checkbox"/> Medical indigency | | | |
| e <input checked="" type="checkbox"/> Insurance status | | | |
| f <input checked="" type="checkbox"/> Underinsurance discount | | | |
| g <input checked="" type="checkbox"/> Residency | | | |
| h <input checked="" type="checkbox"/> Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 | Yes |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 | Yes |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) LINE 16B WWW MERCYHEALTH COM/FINANCIAL-ASSISTANCE-MUSKEGON | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) LINE 16B WWW MERCYHEALTH COM/FINANCIAL-ASSISTANCE-MUSKEGON | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) LINE 16B WWW MERCYHEALTH COM/FINANCIAL-ASSISTANCE-MUSKEGON | | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| j <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information (continued)**Billing and Collections**

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

Name of hospital facility or letter of facility reporting group

| | | Yes | No |
|---|-----------|-----|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 | Yes | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 | | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged | | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | | |
| a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | | |

Policy Relating to Emergency Medical Care

| | | | |
|--|-----------|-----|--|
| 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 | Yes | |
| If "No," indicate why | | | |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCY HEALTH PARTNERS LAKESHORE CAMPUS

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| | | |
| 23 | | No |
| 24 | | No |

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

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

2

Community Health Needs Assessment

| | Yes | No |
|---|------------|-----|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 | Yes |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 | Yes |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> | | |
| b <input checked="" type="checkbox"/> Other website (list url) <u>HTTP //WWW MCHP ORG/CHNA</u> | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> | 10 | Yes |
| a | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

MERCY HEALTH PARTNERS HACKLEY CAMPUS

| Name of hospital facility or letter of facility reporting group | | Yes | No |
|---|---|-----|-----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 % | | | |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c <input checked="" type="checkbox"/> Asset level | | | |
| d <input checked="" type="checkbox"/> Medical indigency | | | |
| e <input checked="" type="checkbox"/> Insurance status | | | |
| f <input checked="" type="checkbox"/> Underinsurance discount | | | |
| g <input checked="" type="checkbox"/> Residency | | | |
| h <input checked="" type="checkbox"/> Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 | Yes |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 | Yes |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) LINE 16B WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) LINE 16B WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) LINE 16B WWW.MERCYHEALTH.COM/FINANCIAL-ASSISTANCE-MUSKEGON | | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| j <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information (continued)**Billing and Collections**

MERCY HEALTH PARTNERS HACKLEY CAMPUS

Name of hospital facility or letter of facility reporting group

| | | Yes | No |
|---|-----------|-----|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 | Yes | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 | | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged | | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | | |
| a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | | |

Policy Relating to Emergency Medical Care

| | | | |
|--|-----------|-----|--|
| 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 | Yes | |
| If "No," indicate why | | | |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MERCY HEALTH PARTNERS HACKLEY CAMPUS

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | | No |

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 46

| Name and address | Type of Facility (describe) |
|------------------------------------|-----------------------------|
| 1 See Additional Data Table | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 3C | IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 6A | MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON (MHM) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW TRINITY-HEALTH ORG IN ADDITION, MHM INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 7 | THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7 FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LN 7 COL(F) | THE FOLLOWING NUMBER, \$15,584,062, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25 PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F) |

| Form and Line Reference | Explanation |
|---|---|
| <p>PART II, COMMUNITY BUILDING ACTIVITIES</p> | <p>IN FY17, MHM'S MERCY CAMPUS AND MHM'S LAKESHORE CAMPUS HAVE ENGAGED IN COMMUNITY BUILDING ACTIVITIES IN THE FOLLOWING WAYS - THE COALITION FOR A DRUG FREE MUSKEGON COUNTY'S PURPOSE IS TO CONVEY THE COMMUNITY TO PREVENT THE USE AND ABUSE OF SUBSTANCES AMONG YOUTH THE COALITION HAS INDIVIDUAL SUBCOMMITTEE GROUPS TO IDENTIFY AND ADDRESS THE LOCAL CONDITIONS THAT CONTRIBUTE TO EACH ISSUE - ALCOHOL, TOBACCO, PRESCRIPTION DRUGS, AND NOW MARIJUANA SINCE 2008, THE COALITION HAS HAD DRAMATIC OUTCOMES, INCLUDING A 50% REDUCTION IN TEEN BINGE DRINKING, A 61% REDUCTION IN TEEN DRIVING AFTER DRINKING, A 45% REDUCTION IN TEEN SMOKING, AND HAS COLLECTED 25,000 POUNDS IN MEDICATIONS AND SHARPS - THE MUSKEGON ALCOHOL LIABILITY INITIATIVE IS PRIMARILY A LAW ENFORCEMENT AND PREVENTION ORGANIZATION FOCUSED ON TEEN ALCOHOL ISSUES DURING THIS FISCAL YEAR, THEY HAVE WORKED ON ENHANCING ENFORCEMENT, ALCOHOL RETAIL EDUCATION AND COMPLIANCE, AND STUDENT EDUCATION AND AWARENESS PROGRAMS THE "FACE THEBOOK" PROGRAM, NOW IN ITS SEVENTH YEAR, IS A COUNTY-WIDE CAMPAIGN IMPLEMENTED IN ALL 12 PUBLIC SCHOOL DISTRICTS AND 2 LOCAL COLLEGES, INCORPORATING SOCIAL MEDIA, PUBLIC SERVICE ANNOUNCEMENTS, EDUCATIONAL MATERIALS, AND SPEAKERS - THE KNOWSMOKE COALITION IS MUSKEGON'S TOBACCO REDUCTION GROUP WORKING ON SMOKE-FREE ENVIRONMENTS, EDUCATION AND AWARENESS THEY ALSO WORK WITH YOUTH ON MESSAGING AND HAVE CREATED MULTIPLE YOUTH EVENTS PROMOTING SMOKE-FREE LIFESTYLES, INCLUDING THE POPULAR ANNUAL MULTI-SCHOOL ZOMBIE WALK, WHICH IS ATTENDED BY OVER 300 STUDENTS AND OVER 100 ADULT VOLUNTEERS - THE MUSKEGON AREA MEDICATION DISPOSAL PROGRAM CONTINUED ITS SEVENTH YEAR WITH PERMANENT COLLECTION BOXES AT RETAIL PHARMACIES AND LAW ENFORCEMENT AGENCIES IN MUSKEGON THE TEAM HELD TWO TAKE-BACK EVENTS IN MUSKEGON COUNTY, COLLECTING OVER 3,000 POUNDS OF UNUSED OR EXPIRED MEDICATIONS IN FY 2017 IN TOTAL, THE PROGRAM HAS COLLECTED OVER 25,000 POUNDS OF MATERIALS SINCE ITS INCEPTION IN 2010 THIS IS PROGRAM WAS LISTED AS A BEST PRACTICE FOR HOSPITAL COMMUNITY BENEFIT PROGRAMS BY THE WHITE HOUSE'S OFFICE OF NATIONAL DRUG CONTROL POLICY AND WAS FEATURED IN THE 2015 NATIONAL DRUG CONTROL STRATEGY - THE ALLIANCE FOR MARIJUANA PREVENTION TASKFORCE IS WORKING ON ENGAGING PARENTS TO SPEAK WITH THEIR KIDS ABOUT MARIJUANA THROUGH THE "TALK SOONER" EDUCATION PROGRAM THIS PAST YEAR, THE GROUP MADE MULTIPLE PRESENTATIONS ILLUSTRATING THE IMPACT ON COMMUNITY HEALTH, WORKFORCE, AND ECONOMIC DEVELOPMENT ISSUES ASSOCIATED WITH POTENTIAL MARIJUANA LEGALIZATION AND HEROIN USE - THE CHARTED HEALTH CARE PLANNING COALITION'S (FORMERLY END OF LIFE COALITION) WORK FOCUSED ON INCREASING THE USE OF ADVANCE DIRECTIVES IN MUSKEGON COUNTY FOR ALL AREA RESIDENTS DURING THIS PERIOD, THE COALITION HAS WORKED ON STRATEGIC PLANNING, PROVIDING THE "RESPECTING CHOICES" TRAINING TO SEVERAL PROFESSIONALS WHO ARE HAVING THESE CONVERSATIONS WITH PATIENTS, AND DEVELOPING A MULTI-TIERED COMMUNITY CAMPAIGN THE COMMUNITY ENGAGEMENT CAMPAIGN USES EDUCATIONAL MATERIALS, BILLBOARDS, RADIO PUBLIC SERVICE ANNOUNCEMENTS, AND A WEBSITE TO PROMOTE THE FIVE WISHES DOCUMENT AMONG MUSKEGON COUNTY RESIDENTS - MHM ADVOCATES FOR ENHANCEMENTS TO BEHAVIORAL HEALTH AND CONTINUATION OF GRADUATE MEDICAL EDUCATION, AND PROVIDES FEEDBACK ON EMERGING CMS RULES - NOW IN ITS SEVENTH YEAR, THE MUSKEGON-OCEANA COUNTY HEALTH DISPARITIES COALITION (HDC) IS COMPRISED OF 48 INDIVIDUALS, REPRESENTING 30 HEALTH AND HUMAN SERVICE ORGANIZATIONS IN MUSKEGON AND OCEANA COUNTIES THE HDC COLLECTS AND MONITORS DATA ON SIGNIFICANT HEALTH DISPARITIES IDENTIFIED IN THE 2012 HEALTH DISPARITIES REPORT CARD, PROMOTES HEALTH LITERACY AND THE FEDERAL CULTURALLY AND LINGUISTICALLY APPROPRIATE STANDARDS (CLAS) AROUND LANGUAGE SERVICES AND CULTURAL COMPETENCY, IMPROVES ACCESS TO CARE AND QUALITY OF CARE FOR RACIAL AND ETHNIC MINORITIES, AND GENERALLY IMPROVES THE PATIENT EXPERIENCE OF ALL INDIVIDUALS IN THE LAST YEAR, THE MUSKEGON COUNTY AND OCEANA COUNTY GROUPS HAVE DIVIDED TO BETTER TARGET DISPARITIES BY GEOGRAPHIC REGION - THE UPFRONT (FORMERLY MUSKEGON COUNTY HIV/AIDS PREVENTION) COALITION RECONVENED AND REBRANDED THEIR EFFORTS TO CREATE EDUCATION AND AWARENESS TO PREVENT SEXUALLY TRANSMITTED DISEASES THE TEAM ALSO PROVIDED SCREENING FOR THOSE AT RISK OF INFECTION - OCEANA HEALTH DISPARITIES REDUCTION COALITION (OHDRC) IS THE OCEANA ARM OF THE PREVIOUSLY COMBINED HEALTH DISPARITIES COALITION DISCUSSED ABOVE OHDRC LED A LONG-TERM STRATEGIC PLANNING PROCESS WITH AREA COMMUNITY LEADERS, AND DECIDED TO FOCUS ON ACCESS TO HEALTH CARE, DIABETES, AND OBESITY THEY ESTABLISHED TWO WORKING GROUPS ENROLL WEST MICHIGAN OCEANA AND THE OCEANA DIABETES TEAM TO DEVELOP ANNUAL WORK PLANS AND IMPLEMENT STRATEGIES ON BEHALF OF THE BROADER COMMUNITY - MHM COLLEAGUES HAVE BEEN PARTICIPATING IN HEALTHY FAMILIES OF OCEANA COUNTY, A SUBGROUP OF THE OHDRC, WHOSE GOALS ARE TO INCREASE AWARENESS OF HEALTHY FOODS AND BEVERAGES DURING THIS PERIOD, THE GROUP HAS</p> |

| Form and Line Reference | Explanation |
|--|---|
| PART II, COMMUNITY BUILDING ACTIVITIES | <p>S IMPLEMENTED A SHELF LABEL PROGRAM THAT IDENTIFIES HEALTHY FOOD AT THREE LOCAL GROCERY STORES AND A FOOD PANTRY, DEVELOPED HEALTHY MENU GUIDES AT TWO AREA RESTAURANTS, AND FACILITATED FOOD DISTRIBUTION EFFORTS AND A PRESCRIPTION-FOR-HEALTH DISTRIBUTION OF NOTE PADS TO LOCAL HEALTH CARE PROVIDERS - OCEANA COUNTY OUTREACH THE HEALTH PROJECT STAFF HAS PROVIDED OUTREACH TO THE COMMUNITY AT VARIOUS HEALTH FAIRS, SCHOOL EVENTS, AND FOOD TRUCKS - OCEANA COUNTY SUBSTANCE ABUSE PREVENTION COALITION HEALTH PROJECT STAFF HAS BEEN ACTIVELY PARTICIPATING IN THE DISTRICT HEALTH DEPARTMENT #10'S OCEANA COUNTY SUBSTANCE ABUSE PREVENTION COALITION, WHICH FORMALLY CONVENED IN 2016 THE COALITION HAS BEEN ACTIVELY INVOLVED IN STRATEGIC PLANNING AROUND SUBSTANCE ABUSE ISSUES AMONG YOUTH IN OCEANA COUNTY, WITH THE MAIN FOCUS BEING ON MARIJUANA, ALCOHOL, AND OPIATE USE - WEST MICHIGAN MIGRANT RESOURCE COUNCIL HEALTH PROJECT STAFF HAS HELPED LEAD THE WEST MICHIGAN MIGRANT RESOURCE COUNCIL, HOLDING THE CHAIR POSITION DURING THIS TIME THE COUNCIL IS A LARGE COLLABORATIVE OF ORGANIZATIONS WHOSE PURPOSE IS TO IMPROVE THE QUALITY OF LIFE OF MIGRANT AND SEASONAL FARM WORKERS AND THEIR FAMILIES BY PROVIDING A FORUM FOR THE LOCAL COORDINATION AND COOPERATION ON MATTERS RELATED TO THE WELL-BEING OF FARM WORKERS IN OCEANA COUNTY THEY STRIVE TO REDUCE DUPLICATION OF SERVICES, COORDINATE SERVICE DELIVERY, IDENTIFY UNMET NEEDS, AND DEVELOP APPROPRIATE PROGRAMS - NORTHWEST MICHIGAN CHRONIC DISEASE COALITION MHM COLLEAGUES HAVE BEEN PARTICIPATING IN THE NORTHWEST MICHIGAN CHRONIC DISEASE COALITION ORGANIZED TO PROMOTE CHRONIC DISEASE-RELATED SERVICES AND PREVENTION OPPORTUNITIES WITHIN A 10-COUNTY REGION - OCEANA'S HOME PARTNERSHIP MHM COLLEAGUES HAVE BEEN PARTICIPATING IN OCEANA'S HOME PARTNERSHIP, OCEANA'S HOMELESS CONTINUUM OF CARE THIS GROUP HOLDS MONTHLY COLLABORATIVE ROUNDTABLE MEETINGS AND FACILITATES EVENTS TO CONNECT COMMUNITY MEMBERS WITH NEEDED SERVICES</p> |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 3 | MHM USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED FOR FINANCIAL STATEMENT PURPOSES, MHM IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL THEREFORE, MHM IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 4 | <p>MHM IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS) FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES AND FOR EACH TYPE OF PAYOR A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE "PART III, LINE 5 TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 8 | MHM DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES PART III, LINE 8 COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART III, LINE 9B | THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 2 | NEEDS ASSESSMENT - MERCY HEALTH MUSKEGON ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL SYSTEM USES PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH INDICATES POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTIVE SERVICES OR ARE UNINSURED THE HOSPITAL ALSO USES PRESS-GANEY AND OTHER STANDARD QUALITY MEASURES TO MONITOR PATIENT SATISFACTION AND IMPROVE INPATIENT SERVICES AND QUALITY OF CARE ADDITIONALLY, TWELVE COMMUNITY COALITIONS AND WORKGROUPS ARE CONVENED AND SUPPORTED BY THE HEALTH PROJECT THESE COALITIONS, DESCRIBED IN PART II ABOVE, MEET REGULARLY TO DISCUSS HEALTH PROBLEMS, ISSUES AND CONCERNS AFFECTING THEIR RESPECTIVE TOPICAL AREAS AND/OR AFFINITY CONSTITUENCIES THESE ISSUES MAY OR MAY NOT BE CITED IN THE CHNA, BUT, IN ANY CASE, THE HEALTH PROJECT BRINGS THE ISSUES TO THE ATTENTION OF THE APPROPRIATE HOSPITAL SYSTEM LEADERSHIP FOR REVIEW AND RESOLUTION ACTIVITIES, IF POSSIBLE |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 3 | <p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MHM IS COMMITTED TO -PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES-CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES-ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE -BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITYIN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, MHM HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS -PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS-MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS-OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS-IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER-IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONSMHM COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT MHM OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL MHM HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS MERCY HEALTH PARTNERS MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 4 | <p>COMMUNITY INFORMATION MUSKEGON COUNTY IS DIVERSE, RANGING FROM RURAL TO URBAN IN CHARACTER, AND IS COMPRISED OF 7 CITIES, 3 VILLAGES AND 16 TOWNSHIPS THE COUNTY IS LOCATED ON THE EASTERN SHORELINE OF LAKE MICHIGAN, ROUGHLY 35 MILES WEST OF GRAND RAPIDS MUSKEGON COUNTY IS KNOWN FOR ITS AGRICULTURAL PRODUCTION OF FRUITS AND VEGETABLES, AS A TOURISM DESTINATION, AND AS AN INDUSTRIAL CENTER THE COUNTY SEAT IS THE CITY OF MUSKEGON, AN URBAN COMMUNITY OF ALMOST 40,000 RESIDENTS INTERSTATE I-96 AND US-31 CONNECT THE COUNTY WITH MAJOR METROPOLITAN CENTERS TO THE EAST AND SOUTH MUSKEGON IS HOME TO THE COUNTY'S MAJOR HOSPITAL SYSTEM MERCY HEALTH MUSKEGON, WHICH INCLUDES THE MERCY AND HACKLEY CAMPUSES IN MUSKEGON COUNTY AND THE LAKESHORE CAMPUS IN OCEANA COUNTY THE COUNTY HAS A TOTAL AREA OF 1,459 SQUARE MILES AND A POPULATION OF 172,188 PEOPLE AND A POPULATION DENSITY OF 334 PEOPLE PER SQUARE MILE BASED ON THE LEVEL OF EMPLOYMENT BY INDUSTRIAL CLASSIFICATION, THE COUNTY'S HIGHEST EMPLOYMENT CATEGORIES INCLUDE MANUFACTURING (25.0%), EDUCATION, HEALTH CARE AND SOCIAL SERVICES (22.2%), RETAIL TRADE (12.2%), AND ARTS, ENTERTAINMENT, RECREATION AND FOOD SERVICES (8.3%) THE COMPOSITION OF THE COUNTY'S POPULATION INCLUDES 81.4% OF THE RESIDENTS CLASSIFIED AS WHITE, 14.2% AFRICAN AMERICAN, 5.2% HISPANIC, 1% AMERICAN INDIAN OR ALASKA NATIVE, AND 0.7% ASIAN THE MEDIAN FAMILY INCOME IS \$40,979 AND THE MEDIAN HOUSEHOLD INCOME IS \$65,000 THE PER CAPITA INCOME IS \$20,621 ABOUT 14% OF FAMILIES AND 19.9% OF THE POPULATION ARE REPORTED AS BELOW THE POVERTY LINE FAMILIES COMPRISED OF A FEMALE ADULT, RELATED CHILDREN UNDER 18 YEARS, AND NO HUSBAND PRESENT, EXPERIENCE POVERTY RATES APPROACHING 49% SOME AREAS OF THE COUNTY ARE DESIGNATED AS FEDERAL ENTERPRISE COMMUNITIES (CITIES OF MUSKEGON AND MUSKEGON HEIGHTS) AND MEDICALLY UNDERSERVED POPULATION (MUP) AREAS WITHIN MUSKEGON COUNTY, THERE ARE THREE ENTITLEMENT COMMUNITIES RECEIVING COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS THERE ARE ALSO TWO FEDERALLY QUALIFIED HEALTH CLINICS LOCATED IN THE CITY OF MUSKEGON HEIGHTS AND SERVING INDIVIDUALS IN MUSKEGON COUNTY OCEANA COUNTY IS LOCATED IN WEST CENTRAL MICHIGAN, ON THE LAKE MICHIGAN COASTLINE THE COUNTY GREW DURING MICHIGAN'S LUMBERING ERA WHEN THE LUMBER BOOM CAME TO A HALT, FARMERS FOUND THE AREA AN EXCELLENT PLACE FOR ORCHARDS TODAY IT PROSPERS, HOLDING THE SECOND LARGEST FRUIT TREE ACREAGE IN THE STATE IT IS ALSO KNOWN AS THE ASPARAGUS CAPITAL OF THE WORLD FOR ITS HIGH PRODUCTION OF THE CROP TOURISM ALSO PLAYS A VITAL PART OF THE COUNTY'S ECONOMY DUE LARGELY TO THE ATTRACTION OF THE LAKE MICHIGAN COASTLINE AND ASSOCIATED DUNES THIS RURAL COUNTY BOASTS 2 CITIES, 2 VILLAGES AND 16 TOWNSHIPS THE COUNTY HAS A TOTAL AREA OF 1,307 SQUARE MILES, A POPULATION OF 26,570 PEOPLE, AND POPULATION DENSITY OF ROUGHLY 20 PEOPLE PER SQUARE MILE COMPARED TO MUSKEGON COUNTY'S POPULATION DENSITY OF 334 PEOPLE PER SQUARE MILE, IT IS EASY TO UNDERSTAND WHY OCEANA COUNTY IS GENERALLY CONSIDERED A RURAL AREA BASED ON THE LEVEL OF EMPLOYMENT BY INDUSTRIAL CLASSIFICATION, THE COUNTY'S HIGHEST EMPLOYMENT CATEGORIES INCLUDE EDUCATION, HEALTH CARE AND SOCIAL SERVICES (19.7%), MANUFACTURING (19.0%), AGRICULTURE, FORESTRY, FISHING, HUNTING AND MINING (12.8%), AND RETAIL TRADE (10.2%) THE COMPOSITION OF THE COUNTY'S POPULATION INCLUDES 95.9% OF THE RESIDENTS CLASSIFIED AS WHITE, 0.7% AFRICAN AMERICAN, 14.1% HISPANIC, 1.5% AMERICAN INDIAN OR ALASKA NATIVE AND 0.3% ASIAN THE MEDIAN HOUSEHOLD INCOME IS \$40,023 AND THE MEDIAN FAMILY INCOME IS \$47,906 THE PER CAPITA INCOME IS \$18,986 ABOUT 12% OF FAMILIES AND 19.9% OF THE POPULATION ARE REPORTED AS BELOW THE POVERTY LINE FAMILIES COMPRISED OF A FEMALE ADULT, RELATED CHILDREN UNDER 18 YEARS, AND NO HUSBAND PRESENT, EXPERIENCE POVERTY RATES APPROACHING 50% OCEANA COUNTY HAS BEEN DEEMED A HEALTH PROFESSIONAL SHORTAGE AREA AND MEDICALLY UNDERSERVED POPULATION AREA BY THE FEDERAL GOVERNMENT NEWAYGO COUNTY IS LOCATED NORTHEAST OF MUSKEGON COUNTY AND NORTH OF THE GRAND RAPIDS METROPOLITAN AREA NEWAYGO COUNTY RELIES ON TOURISM AS ITS MAIN ECONOMIC SUPPORT, WITH AGRICULTURE AND SMALL MANUFACTURING BEING SECONDARY THE COUNTY'S PROXIMITY TO THE URBAN CENTERS OF MUSKEGON AND GRAND RAPIDS TEND TO MAKE IT A BEDROOM COMMUNITY LOCATION FOR THOSE URBAN CENTERS A HIGH PERCENTAGE OF THE COUNTY'S RESIDENTS COMMUTE DAILY TO MUSKEGON AND GRAND RAPIDS TO TAKE ADVANTAGE OF EMPLOYMENT, BUSINESS, HEALTH CARE, RECREATIONAL AND SOCIAL OPPORTUNITIES THIS SEMI-RURAL COUNTY BOASTS TWO CITIES, THREE VILLAGES AND 24 TOWNSHIPS THE COUNTY HAS A TOTAL AREA OF 862 SQUARE MILES, A POPULATION OF 48,460 PEOPLE, AND A POPULATION DENSITY OF APPROXIMATELY 56 PEOPLE PER SQUARE MILES COMPARED TO MUSKEGON COUNTY'S POPULATION DENSITY OF 334 PEOPLE PER SQUARE MILE, NEWAYGO COUNTY, SIMILAR TO OCEANA COUNTY, IS GENERALLY CONSIDERED RURAL IN CHARACTER BASED ON THE LEVEL OF EMPLOYMENT BY INDUSTRIAL CLASSIFICATION, THE COUNTY'S HIGHEST EMP</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 4 | <p>LOYMENT CATEGORIES INCLUDE MANUFACTURING (20.9%), EDUCATION, HEALTH CARE AND SOCIAL SERVICES (18.6%) , RETAIL TRADE (11.5%), AND CONSTRUCTION (7.8%) THE COMPOSITION OF THE COUNTY' S POPULATION INCLUDES 96.0% OF THE RESIDENTS CLASSIFIED AS WHITE, 1.2% AFRICAN AMERICAN, 5.8% HISPANIC, 0.9% AMERICAN INDIAN OR ALASKA NATIVE, AND 0.4% ASIAN THE MEDIAN HOUSEHOLD INCOME IS \$42,571 AND THE MEDIAN FAMILY INCOME IS \$54,252 THE PER CAPITA INCOME IS \$20,623 ABOUT 13% OF FAMILIES AND 18.6% OF THE POPULATION IS REPORTED AS BELOW THE POVERTY LINE FAMILIES COMPRISED OF A FEMALE ADULT, RELATED CHILDREN UNDER 18 YEARS, AND NO HUSBAND PRESENT, EXPERIENCE POVERTY RATES APPROACHING 51% THE COUNTY IS DESIGNATED AS A HEALTH PROFESSIONAL SHORTAGE AREA AND MEDICALLY UNDERSERVED POPULATION AREA</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 5 | <p>OTHER INFORMATION - THE MAJORITY OF THE GOVERNING BODY OF MHM IS PERSONS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA AND WHO ARE NOT EMPLOYEES, CONTRACTORS OF THE ORGANIZATION, OR FAMILY MEMBERS SINCE MHM OPERATES THE ONLY HOSPITALS IN MUSKEGON COUNTY OR OCEANA C OUNTY, STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY AVAILAB LE FUNDS ARE ALLOCATED TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH T HE UNINSURED RATES IN THE SERVICE AREA HAVE DECLINED SUBSTANTIALLY IN FY17, PRIMARILY DUE TO ENROLLMENT IN THE AFFORDABLE CARE ACT (ACA) -INITIATED HEALTHY MICHIGAN AND THE MARKETPL ACE PROGRAMS MHM'S FOCUS HAS BEEN ON ACCESS TO CARE, ENROLLMENT UNDER THE ACA, AND ADDRESSING UNMET HEALTH AND HUMAN SERVICE NEEDS OUR SUBSIDIARY AND COMMUNITY BENEFIT MINISTRY, THE MUSKEGON COMMUNITY HEALTH PROJECT, HAS BEEN VERY PROACTIVE IN WORKING WITH MHM'S MEDIC AL DEPARTMENTS, MEDICAL PRACTICES, TWO FQHCS, AND MANY COMMUNITY AND FAITH-BASED HEALTH AN D HUMAN SERVICE AGENCIES TO PROMOTE INTEGRATED COMMUNITY CARE COORDINATION THE STREAMLINE D ENROLLMENT PROCESS DESIGN MAKES APPLYING FOR ASSISTANCE EASIER FOR CONSUMERS BY INCLUDIN G ALL INFORMATION ESSENTIAL FOR DETERMINING ELIGIBILITY FOR MULTIPLE HEALTH AND HUMAN SERV ICES IN A SINGLE FORM THE WHEELS OF MERCY (TWO MOBILE UNITS) VISIT UNDERSERVED AREAS IN T HE THREE COUNTIES FROM APRIL TO OCTOBER, SERVING AN AVERAGE OF 5,000 INDIVIDUALS PER SEASON THEY PROVIDE BLOOD PRESSURE, DIABETES, PULMONARY FUNCTION, VISION, AND CHOLESTEROL SCRE ENINGS ENROLLMENT ASSISTANCE INTO VARIOUS PROGRAMS IS ALSO PROVIDED THE GOALS INCLUDE REDUCING EMERGENCY DEPARTMENT VISITS AND AVOIDABLE HOSPITALIZATIONS BY SCREENING AND ALERTIN G PATIENTS TO TREATABLE PROBLEMS THAT COULD ESCALATE INTO SERIOUS OR LIFE-THREATENING SITU ATIONS MERCY HEALTH MUSKEGON'S COMMUNITY BENEFIT MINISTRY, THE HEALTH PROJECT, OPERATES A PHARMACEUTICAL ACCESS PROGRAM, WHICH INCLUDES THREE PROGRAMS 1) MEANS-TESTED ELIGIBILITY SCREENING AND ENROLLMENT APPLICATION TO DRUG COMPANY PHARMACEUTICAL ASSISTANCE PROGRAMS (P APS), 2) PROCUREMENT OF INTERIM MEDICATIONS AND SUPPLIES DURING THE APPLICATION PROCESS PE RIOD, AND 3) LOW INCOME PHARMACY PROGRAM WHICH PROVIDES MANY GENERIC DRUGS AT REDUCED PRIC ES THIS PROGRAM COLLABORATES WITH A LOCAL FAITH-BASED ORGANIZATION TO PROVIDE LOW-INCOME, UNINSURED PERSONS WITH THE PRESCRIPTION DRUGS THEY NEED TO MANAGE CHRONIC DISEASES THERE ARE NO OTHER KNOWN PROGRAMS IN THE AREA THAT SUPPLY INTERIM MEDICATIONS TO PATIENTS WAITIN G TO BE ENROLLED IN THE PAPS THE HEALTH PROJECT'S PROGRAM GETS SOME SUPPORT FROM SMALL G RANTS, HOWEVER, OVER 70% OF THE FUNDING SUPPORT COMES FROM MHM'S COMMUNITY BENEFIT FUNDING IN PARTNERSHIP WITH MERCY HEALTH PHYSICIAN PARTNERS, THE HEALTH PROJECT HAS BEEN OPERATIN G THE MUSKEGON AREA MEDICATION DISPOSAL PROJECT (MAMDP) SINCE LATE 2010 THE MAMDP FOCUSES ON THE PRESCRIPTION DRUG TAKE-BACK PROGRAM, IMPLEMENTING TWO COMMUNITY EVENTS AND PERMANE NT COLLECTION SITES AT ALL AREA POLICE STATIONS, AND AT EIGHT LOCAL PHARMACIES TO DATE, T HEY HAVE COLLECTED OVER 25,000 POUNDS OF MATERIALS THE HEALTH PROJECT ADVISORY BOARD OF D IRECTORS AWARDS SEVERAL GRANTS ANNUALLY TO COMMUNITY ORGANIZATIONS THAT ADDRESS THE RANKED HEALTH NEEDS LISTED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT IN JULY OF 2016 , THE BOARD AWARDED \$125,000 IN GRANTS TO 8 ORGANIZATIONS MUSKEGON FAMILY YMCA FOR DIABET ES PREVENTION, OAKRIDGE SCHOOL-BASED CLINIC, PRO-MED COMMUNITY PARAMEDIC PROJECT, OCEANA R IDE FOR HEALTH PROGRAM, MONTAGUE PUBLIC SCHOOLS, MUSKEGON PUBLIC SCHOOLS, REETHS-PUFFER PU BLIC SCHOOLS, AND OCEANA HISPANIC CENTER, TO BE USED FOR NUTRITION AND WELLNESS PROGRAMS M HM'S DEPARTMENTS ARE ACTIVELY INVOLVED IN COMMUNITY PROGRAMS OUTREACH AND ENROLLMENT SPEC IALISTS CONDUCT HEALTH AND HUMAN SERVICE ELIGIBILITY SCREENS ON ALL UNINSURED PATIENTS AT THE TIME OF DISCHARGE FROM THE HOSPITAL OR EMERGENCY DEPARTMENT THE SCREENINGS INCLUDE EL IGI BILITY FOR MEDICAID, SCHIP OR OTHER AVAILABLE HEALTH COVERAGE, FOOD ASSISTANCE PROGRAM, AND FOR THE HOSPITALS' FINANCIAL ASSISTANCE PROGRAM MHM PARTICIPATES IN THE UNITED WAY D AY OF CARING THE ANNUAL HEALTHY-U EVENT IS CONDUCTED TO EDUCATE THE COMMUNITY ABOUT HEART HEALTH, AND PROVIDE WORKSHOPS AND PROGRAMS AT NO COST MHM SUPPORTS EVENTS, SUCH AS THE A FRICAN-AMERICAN DIABETES CONFERENCE, AND MEN'S HEALTH FAIR AND SCREENING THESE ARE HELD T O PROVIDE INFORMATION, EDUCATION AND REFERRAL TO THE GENERAL PUBLIC, BUT ESPECIALLY TARGET UNDERSERVED POPULATION SEGMENTS MHM CONDUCTS EXTENSIVE COMMUNITY-BASED SCREENINGS AT CHUR CHES AND OTHER VENUES AROUND THE COMMUNITY BIRTHING CLASSES ARE OFFERED TO EVERYONE IN TH E COMMUNITY MHM PROVIDES ITS FACILITIES TO NON-PROFIT ORGANIZATIONS FOR MEETINGS AND COMM UNITY ACTIVITIES MEDICAL AND ADMINISTRATIVE STAFF SIT ON COMMUNITY COALITIONS THAT TARGET AREAS OF COMMUNITY NEED, INCLUDING HIV/AIDS, DIABETES, CHILDHOOD OBESITY, HEALTH DISPARIT IES, ASTHMA, ALCOHOL, TOBACCO AND SUBSTANCE ABUSE</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 5 | <p>MHM ALSO GIVES MONEY TO SUPPORT THE COMMUNITY ACCESS LINE OF THE LAKESHORE (CALL 2-1-1) INFORMATION AND REFERRAL PHONE LINE, AND ACCESS HEALTH (A COMMUNITY HEALTH COVERAGE PROGRAM) "SAFE KIDS WEST MICHIGAN" IS A PROGRAM THROUGH MHM'S COMMUNITY DEVELOPMENT DEPARTMENT THAT WORKS WITH PARENTS AND KIDS TO PREVENT ACCIDENTAL INJURY TO CHILDREN AGES 0-14 THE GOAL IS TO REDUCE THE OVERALL RATE OF UNINTENTIONAL INJURIES TO CHILDREN IN WEST MICHIGAN ANNUAL EARNINGS FROM MHM'S SISTER SIMONE COURTADE ENDOWMENT FUND ARE DIRECTED TO COMMUNITY GROUPS FOR PROJECTS TO IMPROVE THE HEALTH OF THE COMMUNITY NINE NON-PROFIT COMMUNITY HEALTH AND HUMAN SERVICE ORGANIZATIONS RECEIVED \$95,000 FROM JULY 1, 2015 THROUGH JUNE 30, 2017 "PATHWAYS TO HEALTHY FUTURES" IS COLLABORATION WITH THE SCHOOL-BASED HEALTH CENTER AT OAKRIDGE SCHOOLS STUDENTS WHO ARE PRONE TO HIGH-RISK BEHAVIORS AND/OR ARE PRONE TO FUTURE MEDICAL CONDITIONS (HYPERTENSION, DIABETES, ETC), INCLUDING THEIR FAMILIES, ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO GUIDE THEM THROUGH BEHAVIOR CHANGES AND CARE COORDINATION TO HELP PROMOTE A HEALTHIER OUTCOME IN ADULTHOOD RECOVERY ORIENTED SYSTEMS OF CARE (ROSC) CONTINUED TO DEVELOP A COORDINATED APPROACH TO DELIVERY OF SUBSTANCE ABUSE SERVICES IN OUR HEALTH SYSTEM THE PROGRAM PARTNERS THE HEALTH PROJECT WITH MERCY HEALTH LIFE COUNSELING, MHM TRAUMA AND EMERGENCY DEPARTMENTS, AND HEALTHWEST (FORMERLY COMMUNITY MENTAL HEALTH) MHM COLLEAGUES PARTICIPATE AND CHAIR COMMITTEES WITHIN THE MUSKEGON/OCEANA HOMELESS CONTINUUM OF CARE, HELPING TO INSURE THAT MEDICALLY FRAGILE, HOMELESS MEMBERS OF THE COMMUNITY ARE MATCHED WITH APPROPRIATE EMERGENCY, TRANSITIONAL AND PERMANENT HOUSING FOR THEIR MEDICAL AND SOCIAL NEEDS</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 6 | <p>MHM IS A MEMBER OF TRINITY HEALTH, 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 HEALTH CARE 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.</p> |

Additional Data

Software ID:
Software Version:
EIN: 38-2589966
Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3 | | | | | | | | | | | |
| 1 | MERCY HEALTH PARTNERS MERCY CAMPUS 1500 E SHERMAN BLVD MUSKEGON, MI 49444 WWW.MERCYHEALTHMUSKEGON.COM LICENSE 1060000188 | X | X | | X | | | X | | | |
| 2 | MERCY HEALTH PARTNERS HACKLEY CAMPUS 1700 CLINTON STREET MUSKEGON, MI 49442 WWW.MERCYHEALTHMUSKEGON.COM LICENSE 1060000032 | X | X | | | | | X | | | |
| 3 | MERCY HEALTH PARTNERS LAKESHORE CAMPUS 72 S STATE STREET SHELBY, MI 49455 WWW.MERCYHEALTHMUSKEGON.COM LICENSE 1060000153 | X | X | | | X | | X | | | |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
|------------------------------------|--|
| MERCY HEALTH PARTNERS MERCY CAMPUS | PART V, SECTION B, LINE 3J MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON (MHM)'S FY16 CHNA ALSO INCLUDED - INTRODUCTION AND MISSION REVIEW STATEMENT- LOOKING BACK AT THE FY13 CHNA A PROGRESS REPORT- REFLECTIONS ON THE CHNA PROCESS LESSONS LEARNED AND NEXT STEPS- 9 APPENDICES, INCLUDING (FOR ALL 3 COUNTIES) COMMUNITY HEALTH AND ENVIRONMENTAL DATA TABLES, HEALTH DISPARITIES INDICATORS AND REPORT CARD, UNIVERSITY OF WISCONSIN COUNTY HEALTH RANKINGS DATA, CALL 2-1-1 TOP HEALTH CARE AND RELATED SERVICE REQUESTS AND UNMET NEEDS (2012-2015), 2013-14 MICHIGAN PROFILE FOR HEALTH YOUTH SURVEY RESULTS, 2015 CONSUMER HEALTH SURVEY QUESTIONNAIRE, AND COMMUNITY PARTICIPANTS IN FOCUS GROUPS |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

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| MERCY HEALTH PARTNERS LAKESHORE CAMPUS | PART V, SECTION B, LINE 3J MHM'S FY16 CHNA ALSO INCLUDED - INTRODUCTION AND MISSION REVIEW STATEMENT- LOOKING BACK AT THE FY13 CHNA A PROGRESS REPORT- REFLECTIONS ON THE CHNA PROCESS LESSONS LEARNED AND NEXT STEPS- 9 APPENDICES, INCLUDING (FOR ALL 3 COUNTIES) COMMUNITY HEALTH AND ENVIRONMENTAL DATA TABLES, HEALTH DISPARITIES INDICATORS AND REPORT CARD, UNIVERSITY OF WISCONSIN COUNTY HEALTH RANKINGS DATA, CALL 2-1-1 TOP HEALTH CARE AND RELATED SERVICE REQUESTS AND UNMET NEEDS (2012-2015), 2013-14 MICHIGAN PROFILE FOR HEALTH YOUTH SURVEY RESULTS, 2015 CONSUMER HEALTH SURVEY QUESTIONNAIRE, AND COMMUNITY PARTICIPANTS IN FOCUS GROUPS |

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| MERCY HEALTH PARTNERS HACKLEY CAMPUS | PART V, SECTION B, LINE 3J MHM'S FY16 CHNA ALSO INCLUDED - INTRODUCTION AND MISSION REVIEW STATEMENT- LOOKING BACK AT THE FY13 CHNA A PROGRESS REPORT- REFLECTIONS ON THE CHNA PROCESS LESSONS LEARNED AND NEXT STEPS- 9 APPENDICES, INCLUDING (FOR ALL 3 COUNTIES) COMMUNITY HEALTH AND ENVIRONMENTAL DATA TABLES, HEALTH DISPARITIES INDICATORS AND REPORT CARD, UNIVERSITY OF WISCONSIN COUNTY HEALTH RANKINGS DATA, CALL 2-1-1 TOP HEALTH CARE AND RELATED SERVICE REQUESTS AND UNMET NEEDS (2012-2015), 2013-14 MICHIGAN PROFILE FOR HEALTH YOUTH SURVEY RESULTS, 2015 CONSUMER HEALTH SURVEY QUESTIONNAIRE, AND COMMUNITY PARTICIPANTS IN FOCUS GROUPS |

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| MERCY HEALTH PARTNERS MERCY CAMPUS | <p>PART V, SECTION B, LINE 5 THE CHNA PROCESS BEGAN IN JANUARY 2016 AND CONCLUDED IN AUGUST 2016, WITH AN ADVISORY COMMITTEE REPRESENTING A BROAD RANGE OF INTERESTS IN THE THREE-COUNTY SERVICE AREA. A MAJOR PARTICIPANT IN THE CHNA PROCESS WAS THE MUSKEGON COMMUNITY HEALTH PROJECT (HEALTH PROJECT), THE COMMUNITY BENEFIT MINISTRY OF MHM. THE HEALTH PROJECT IS ESSENTIALLY THE COMMUNITY BENEFIT ARM OF MHM, AND PROVIDES FREE HEALTH CARE SUPPORT, ADVOCACY, ACCESS, AND SERVICES TO THOSE IN NEED ALONG MICHIGAN'S WEST COAST. OTHER PARTICIPANTS IN THE CHNA PROCESS INCLUDED UNITED WAY OF THE LAKESHORE, MUSKEGON COUNTY PUBLIC HEALTH, DISTRICT HEALTH DEPARTMENT #10, AFFINIA HEALTH NETWORK, MERCY VISITING NURSE SERVICES (VNS) AND HARBOR HOSPICE, MERCY HEALTH EMERGENCY DEPARTMENT, MERCY HEALTH URGENT CARE, HEALTHWEST-COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY, HACKLEY COMMUNITY CARE CENTER (FEDERALLY QUALIFIED HEALTH CENTER (FQHC)), MUSKEGON FAMILY CARE (FQHC), COMMUNITY ACCESS LINE OF THE LAKESHORE (CALL 2-1-1), MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT, GRAND VALLEY STATE UNIVERSITY, OCEANA HISPANIC CENTER, WEST MICHIGAN MIGRANT RESOURCE COUNCIL, MUSKEGON COUNTY PROSECUTOR'S OFFICE, MERCY HEALTH EMERGENCY DEPARTMENT, COALITION FOR A DRUG FREE MUSKEGON COUNTY, MUSKEGON FAMILY YMCA, ACCESS HEALTH INC., LITTLE RIVER BAND OF OTTAWA INDIANS, MUSKEGON-OCEANA DEPARTMENT OF HUMAN SERVICES, MUSKEGON-OCEANA COUNTY HEALTH DISPARITIES REDUCTION COALITION, BLUE CROSS BLUE SHIELD OF MICHIGAN, SENIOR RESOURCES OF WEST MICHIGAN, DISABILITY NETWORK OF WEST MICHIGAN, PATHWAYS TO BETTER HEALTH OF THE LAKESHORE, AND COMMUNITY FOUNDATION FOR MUSKEGON COUNTY COMMUNITY PARTICIPATION AND INPUT. A SERIES OF ACTIVITIES, INCLUDING THE EXECUTION OF A DETAILED CONSUMER HEALTH SURVEY, AND THE FACILITATION OF A SEQUENCE OF COMMUNITY CONVERSATIONS AND FOCUS GROUPS WERE HELD TO ACHIEVE BROAD PUBLIC PARTICIPATION IN IDENTIFYING THE HEALTH CARE NEEDS OF THE COMMUNITY. A CONSUMER HEALTH ISSUES SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON THE DEMOGRAPHIC CHARACTERISTICS, BEHAVIOR RISK FACTORS AND PERSONAL WELL-BEING OF RESPONDENTS AND THEIR HOUSEHOLD MEMBERS, FEEDBACK ON ABILITY TO ACCESS HEALTH CARE SERVICES, AND THE QUALITY OF CARE RECEIVED. SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEYS VIA THE USE OF SURVEY MONKEY. FACILITATED FORUMS, CALLED "COMMUNITY CONVERSATIONS", TOOK PLACE IN THREE COUNTIES FOR A PERIOD OF TWO TO THREE HOURS TO DISCUSS TOPICS RAISED BY THE SURVEY. FOCUS GROUPS WERE CONDUCTED AROUND THE TOPICAL AREAS EMERGING FROM EPIDEMIOLOGICAL AND COMMUNITY DATA, AND AROUND ISSUES RAISED IN THE SURVEYS AND FORUMS, INCLUDING ONE PHYSICIAN FOCUS GROUP. MHM'S FY16 CHNA INCLUDES THE FOLLOWING INFORMATION ELEMENTS: 1. DEMOGRAPHIC INFORMATION, HEALTH AND ENVIRONMENTAL DATA, AND DATA ON HEALTH DISPARITIES 2. CONSUMER SURVEY, ADMINISTERED VIA PAPER QUESTIONNAIRES AT A VARIETY OF COMMUNITY VENUES AND ELECTRONIC MEDIA. RESPONSES TO</p> |

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

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| MERCY HEALTH PARTNERS MERCY CAMPUS | THE SURVEY INCLUDED 2,463 SURVEYS (18% INCREASE OVER FY13)3 FIVE "COMMUNITY CONVERSATION S" IN THE THREE COUNTIES APPROXIMATELY 160 PEOPLE PARTICIPATED IN THE FIVE CONVERSATIONS 4 FOURTEEN FOCUS GROUPS ON DIFFERENT TOPICAL AREAS APPROXIMATELY 150 PEOPLE PARTICIPATED |

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| MERCY HEALTH PARTNERS LAKESHORE CAMPUS | <p>PART V, SECTION B, LINE 5 THE CHNA PROCESS BEGAN IN JANUARY 2016 AND CONCLUDED IN AUGUST 2016, WITH AN ADVISORY COMMITTEE REPRESENTING A BROAD RANGE OF INTERESTS IN THE THREE-COUNTY SERVICE AREA. A MAJOR PARTICIPANT IN THE CHNA PROCESS WAS THE MUSKEGON COMMUNITY HEALTH PROJECT (HEALTH PROJECT), THE COMMUNITY BENEFIT MINISTRY OF MHM. THE HEALTH PROJECT IS ESSENTIALLY THE COMMUNITY BENEFIT ARM OF MHM, AND PROVIDES FREE HEALTH CARE SUPPORT, ADVOCACY, ACCESS, AND SERVICES TO THOSE IN NEED ALONG MICHIGAN'S WEST COAST. OTHER PARTICIPANTS IN THE CHNA PROCESS INCLUDED UNITED WAY OF THE LAKESHORE, MUSKEGON COUNTY PUBLIC HEALTH, DISTRICT HEALTH DEPARTMENT #10, AFFINIA HEALTH NETWORK, MERCY VISITING NURSE SERVICES (VNS) AND HARBOR HOSPICE, MERCY HEALTH EMERGENCY DEPARTMENT, MERCY HEALTH URGENT CARE, HEALTHWEST-COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY, HACKLEY COMMUNITY CARE CENTER (FEDERALLY QUALIFIED HEALTH CENTER (FQHC)), MUSKEGON FAMILY CARE (FQHC), COMMUNITY ACCESS LINE OF THE LAKESHORE (CALL 2-1-1), MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT, GRAND VALLEY STATE UNIVERSITY, OCEANA HISPANIC CENTER, WEST MICHIGAN MIGRANT RESOURCE COUNCIL, MUSKEGON COUNTY PROSECUTOR'S OFFICE, MERCY HEALTH EMERGENCY DEPARTMENT, COALITION FOR A DRUG FREE MUSKEGON COUNTY, MUSKEGON FAMILY YMCA, ACCESS HEALTH INC., LITTLE RIVER BAND OF OTTAWA INDIANS, MUSKEGON-OCEANA DEPARTMENT OF HUMAN SERVICES, MUSKEGON-OCEANA COUNTY HEALTH DISPARITIES REDUCTION COALITION, BLUE CROSS BLUE SHIELD OF MICHIGAN, SENIOR RESOURCES OF WEST MICHIGAN, DISABILITY NETWORK OF WEST MICHIGAN, PATHWAYS TO BETTER HEALTH OF THE LAKESHORE, AND COMMUNITY FOUNDATION FOR MUSKEGON COUNTY COMMUNITY PARTICIPATION AND INPUT. A SERIES OF ACTIVITIES, INCLUDING THE EXECUTION OF A DETAILED CONSUMER HEALTH SURVEY, AND THE FACILITATION OF A SEQUENCE OF COMMUNITY CONVERSATIONS AND FOCUS GROUPS WERE HELD TO ACHIEVE BROAD PUBLIC PARTICIPATION IN IDENTIFYING THE HEALTH CARE NEEDS OF THE COMMUNITY. A CONSUMER HEALTH ISSUES SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON THE DEMOGRAPHIC CHARACTERISTICS, BEHAVIOR RISK FACTORS AND PERSONAL WELL-BEING OF RESPONDENTS AND THEIR HOUSEHOLD MEMBERS, FEEDBACK ON ABILITY TO ACCESS HEALTH CARE SERVICES, AND THE QUALITY OF CARE RECEIVED. SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEYS VIA THE USE OF SURVEY MONKEY FACILITATED FORUMS, CALLED "COMMUNITY CONVERSATIONS", TO TAKE PLACE IN THREE COUNTIES FOR A PERIOD OF TWO TO THREE HOURS TO DISCUSS TOPICS RAISED BY THE SURVEY. FOCUS GROUPS WERE CONDUCTED AROUND THE TOPICAL AREAS EMERGING FROM EPIDEMIOLOGICAL AND COMMUNITY DATA, AND AROUND ISSUES RAISED IN THE SURVEYS AND FORUMS, INCLUDING ONE PHYSICIAN FOCUS GROUP. MHM'S FY16 CHNA INCLUDES THE FOLLOWING INFORMATION ELEMENTS:</p> <p>1. DEMOGRAPHIC INFORMATION, HEALTH AND ENVIRONMENTAL DATA, AND DATA ON HEALTH DISPARITIES</p> <p>2. CONSUMER SURVEY, ADMINISTERED VIA PAPER QUESTIONNAIRES AT A VARIETY OF COMMUNITY VENUES AND ELECTRONIC MEDIA. RESPONSES TO</p> |

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| MERCY HEALTH PARTNERS MERCY CAMPUS | PART V, SECTION B, LINE 6A THE FY16 CHNA WAS CONDUCTED JOINTLY WITH THE THREE HOSPITAL SYSTEM FACILITIES COMPRISING MERCY HEALTH MUSKEGON MERCY HEALTH MERCY CAMPUS, MERCY HEALTH HACKLEY CAMPUS, AND MERCY HEALTH LAKESHORE CAMPUS THE MERCY AND HACKLEY CAMPUSES ARE FULL-SERVICE, ACUTE FACILITIES LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON, OCEANA AND NEWAYGO COUNTIES THE LAKESHORE CAMPUS IS A CRITICAL ACCESS FACILITY, SERVING OCEANA COUNTY AND PARTS OF NEWAYGO COUNTY |

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| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS MERCY CAMPUS | PART V, SECTION B, LINE 7D MHM'S MARKETING DEPARTMENT PUBLISHED A FOUR-PAGE CHNA SUMMARY IN NOVEMBER 2015 WHICH HAS BEEN USED REPEATEDLY BY MERCY PERSONNEL FOR DISTRIBUTION AT MEETINGS, SPEAKING ENGAGEMENTS, CONFERENCES AND A VARIETY OF COMMUNITY OUTREACH EVENTS IT IS ALSO AVAILABLE AT HEALTH PROJECT OFFICES AND ALL THREE MERCY HEALTH MUSKEGON CAMPUSES THE FY16 CHNA IS POSTED ON BOTH MERCY HEALTH MUSKEGON'S WEBSITE AND THE HEALTH PROJECT'S WEBSITE A DIGITAL COPY OF THE CHNA WAS DISTRIBUTED TO ALL MEMBERS OF THE ADVISORY COUNCIL LISTED IN LINE 5 ABOVE AND ALL INDIVIDUAL MEMBERS OF THE HEALTH PROJECT'S 12 ACTIVE COMMUNITY COALITIONS THE CHNA HAS BEEN POSTED BY MANY OF OUR COMMUNITY PARTNERS THROUGH THEIR WEBSITES AND SOCIAL MEDIA THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK AND TWITTER PRIMARILY), BY LOCAL SOCIAL MEDIA "CELEBRITIES", AS WELL AS THROUGH PAID ADVERTISEMENTS ON FACEBOOK, DESIGNED BY OUR MEDIA CONSULTANTS |

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| MERCY HEALTH PARTNERS HACKLEY CAMPUS | PART V, SECTION B, LINE 7D MHM'S MARKETING DEPARTMENT PUBLISHED A FOUR-PAGE CHNA SUMMARY IN NOVEMBER 2015, WHICH HAS BEEN USED REPEATEDLY BY MERCY PERSONNEL FOR DISTRIBUTION AT MEETINGS, SPEAKING ENGAGEMENTS, CONFERENCES AND A VARIETY OF COMMUNITY OUTREACH EVENTS IT IS ALSO AVAILABLE AT HEALTH PROJECT OFFICES AND ALL THREE MERCY HEALTH MUSKEGON CAMPUSES THE FY16 CHNA IS POSTED ON BOTH MERCY HEALTH MUSKEGON'S WEBSITE AND THE HEALTH PROJECT'S WEBSITE A DIGITAL COPY OF THE CHNA WAS DISTRIBUTED TO ALL MEMBERS OF THE ADVISORY COUNCIL LISTED IN LINE 5 ABOVE AND ALL INDIVIDUAL MEMBERS OF THE HEALTH PROJECT'S 12 ACTIVE COMMUNITY COALITIONS THE CHNA HAS BEEN POSTED BY MANY OF OUR COMMUNITY PARTNERS THROUGH THEIR WEBSITES AND SOCIAL MEDIA THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK AND TWITTER PRIMARILY), BY LOCAL SOCIAL MEDIA "CELEBRITIES", AS WELL AS THROUGH PAID ADVERTISEMENTS ON FACEBOOK, DESIGNED BY OUR MEDIA CONSULTANTS |

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS MERCY CAMPUS | <p>PART V, SECTION B, LINE 11 FOLLOWING ARE THE SIGNIFICANT HEALTH NEEDS FOR THE MERCY CAMPUS, AND HOW THEY ARE BEING ADDRESSED 1 ACCESS TO PRIMARY CARE - 93 NEW PROVIDERS WERE RECRUITED AND HIRED HEALTH SYSTEM-WIDE SINCE THE BEGINNING OF FY16, AND ONE NEW PRIMARY CARE PRACTICE WAS OPENED SERVING THE NORTHERN PART OF THE SERVICE AREA 2 CARE COORDINATION/PATIENT ADVOCACY - AGAIN IN FY17, THE USE OF COMMUNITY HEALTH WORKERS (CHWs) WAS EXPANDED IN MUSKEGON AND OCEANA COUNTIES IN ADDITION, THE PATHWAYS COMMUNITY HUB MODEL WAS ALSO EXPANDED THE MODEL IS A CENTRALIZED COMMUNITY RESOURCE THAT UTILIZES CARE COORDINATORS TO LINK LOCAL RESIDENTS TO HEALTH AND SOCIAL SERVICE RESOURCES 3 LACK OF MENTAL HEALTH CARE PROVIDERS - MERCY LIFE COUNSELING EXPANDED ITS SERVICES AND ADDED NEW PROVIDERS, INCLUDING THREE ADDITIONAL "RECOVERY COACHES", ADDED CHWS TO PATHWAYS WITH SPECIALIZED EXPERIENCE, AND STRENGTHENED RELATIONSHIPS WITH HEALTHWEST AND PINE REST TREATMENT FACILITIES 4 LACK OF SUBSTANCE ABUSE PROVIDERS - AGAIN IN FY17, MERCY LIFE COUNSELING EXPANDED ITS SERVICES AND ADDED NEW PROVIDERS, INCLUDING THREE "RECOVERY COACHES", ADDED CHWS TO PATHWAYS WITH SPECIALIZED EXPERIENCE, AND STRENGTHENED RELATIONSHIPS WITH HEALTHWEST AND PINE REST TREATMENT FACILITIES 5 DIABETES - NEIGHBORHOOD-BASED COMMUNITY EVENTS PROVIDE FREE-OF-COST SCREENING AND REFERRALS TO INDIVIDUALS IN THE COMMUNITY AS PART OF THE PATHWAYS TO BETTER HEALTH PROGRAM, DIABETES PATIENTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO HELP ADDRESS SOCIAL DETERMINANTS, ENSURE COMMUNITY CARE COORDINATION, EDUCATE ON SELF-MANAGEMENT PRACTICES AND HEALTHY BEHAVIORS, AND IMPROVE PATIENT ADHERENCE TO TREATMENT REGIMENS THE LIONS CLUB VISION SERVICES PROGRAM, ADMINISTERED BY THE HEALTH PROJECT, PROVIDES RETINOPATHY PATIENTS WITH SPECIALIST EYE EXAMINATIONS AND GLASSES IN FY17, OVER 5,000 INDIVIDUALS WERE SCREENED SOME OF THESE HEALTH CONCERNS HAVE BEEN AND CONTINUE TO BE ADDRESSED WITH MHM PROGRAMS INITIATED AS A RESULT OF PREVIOUS CHNAs SOME ARE BEING ADDRESSED BY COMMUNITY HEALTH COALITIONS, COLLABORATIVES, OR WORK GROUPS SUPPORTED BY OR WITH THE PARTICIPATION OF MHM RESOURCES MHM CAMPUSES ACKNOWLEDGE THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT THEY COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH THEY DEEMED TO BE THE MOST PRESSING, MOST UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO IMPACT NEEDED CHANGE WITHIN THE THREE-YEAR CHNA PERIOD FOR THIS REASON, MERCY CAMPUS WILL NOT TAKE PRIMARY ACTION ON THE FOLLOWING HEALTH NEEDS EMERGENCY DEPARTMENT OVERUSE - RECENT DATA SUGGESTS THAT BY FOCUSING ON PRIMARY CARE ACCESS AND APPOINTMENT AVAILABILITY, THIS PROBLEM WILL BEGIN TO DECREASE EXTENSIVE USE OF PATHWAYS/ COMMUNITY HEALTH WORKERS FOR AT-RISK PATIENTS AND PATIENTS WITH CHRONIC DISEASES, AS WELL AS HEALTH COVERAGE ENROLLMENT ACTIVITIES, HAVE CONTRIBUTED TO A REDUCTION IN INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT NO ADDITIONAL ACTI</p> |

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS MERCY CAMPUS | VITIES ARE PLANNED TO ADDRESS THIS NEED CARDIOVASCULAR DISEASE, HYPERTENSION, CANCER AND H IGH CHOLESTEROL - ALL FOUR OF THESE AREAS ARE THE FOCUS OF BOTH INTERNAL WORKGROUPS AND EX TERNAL COMMUNITY COALITIONS THEY ARE ALSO INCLUDED IN THE FOCUS OF THE PATHWAYS COMMUNITY CARE COORDINATION PROGRAM OFFERED TO PATIENTS AT ALL THREE CAMPUSES MHM HAS BEEN CONDUCT ING CARDIOVASCULAR DISEASE SCREENING EVENTS FOR ALL HIGH SCHOOL ATHLETES SINCE 2015 NO AD DITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED CULTURAL SENSITIVITY TRAINING FOR PRO VIDERS AND PATIENT/PROVIDER COMMUNICATION - MHM HAS A ROBUST CULTURAL COMPETENCY TRAINING THAT IS REQUIRED DURING ONBOARDING ADDITIONAL REFRESHERS ARE REQUIRED ON A YEARLY BASIS, IN ADDITION TO OPTIONAL WORKSHOPS OFFERED THROUGHOUT THE YEAR THE EXPANSION OF COMMUNITY CARE COORDINATION PROGRAMS, SUCH AS PATHWAYS, ESPECIALLY EMBEDDING CHWS INTO PROVIDER PRAC TICES, HAS IMPROVED PATIENT/PROVIDER COMMUNICATION NO ADDITIONAL ACTIVITIES ARE PLANNED T O ADDRESS THIS NEED |

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS LAKESHORE CAMPUS | <p>PART V, SECTION B, LINE 11 FOLLOWING ARE THE SIGNIFICANT HEALTH NEEDS FOR THE LAKESHORE C AMPUS, AND HOW THEY ARE BEING ADDRESSED 1 ACCESS TO PRIMARY CARE - 93 NEW PROVIDERS WERE RECRUITED AND HIRED HEALTH SYSTEM-WIDE SINCE THE BEGINNING OF FY16, AND ONE NEW PRIMARY CA RE PRACTICE WAS OPENED SERVING THE NORTHERN PART OF THE SERVICE AREA 2 ACCESS TO SPECIALT Y CARE - ACCESS NOW INCLUDES SPECIALTY CLINICS AT LAKESHORE CAMPUS, MOBILE MRI, TELEHEALTH PROGRAM, AND A NEW HEALTH CENTER IN LUDINGTON THAT SERVES OCEANA AND NEWAYGO COUNTIES WIT H SOME SPECIALTY CARE, LAB, RADIOLOGY AND SUPPORT GROUPS 3 HEALTH CARE COVERAGE - HEALTH PROJECT EXPANDED ENROLLMENT ACTIVITIES AGAIN IN FY17, WITH ADDED BILINGUAL STAFF AT A SATE LLITE OFFICE IN SHELBY, PARTNERING WITH ENROLL WEST MICHIGAN 4 ACCESS TO MEDICATION - HEA LTH PROJECT MAINTAINS A PHARMACEUTICAL ASSISTANCE PROGRAM BY ADDING STAFF AT A SATELLITE O FFICE IN SHELBY BOTH MHM AND PRIVATE PHARMACIES PARTICIPATE IN THE PROGRAM 5 ACCESS TO U RGE NT CARE - IN FY17, THE HOSPITAL HAS CONTINUED EMERGENCY DEPARTMENT SERVICES AT LAKESHOR E CAMPUS, EXPANDED HOURS AT OCEANA PRIMARY CARE PHYSICIANS, AND A NEW MEDICAL CENTER IN LU DINGTON PROVIDES URGENT CARE SERVICES, SERVING PATIENTS IN NORTHERN PARTS OF THE SERVICE A REA SOME OF THESE HEALTH CONCERNS HAVE BEEN AND CONTINUE TO BE ADDRESSED WITH MHM PROGRAMS INITIATED AS A RESULT OF PREVIOUS CHNAS SOME ARE BEING ADDRESSED BY COMMUNITY HEALTH COA LITIONS, COLLABORATIVES, OR WORK GROUPS SUPPORTED BY OR WITH THE PARTICIPATION OF MHM RESO URCES MHM CAMPUSES ACKNOWLEDGE THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT THEY COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH N EEDS WHICH THEY DEEMED TO BE THE MOST PRESSING, MOST UNDER-ADDRESSED, AND WITHIN ITS ABILI TY TO IMPACT NEEDED CHANGE WITHIN THE THREE-YEAR CHNA PERIOD FOR THIS REASON, LAKESHORE C AMPUS WILL NOT TAKE PRIMARY ACTION ON THE FOLLOWING HEALTH NEEDS EMERGENCY DEPARTMENT OVE RUSE - RECENT DATA SUGGESTS THAT BY FOCUSING ON PRIMARY CARE ACCESS AND APPOINTMENT AVAILA BILITY, THIS PROBLEM WILL BEGIN TO DECREASE EXTENSIVE USE OF PATHWAYS/ COMMUNITY HEALTH W ORKERS FOR AT-RISK PATIENTS AND PATIENTS WITH CHRONIC DISEASES, AS WELL AS HEALTH COVERAGE ENROLLMENT ACTIVITIES, HAVE CONTRIBUTED TO A REDUCTION IN INAPPROPRIATE USE OF THE EMERGE NCY DEPARTMENT NO ADDITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED CARDIOVASCULAR D ISEASE, HYPERTENSION, CANCER AND HIGH CHOLESTEROL - ALL FOUR OF THESE AREAS ARE THE FOCUS OF BOTH INTERNAL WORKGROUPS AND EXTERNAL COMMUNITY COALITIONS THEY ARE ALSO INCLUDED IN T HE FOCUS OF THE PATHWAYS COMMUNITY CARE COORDINATION PROGRAM OFFERED TO PATIENTS AT ALL TH REE CAMPUSES MHM HAS BEEN CONDUCTING CARDIOVASCULAR DISEASE SCREENING EVENTS FOR ALL HIGH SCHOOL ATHLETES SINCE 2015 NO ADDITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED CUL TURAL SENSITIVITY TRAINING FOR PROVIDERS AND PATIENT/PROVIDER COMMUNICATION - MHM HAS A RO BUST CULTURAL COMPETENCY TRAIN</p> |

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS LAKESHORE CAMPUS | ING THAT IS REQUIRED DURING ONBOARDING ADDITIONAL REFRESHERS ARE REQUIRED ON A YEARLY BAS IS, IN ADDITION TO OPTIONAL WORKSHOPS OFFERED THROUGHOUT THE YEAR THE EXPANSION OF COMMUN ITY CARE COORDINATION PROGRAMS, SUCH AS PATHWAYS, ESPECIALLY EMBEDDING CHWS INTO PROVIDER PRACTICES, HAS IMPROVED PATIENT/PROVIDER COMMUNICATION NO ADDITIONAL ACTIVITIES ARE PLANN ED TO ADDRESS THIS NEED |

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS HACKLEY CAMPUS | <p>PART V, SECTION B, LINE 11 FOLLOWING ARE THE SIGNIFICANT HEALTH NEEDS FOR THE HACKLEY CAM PUS, AND HOW THEY ARE BEING ADDRESSED 1 ACCESS TO PRIMARY CARE - 93 NEW PROVIDERS WERE RE CRUITED AND HIRED HEALTH SYSTEM-WIDE SINCE THE BEGINNING OF FY16, AND ONE NEW PRIMARY CARE PRACTICE WAS OPENED SERVING THE NORTHERN PART OF THE SERVICE AREA 2 CARE COORDINATION/P ATIENT ADVOCACY - THE USE OF COMMUNITY HEALTH WORKERS (CHWS) WAS EXPANDED IN MUSKEGON AND OCEANA COUNTIES IN ADDITION, THE PATHWAYS COMMUNITY HUB MODEL WAS ALSO EXPANDED AGAIN IN FY17 THE MODEL IS A CENTRALIZED COMMUNITY RESOURCE THAT UTILIZES CARE COORDINATORS TO LIN K LOCAL RESIDENTS TO HEALTH AND SOCIAL SERVICE RESOURCES 3 LACK OF MENTAL HEALTH CARE PRO VIDERS - AGAIN IN FY17, MERCY LIFE COUNSELING EXPANDED ITS SERVICES AND ADDED NEW PROVIDER S, INCLUDING THREE "RECOVERY COACHES", ADDED CHWS TO PATHWAYS WITH SPECIALIZED EXPERIENCE, AND STRENGTHENED RELATIONSHIPS WITH HEALTHWEST AND PINE REST TREATMENT FACILITIES 4 LACK OF SUBSTANCE ABUSE PROVIDERS - MERCY LIFE COUNSELING EXPANDED ITS SERVICES AND ADDED NEW PROVIDERS, INCLUDING THREE "RECOVERY COACHES", ADDED CHWS TO PATHWAYS WITH SPECIALIZED EXP ERIENCE, AND STRENGTHENED RELATIONSHIPS WITH HEALTHWEST AND PINE REST TREATMENT FACILITIES 5 DIABETES - NEIGHBORHOOD-BASED COMMUNITY EVENTS PROVIDE FREE-OF-COST SCREENING AND REFE RRALS TO INDIVIDUALS IN THE COMMUNITY AS PART OF THE PATHWAYS TO BETTER HEALTH PROGRAM, D IABETES PATIENTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER TO HELP ADDRESS SOCIAL DETERMIN ANTS, ENSURE COMMUNITY CARE COORDINATION, EDUCATE ON SELF-MANAGEMENT PRACTICES AND HEALTHY BEHAVIORS, AND IMPROVE PATIENT ADHERENCE TO TREATMENT REGIMENS THE LIONS CLUB VISION SER VICES PROGRAM, ADMINISTERED BY THE HEALTH PROJECT, PROVIDES RETINOPATHY PATIENTS WITH SPEC IALIST EYE EXAMINATIONS AND GLASSES IN FY17, OVER 5,000 INDIVIDUALS WERE SCREENED SOME OF THESE HEALTH CONCERNS HAVE BEEN AND CONTINUE TO BE ADDRESSED WITH MHM PROGRAMS INITIATED AS A RESULT OF PREVIOUS CHNAS SOME ARE BEING ADDRESSED BY COMMUNITY HEALTH COALITIONS, CO LLABORATIVES, OR WORK GROUPS SUPPORTED BY OR WITH THE PARTICIPATION OF MHM RESOURCES MHM CAMPUSES ACKNOWLEDGE THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA P ROCESS, AND DETERMINED THAT THEY COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH THEY DEEMED TO BE MOST PRESSING, MOST UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO IMPACT NE EDED CHANGE WITHIN THE THREE-YEAR CHNA PERIOD FOR THIS REASON, HACKLEY CAMPUS WILL NOT TA KE PRIMARY ACTION ON THE FOLLOWING HEALTH NEEDS EMERGENCY DEPARTMENT OVERUSE - RECENT DAT A SUGGESTS THAT BY FOCUSING ON PRIMARY CARE ACCESS AND APPOINTMENT AVAILABILITY, THIS PROB LEM WILL BEGIN TO DECREASE EXTENSIVE USE OF PATHWAYS/ COMMUNITY HEALTH WORKERS FOR AT-RIS K PATIENTS AND PATIENTS WITH CHRONIC DISEASES, AS WELL AS HEALTH COVERAGE ENROLLMENT ACTIV ITIES, HAVE CONTRIBUTED TO A REDUCTION IN INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT N O ADDITIONAL ACTIVITIES ARE PL</p> |

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS HACKLEY CAMPUS | ANNED TO ADDRESS THIS NEED CARDIOVASCULAR DISEASE, HYPERTENSION, CANCER AND HIGH CHOLESTEROL - ALL FOUR OF THESE AREAS ARE THE FOCUS OF BOTH INTERNAL WORKGROUPS AND EXTERNAL COMMUNITY COALITIONS THEY ARE ALSO INCLUDED IN THE FOCUS OF THE PATHWAYS CARE COORDINATION PROGRAM OFFERED TO PATIENTS AT ALL THREE CAMPUSES MHM HAS BEEN CONDUCTING CARDIOVASCULAR DISEASE SCREENING EVENTS FOR ALL HIGH SCHOOL ATHLETES SINCE 2015 NO ADDITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED CULTURAL SENSITIVITY TRAINING FOR PROVIDERS AND PATIENT/PROVIDER COMMUNICATION - MHM HAS A ROBUST CULTURAL COMPETENCY TRAINING THAT IS REQUIRED DURING ONBOARDING ADDITIONAL REFRESHERS ARE REQUIRED ON A YEARLY BASIS, IN ADDITION TO OPTIONAL WORKSHOPS OFFERED THROUGHOUT THE YEAR THE EXPANSION OF COMMUNITY CARE COORDINATION PROGRAMS, SUCH AS PATHWAYS, ESPECIALLY EMBEDDING CHWS INTO PROVIDER PRACTICES, HAS IMPROVED PATIENT/PROVIDER COMMUNICATION NO ADDITIONAL ACTIVITIES ARE PLANNED TO ADDRESS THIS NEED |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS MERCY CAMPUS | PART V, SECTION B, LINE 13H THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION EXAMPLES OF PRESUMPTIVE CASES INCLUDE DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS LAKESHORE CAMPUS | PART V, SECTION B, LINE 13H THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION EXAMPLES OF PRESUMPTIVE CASES INCLUDE DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS HACKLEY CAMPUS | PART V, SECTION B, LINE 13H THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION EXAMPLES OF PRESUMPTIVE CASES INCLUDE DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS MERCY CAMPUS - PART V, SECTION B, LINE 9 | AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS LAKESHORE CAMPUS - PART V, SECTION B, LINE 9 | AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
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| MERCY HEALTH PARTNERS HACKLEY CAMPUS - PART V, SECTION B, LINE 9 | AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC |

| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
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| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. | |
| Form and Line Reference | Explanation |
| MERCY HEALTH PARTNERS MERCY CAMPUS - PART V, SECTION B, LINE 7A | HTTPS //WWW MERCYHEALTH COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
|---|---|
| MERCY HEALTH PARTNERS LAKESHORE CAMPUS - PART V, SECTION B, LINE 7A | HTTPS //WWW MERCYHEALTH COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
|---|---|
| MERCY HEALTH PARTNERS HACKLEY CAMPUS - PART V, SECTION B, LINE 7A | HTTPS //WWW MERCYHEALTH COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
|--|---|
| MERCY HEALTH PARTNERS MERCY CAMPUS - PART V, SECTION B, LINE 10A | HTTPS //WWW MERCYHEALTH COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
|--|---|
| MERCY HEALTH PARTNERS LAKESHORE CAMPUS - PART V, SECTION B, LINE 10A | HTTPS //WWW MERCYHEALTH COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

| Form and Line Reference | Explanation |
|--|---|
| MERCY HEALTH PARTNERS HACKLEY CAMPUS - PART V, SECTION B, LINE 10A | HTTPS //WWW MERCYHEALTH COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

| Name and address | Type of Facility (describe) |
|--|---|
| 1 - MUSKEGON SURGERY CENTER 1400 MERCY DRIVE SUITE 150 MUSKEGON, MI 49444 | OUTPATIENT SURGERY |
| 2 - JOHNSON FAMILY CENTER FOR CANCER CARE 1440 E SHERMAN BLVD MUSKEGON, MI 49444 | CANCER TREATMENT FACILITY |
| 3 - WEST SHORE CARDIOLOGY 1212 E SHERMAN BLVD MUSKEGON, MI 49444 | CARDIOLOGY |
| 4 - WEST MI GASTROENTEROLOGY 1675 LEAHY STREET SUITE 324B MUSKEGON, MI 49444 | GASTROENTEROLOGY |
| 5 - NORTON FAMILY PRACTICE 3535 PARK STREET SUITE 110 MUSKEGON, MI 49444 | PRIMARY CARE PHYSICIAN OFFICE |
| 6 - MERCY MEDI CENTER 1700 OAK AVE MUSKEGON, MI 49442 | URGENT CARE |
| 7 - LAKES VILLAGE 6401 PRAIRIE STREET NORTON SHORES, MI 49444 | OUTPATIENT SERVICES, LAB, URGENT CARE, REHAB, IMAGING |
| 8 - WESTSHORE FAMILY MEDICINE 1223 MERCY DRIVE MUSKEGON, MI 49444 | PRIMARY CARE PHYSICIAN OFFICE |
| 9 - OB GYN ASSOCIATES 1675 LEAHY STREET SUITE 428B MUSKEGON, MI 49444 | OBSTETRICS / GYNECOLOGY |
| 10 - PAIN CLINIC 1700 CLINTON STREET MUSKEGON, MI 49442 | PAIN MANAGEMENT |
| 11 - SHORELINE NEUROSURGERY 1675 LEAHY STREET SUITE 401A MUSKEGON, MI 49444 | NEUROSURGICAL & PHYSIATRY |
| 12 - HARBORWOOD FAMILY MEDICINE 1675 LEAHY STREET SUITE 301A MUSKEGON, MI 49442 | PRIMARY CARE PHYSICIAN OFFICE |
| 13 - LAKESHORE MEDICAL CENTER - WHITEHALL 905 E COLBY STREET WHITEHALL, MI 49461 | PRIMARY CARE PHYSICIAN OFFICE |
| 14 - HACKLEY LAKES OB GYN 6401 PRAIRIE STREET SUITE 2100 NORTON SHORES, MI 49444 | OBSTETRICS / GYNECOLOGY |
| 15 - LAKESHORE MEDICAL CENTER - SHELBY 71 W BEVIER ROAD SHELBY, MI 49455 | PRIMARY CARE PHYSICIAN OFFICE |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

| Name and address | Type of Facility (describe) |
|---|------------------------------------|
| 16 - CARDIOTHORACIC SURGERY 1560 E SHERMAN BLVD SUITE 309 MUSKEGON, MI 49444 | CARDIOLOGY |
| 17 - HARBOUR POINTE MEDICAL ASSOCIATES 3587 HENRY STREET SUITE 200 MUSKEGON, MI 49441 | PRIMARY CARE PHYSICIAN OFFICE |
| 18 - SLEEP DISORDERS CENTER 1700 OAK AVE MUSKEGON, MI 49442 | SLEEP MEDICINE |
| 19 - HART FAMILY MEDICAL CENTER 611 E MAIN STREET HART, MI 49420 | PRIMARY CARE PHYSICIAN OFFICE |
| 20 - MERCY WESTSHORE INTERNAL MEDICINE 1150 E SHERMAN BLVD SUITE 1100 MUSKEGON, MI 49444 | PRIMARY CARE PHYSICIAN OFFICE |
| 21 - NORTHSORE FAMILY PRACTICE 1915 HOLTON ROAD MUSKEGON, MI 49445 | PRIMARY CARE PHYSICIAN OFFICE |
| 22 - FRUITPORT FAMILY MEDICINE 3443 FARR RD FRUITPORT, MI 49415 | PRIMARY CARE PHYSICIAN OFFICE |
| 23 - MERCY HEART CENTER 1212 E SHERMAN BLVD MUSKEGON, MI 49444 | WELLNESS & REHABILITATION FACILITY |
| 24 - HART PAVILION 611 E MAIN STREET HART, MI 49420 | LAB, RADIOLOGY |
| 25 - MERCY GERIATRIC MEDICAL ASSOCIATES 1150 E SHERMAN BLVD SUITE 1175 MUSKEGON, MI 49444 | GERIATRICS |
| 26 - LAKESHORE FAMILY CARE 601 W SAVIDGE STREET SPRING LAKE, MI 49456 | PRIMARY CARE PHYSICIAN OFFICE |
| 27 - COMPREHENSIVE WOMEN'S HEALTH 1675 LEAHY STREET SUITE 311A MUSKEGON, MI 49444 | OBSTETRICS / GYNECOLOGY |
| 28 - HACKLEY WORKPLACE HEALTH 1675 LEAHY STREET SUITE 120 MUSKEGON, MI 49444 | OCC MED |
| 29 - HACKLEY LAKES OB GYN 1675 LEAHY STREET SUITE 215A MUSKEGON, MI 49444 | OBSTETRICS / GYNECOLOGY |
| 30 - BEAR CREEK HEALTH CENTER 1877 N GETTY STREET NORTH MUSKEGON, MI 49445 | PRIMARY CARE PHYSICIAN OFFICE |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

| Name and address | Type of Facility (describe) |
|---|-------------------------------|
| 31 - LAKES FAMILY MEDICINE 6207 HARVEY STREET MUSKEGON, MI 49444 | PRIMARY CARE PHYSICIAN OFFICE |
| 32 - ADULT MEDICINE SPECIALIST 6401 PRAIRIE STREET SUITE 2800 MUSKEGON, MI 49444 | PRIMARY CARE PHYSICIAN OFFICE |
| 33 - HARBOUR VIEW FAMILY MEDICINE 1909 RUDDIMAN DRIVE NORTH MUSKEGON, MI 49445 | PRIMARY CARE PHYSICIAN OFFICE |
| 34 - OSTEOPATHIC MEDICINE 1150 E SHERMAN BLVD SUITE 1100 MUSKEGON, MI 49444 | PHYSIATRY |
| 35 - SABLE POINT 300 S RATH AVE SUITE 102 LUDINGTON, MI 49431 | PRIMARY CARE PHYSICIAN OFFICE |
| 36 - NORRIS CREEK 14 N 3RD AVE FRUITPORT, MI 49415 | PRIMARY CARE PHYSICIAN OFFICE |
| 37 - WEST VIEW FAMILY MEDICINE 6401 PRAIRIE STREET SUITE 2600 MUSKEGON, MI 49444 | PRIMARY CARE PHYSICIAN OFFICE |
| 38 - NORTHSIDE FAMILY MEDICINE 420 N WHITEHALL ROAD SUITE 4 NORTH MUSKEGON, MI 49445 | PRIMARY CARE PHYSICIAN OFFICE |
| 39 - BLADDER CLINIC 6401 PRAIRIE STREET SUITE 1700 NORTON SHORES, MI 49444 | UROLOGY |
| 40 - PULMONARY MEDICINE 1560 E SHERMAN BLVD SUITE 150 MUSKEGON, MI 49444 | PULMONARY |
| 41 - INFECTIOUS DISEASE 1700 CLINTON STREET MUSKEGON, MI 49442 | INFECTIOUS DISEASE |
| 42 - ST MARYS WORKPLACE HLTH DOWNTN 150 JEFFERSON SE GRAND RAPIDS, MI 49503 | OCC MED |
| 43 - INTERNAL MEDICINE AND SPECIALTY CARE CLI 1675 LEAHY STREET SUITE 201A MUSKEGON, MI 49442 | PRIMARY CARE PHYSICIAN OFFICE |
| 44 - HACKLEY WORKPLACE NORTH ONE MISCO DRIVE WHITEHALL, MI 49461 | OCC MED |
| 45 - HEP C CLINIC 1700 CLINTON STREET MUSKEGON, MI 49442 | HEPATITIS |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 46 - CHF CLINIC 1212 E SHERMAN BLVD MUSKEGON, MI 49444 | CARDIOLOGY |

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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|

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

3 Enter total number of other organizations listed in the line 1 table 0

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 MERCY HEALTH PARTNERS TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE. DONATIONS ARE INCLUDED IN COMMUNITY BENEFITS IN SCHEDULE H IF THE CONTRIBUTION HAS BEEN FORMALLY RESTRICTED TO A COMMUNITY BENEFIT ACTIVITY THAT MEETS THE CRITERIA TO BE REPORTED ON SCHEDULE H. |
| SCHEDULE I, PART IV | |

Additional Data

Software ID:
Software Version:
EIN: 38-2589966
Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MISSION FOR AREA PEOPLE 2500 JEFFERSON ST MUSKEGON, MI 49444 | 38-3220964 | 501(C)(3) | 26,000 | | | | COMMUNITY BENEFIT |
| MOUNT ZION 188 W MUSKEGON AVE MUSKEGON, MI 49440 | 38-3715411 | 501(C)(3) | 24,000 | | | | COMMUNITY BENEFIT |

| 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 |
| FIRST CONGREGATION CHURCH 145 CAPITAL AVE NE BATTLE CREEK, MI 49017 | 38-3634563 | 501(C)(3) | 5,000 | | | | COMMUNITY BENEFIT |
| COMMUNITY ENCOMPASS 289 E LARCH ST MUSKEGON, MI 49442 | 38-3279226 | 501(C)(3) | 12,000 | | | | COMMUNITY BENEFIT |

| 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 |
| KIDS' FOOD BASKET 2055 OAK INDUSTRIAL DR NE GRAND RAPIDS, MI 49505 | 04-3760991 | 501(C)(3) | 13,000 | | | | COMMUNITY BENEFIT |
| MUSKEGON FAMILY YMCA 1115 THIRD ST MUSKEGON, MI 49441 | 38-2000172 | 501(C)(3) | 5,000 | | | | COMMUNITY BENEFIT |

| 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 |
| EL CENTRO HISPANO DE OCEANA 11 WASHINGTON ST HART, MI 49420 | 81-0638939 | 501(C)(3) | 5,000 | | | | COMMUNITY BENEFIT |
| MUSKEGON RESCUE MISSION 1715 PECK ST MUSKEGON, MI 49441 | 38-3525239 | 501(C)(3) | 9,000 | | | | COMMUNITY BENEFIT |

| 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 COUNTY MEDICAL RESERVE CORPS 1611 OAK ST MUSKEGON, MI 49442 | 47-3448678 | GOVERNMENT ORG | 7,000 | | | | COMMUNITY BENEFIT |
| WHITEHALL DISTRICT SCHOOL 415 E SOPHIA STREET WHITEHALL, MI 49461 | 38-6002973 | PUBLIC SCHOOL | 10,000 | | | | COMMUNITY BENEFIT |

| 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 |
| HACKLEY COMMUNITY CARE CENTER 255 SEMINOLE SUITE 201A MUSKEGON, MI 49444 | 38-3014011 | 501(C)(3) | | 20,724 | FMV | FORGIVEN INTEREST | COMMUNITY BENEFIT |
| MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 | 91-1932918 | 501(C)(3) | 4,324,234 | | | | COMMUNITY BENEFIT |

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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

Part I

Questions Regarding Compensation

| | Yes | No |
|--|-----|-----|
| <div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| <div>b</div> <div>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.</div> | 1b | |
| <div>2</div> <div>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?</div> | 2 | |
| <div>3</div> <div>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.</div> <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| <div>4</div> <div>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:</div> | | |
| <div>a</div> <div>Receive a severance payment or change-of-control payment?</div> | 4a | No |
| <div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> | 4b | Yes |
| <div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> | 4c | No |
| <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div> | | |
| <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div> | | |
| <div>5</div> <div>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:</div> | | |
| <div>a</div> <div>The organization?</div> | 5a | No |
| <div>b</div> <div>Any related organization?</div> | 5b | No |
| <div>If "Yes," on line 5a or 5b, describe in Part III.</div> | | |
| <div>6</div> <div>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:</div> | | |
| <div>a</div> <div>The organization?</div> | 6a | No |
| <div>b</div> <div>Any related organization?</div> | 6b | No |
| <div>If "Yes," on line 6a or 6b, describe in Part III.</div> | | |
| <div>7</div> <div>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.</div> | 7 | No |
| <div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div> | 8 | No |
| <div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div> | 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 3 | MERCY HEALTH PARTNERS IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. MERCY HEALTH PARTNERS' CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF MERCY HEALTH PARTNERS' CEO: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. |
| PART I, LINE 4B | 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: GREGORY LOOMIS - \$104,300; TAUANA MCDONALD - \$38,280; RICHARD O'CONNELL - \$221,949; ROGER SPOELMAN - \$146,595. 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: TAUANA MCDONALD - 1,961; RICHARD O'CONNELL - \$121,018; CAROL TARNOWSKY - \$1,905. COLUMN (F) OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. |

Additional Data

Software ID:

Software Version:

EIN: 38-2589966

Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1ROGER SPOELMAN DIRECTOR, W MI REG PRES & CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 698,008 | 193,463 | 169,528 | 15,900 | - | - | 0 |
| | | | | | | 26,508 | 1,103,407 | |
| 1TAUANA MCDONALD DIRECTOR, TRINITY SVP CLINICAL OPS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 300,704 | 79,112 | 53,983 | 15,900 | - | - | 0 |
| | | | | | | 28,973 | 478,672 | |
| 2CAROL TARNOWSKY SECRETARY, TH MANAGING COUNSEL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 255,302 | 46,864 | 4,459 | 15,900 | - | - | 0 |
| | | | | | | 7,882 | 330,407 | |
| 3GARY ALLORE TREASURER, WEST MI REGIONAL CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 318,450 | 61,855 | 763 | 15,900 | - | - | 0 |
| | | | | | | 23,407 | 420,375 | |
| 4GREGORY LOOMIS PRES AND CEO MERCY HEALTH PARTNERS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 408,942 | 137,440 | 123,847 | 19,875 | - | - | 0 |
| | | | | | | 24,720 | 714,824 | |
| 5KRISTI NAGENGAST VP FINANCE | (i) | 215,619 | 35,816 | 884 | 19,273 | 17,282 | 288,874 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 6JEFFREY ALEXANDER VP SUBS & STRATEGIC INTEGRATION | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 253,244 | 42,082 | 1,084 | 15,900 | - | - | 0 |
| | | | | | | 22,453 | 334,763 | |
| 7F REMINGTON SPRAGUE VP & CMO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 356,820 | 59,525 | 4,840 | 19,875 | - | - | 0 |
| | | | | | | 27,677 | 468,737 | |
| 8KEN UGANSKI VP CLINICAL OPERATIONS | (i) | 214,992 | 35,816 | 884 | 19,146 | 21,482 | 292,320 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 9KRISTEN BROWN MD VP PHYSICIAN NETWORK | (i) | 326,202 | 0 | 308 | 15,900 | 20,720 | 363,130 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 10TOM REYNOLDS VP PHYSICIAN ALIGNMENT | (i) | 234,829 | 39,236 | 995 | 20,570 | 21,514 | 317,144 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 11JAY BRYAN MERCY LAKESHORE CEO | (i) | 216,447 | 0 | 9,132 | 13,402 | 18,564 | 257,545 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 12RICK EDGAR MD PHYSICIAN | (i) | 1,326,445 | 0 | 1,001 | 11,925 | 12,075 | 1,351,446 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| CHRISTOPHER MARQUART 13MD PHYSICIAN | (i) | 798,033 | 0 | 5,219 | 11,925 | 14,741 | 829,918 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 14RICHARD DOWNEY MD PHYSICIAN | (i) | 744,925 | 0 | 5,156 | 11,925 | 18,835 | 780,841 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 15JEREMY BARBER MD PHYSICIAN | (i) | 712,069 | 35,000 | 492 | 11,925 | 10,814 | 770,300 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 16DAVID BONNEMA MD PHYSICIAN | (i) | 728,468 | 16,435 | 519 | 11,925 | 20,566 | 777,913 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| | | | | | | 0 | 0 | |
| 17RICHARD O'CONNELL FORMER KE, TRINITY EVP THR 11/16 | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 878,773 | 258,051 | 408,585 | 11,925 | - | - | 112,018 |
| | | | | | | 35,437 | 1,592,771 | |
| 18MARY BOYD FORMER KE, EVP REGIONAL OPERATIONS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 308,634 | 59,047 | 1,307 | 19,875 | - | - | 0 |
| | | | | | | 5,279 | 394,142 | |
| 19KIMBERLY MAGUIRE FORMER KE, VP PATIENT CARE SERVICES | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 248,186 | 40,773 | 559 | 15,900 | - | - | 0 |
| | | | | | | 18,865 | 324,283 | |

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

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

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:
Software Version:
EIN: 38-2589966
Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| CYNTHIA L MEYERING | FAMILY MEMBER OF KIMBERLY MAGUIRE, FORMER KEY EMPLOYEE | 35,534 | EMPLOYMENT ARRANGEMENT | | No |
| PAMELA ALEXANDER | FAMILY MEMBER OF JEFFREY ALEXANDER, KEY EMPLOYEE | 70,621 | EMPLOYMENT ARRANGEMENT | | No |

| Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons | | | | | |
|--|---|---------------------------|--|---|----|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | | | | Yes | No |
| SUSAN L BRYAN | FAMILY MEMBER OF JAY BRYAN, KEY EMPLOYEE | 64,085 | EMPLOYMENT ARRANGEMENT | | No |
| SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 187,746 | DONOR PROVIDED GOODS/SERVICES TO MERCY HEALTH PARTNERS | | No |

| Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons | | | | | |
|--|---|---------------------------|--|---|----|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | | | | Yes | No |
| SUBSTANTIAL CONTRIBUTOR | SUBSTANTIAL CONTRIBUTOR | 9,098,377 | DONOR PROVIDED GOODS/SERVICES TO MERCY HEALTH PARTNERS | | No |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 13 | 694,490 | STOCK MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (<u>HOME & HEARTH ITEMS</u>) | X | 28 | 3,533 | COST |
| 26 Other ► (<u>HATS</u>) | X | 350 | 1,750 | DONOR PROVIDED VALUE |
| 27 Other ► (<u>NO SEW FLEECE BLANKETS</u>) | X | 50 | 500 | DONOR PROVIDED VALUE |
| 28 Other ► (<u> </u>) | | | | |

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

290

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

30a

Yes

No

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

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

31

Yes

No

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

32a

Yes

No

b If "Yes," describe in Part II

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

| | | |
|---|--|--|
| SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small> | 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 . | <small>OMB No 1545-0047</small> 2016 Open to Public Inspection |
|---|--|--|

| | |
|--|--|
| Name of the organization MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON | Employer identification number 38-2589966 |
|--|--|

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 6 | THE SOLE MEMBER OF MERCY HEALTH PARTNERS D/B/A MERCY HEALTH MUSKEGON (MHM) IS TRINITY HEALTH - MICHIGAN SEE LINE 7 FOR ADDITIONAL INFORMATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | TRINITY HEALTH - MICHIGAN IS THE SOLE MEMBER OF MHM TRINITY HEALTH - MICHIGAN HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF MHM |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7B | AS SOLE MEMBER, TRINITY HEALTH - MICHIGAN MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET TRINITY HEALTH - MICHIGAN MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>MHM HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO. 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF MHM, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF MHM AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST. ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF MHM (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO MHM OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF MHM (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF MHM. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15 | QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF MHM IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING CEO AND CFO COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO AND CFO OF MHM ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTH 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 | MHM IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, MHM INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE. MHM'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | EQUITY TRANSFERS TO AFFILIATES -11,491,956 OTHER TRANSACTIONS 100 GAINS AND EARNINGS ON UNCONSOLIDATED AFFILIATES -15,961 INDIGENT CARE AGREEMENT REVENUE, NET OF CONTRIBUTIONS - 676 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART XII, LINE 2 | MHM'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY17 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PAGE 1, DOING BUSINESS AS NAMES | BEAR CREEK FAMILY MEDICINE, BEAR CREEK FAMILY PRACTICE, BEAR CREEK HEALTH CENTER, BEAR CRE EK MEDICAL GROUP, BEAR CREEK PHYSICIAN PRACTICE, BEAR CREEK PHYSICIAN GROUP, BEAR CREEK PHY SICIANS, HACKLEY CORNERSTONE FOUNDATION, HACKLEY HEALTH, HART FAMILY MEDICAL CENTER, JOHNS ON FAMILY CENTER FOR CANCER CARE, LAKES OBGYN SPECIALISTS, LAKESHORE MEDICAL CENTER-SHELBY , LAKESHORE MEDICAL CENTER-WHITEHALL, MCCLEES CLINIC, MERCY HEALTH, MERCY HEALTH BUSINESS HEALTH SOLUTIONS, MERCY HEALTH GENERAL CAMPUS, MERCY HEALTH HACKLEY, MERCY HEALTH HACKLEY CAMPUS, MERCY HEALTH LAKES VILLAGE, MERCY HEALTH LAKESHORE, MERCY HEALTH LAKESHORE CAMPUS, MERCY HEALTH MERCY, MERCY HEALTH MERCY CAMPUS, MERCY HEALTH MUSKEGON, MERCY HEALTH MUSKEG ON PHARMACY, MERCY HEALTH PARTNERS LAKESHORE CAMPUS, MERCY HEALTH PARTNERS OBSTETRICS & GY NECOLOGY SPECIALIST, MERCY HEALTH PARTNERS PHYSICIAN SPECIALIST, MERCY HEALTH PARTNERS SUB -SPECIALTY, MERCY HEALTH PARTNERS SUB-SPECIALTY SERVICES, MERCY HEALTH PARTNERS, HACKLEY C AMPUS, MERCY HEALTH PARTNERS-ORTHOTICS & PROSTHETICS, MERCY HEALTH PARTNERS-ORTHOTICS AND PROSTHETICS, MERCY HEALTH PARTNERS-WORK PLACE HEALTH, MERCY HEALTH PHARMACY - GLENSIDE, ME RCY HEALTH PHARMACY - HACKLEY PROFESSIONAL, MERCY HEALTH PHARMACY - WESTSHORE PROFESSIONAL , MERCY HEALTH PHARMACY - WOLF LAKE, MERCY HEALTH PHYSICIAN PARTNERS, BEAR CREEK, MERCY HE ALTH PHYSICIAN PARTNERS-MUSKEGON, MERCY HEALTH WESTSHORE CARDIOLOGY SERVICES, MERCY SPECIA LTY SERVICES, MERCY URGENT CARE, MERCY WOMEN'S HEALTH SERVICES, MHP LIFE COUNSELING, SHELBY Y FAMILY CARE, THE BOUTIQUE AT MERCY HEALTH, THE BOUTIQUE AT MERCY HEALTH, LAKES VILLAGE, WORKPLACE HEALTH - LUDINGTON, WORKPLACE HEALTH SAINT MARY'S, WORKPLACE HEALTH WHITEHALL |

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
MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

Employer identification number
38-2589966

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------------|--|---------------------|---------------------------|--|
| (1) MERCY HEALTH CLINICALLY INTEGRATED NETWORK LLC 1415 LEAHY STREET MUSKEGON, MI 49442 47-2070753 | ACCOUNTABLE CARE ORGANIZATION | MI | 0 | 0 | MERCY HEALTH PARTNERS |
| (2) AFFINIA HEALTH ACO LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3870396 | ACCOUNTABLE CARE ORGANIZATION | MI | 0 | 0 | MERCY HEALTH PARTNERS |
| (3) AFFINIA PHYSICIAN NETWORK LLC 1500 E SHERMAN BLVD MUSKEGON, MI 49444 82-2810979 | PHYSICIAN NETWORK | MI | 0 | 0 | MERCY HEALTH CLINICALLY INTEGRATED NETWORK LLC |
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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 | No |
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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) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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 | No |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 38-2589966
Name: MERCY HEALTH PARTNERS
D/B/A MERCY HEALTH MUSKEGON

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 | |

| 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 |
| (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 | |

| 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 |
| (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 | |

| 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 |
| (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 | |

| 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 |
| (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 | | No |
| (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 | |

| 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 |
| (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 | |

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

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| | | | | | | Yes | 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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| | | | | | | Yes | No |
| (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 | |

| 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 |
| (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 | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|--|--|----------------------------|---|--|---|----|
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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 | Yes | |
| (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[illegible]

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

[illegible]

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

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

[illegible]

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|---|---------------------------|---|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| (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 | HACKLEY HEALTH VENTURES INC | C | | | 100 000 % | Yes | |
| (12) HACKLEY HEALTH MANAGEMENT INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814 | WEIGHT MANAGEMENT | MI | HACKLEY HEALTH VENTURES INC | C | 86,717 | 980,622 | 100 000 % | Yes | |
| (13) HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959 | OTHER MEDICAL SERVICES | MI | MERCY HEALTH PARTNERS | C | -104,803 | 152,448 | 100 000 % | Yes | |
| (14) HACKLEY HEALTHCARE EQUIPMENT CORP 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569 | HOME MEDICAL EQUIPMENT | MI | HACKLEY HEALTH VENTURES INC | C | -87,301 | 2,599,791 | 100 000 % | 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 | HACKLEY HEALTH VENTURES INC | C | -100,253 | 4,750,915 | 100 000 % | 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 | | | | | | | | | |
|--|------------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (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 |
| (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 | | | | | | | | | |
|--|------------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| (46) 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 | N/A | C | | | | Yes | |
| (5) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377 | GRANTOR TRUST | MI | N/A | T | | | | 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 | MERCY HEALTH PARTNERS | C | 182 | 402,371 | 97 390 % | Yes | |
| (8) WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035 | OCCUPATIONAL HEALTH | MI | HACKLEY HEALTH VENTURES INC | C | 192,064 | 700,738 | 80 000 % | 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) | TRINITY HEALTH - MICHIGAN | L | 246,787 | PER BOOKS |
| (1) | TRINITY HEALTH - MICHIGAN | M | 6,880,440 | PER BOOKS |
| (2) | TRINITY HEALTH - MICHIGAN | P | 6,770,356 | PER BOOKS |
| (3) | WOODLAND IMAGING CENTER LLC | L | 187,500 | PER BOOKS |
| (4) | ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP | L | 500,704 | PER BOOKS |
| (5) | ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP | M | 179,659 | PER BOOKS |
| (6) | ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP | Q | 53,156 | PER BOOKS |
| (7) | TRINITY HEALTH CORPORATION | B | 11,491,956 | PER BOOKS |
| (8) | TRINITY HEALTH CORPORATION | M | 49,802,239 | PER BOOKS |
| (9) | TRINITY HEALTH CORPORATION | P | 12,180,369 | PER BOOKS |
| (10) | TRINITY HEALTH CORPORATION | Q | 1,343,474 | PER BOOKS |
| (11) | TRINITY HEALTH CORPORATION | R | 4,773,684 | PER BOOKS |
| (12) | TRINITY HEALTH ACO INC | S | 1,904,686 | PER BOOKS |
| (13) | HACKLEY HEALTHCARE EQUIPMENT CORP | L | 113,566 | PER BOOKS |
| (14) | WESTSHORE HEALTH NETWORK | Q | 237,829 | PER BOOKS |
| (15) | HACKLEY PROFESSIONAL PHARMACY | L | 79,157 | PER BOOKS |
| (16) | WESTSHORE PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION | P | 255,706 | PER BOOKS |
| (17) | HACKLEY LIFE COUNSELING | L | 106,305 | PER BOOKS |
| (18) | HACKLEY LIFE COUNSELING | S | 97,841 | PER BOOKS |
| (19) | MUSKEGON COMMUNITY HEALTH PROJECT | B | 4,324,234 | PER BOOKS |