

Department of the Treasury
Internal Revenue ServiceEXTENDED TO MAY 15, 2018
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

1706
2016► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions)		D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input checked="" type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input checked="" type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	IHA HEALTH SERVICES CORPORATION		38-3316559
Print or Type	Number, street, and room or suite no. If a P O box, see instructions 24 FRANK LLOYD WRIGHT DR., LOBBY J		E Unrelated business activity codes (See instructions)
	City or town, state or province, country, and ZIP or foreign postal code ANN ARBOR, MI 48106		561000

C Book value of all assets at end of year 156,446,005.	F Group exemption number (See instructions) ►
G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity ► ADMINISTRATION SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes No
If "Yes," enter the name and identifying number of the parent corporation ► SEE STATEMENT 3

J The books are in care of ► LOWELL SPRAGUE, CFO Telephone number ► 734-995-2950

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	1,101,213.	►	1c Balance	
b Less returns and allowances		►	1c 1,101,213.	
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3 1,101,213.		1,101,213.
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		RECEIVED
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		MAY 14 2016
8 Interest, annuities, royalties, and rents from controlled organizations (Sch F)		8		IRS-OSC
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10 OGDEN, UT		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions, attach schedule)		12		
13 Total. Combine lines 3 through 12	13 1,101,213.			1,101,213.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14
15 Salaries and wages	15
16 Repairs and maintenance	16
17 Bad debts	17
18 Interest (attach schedule)	18
19 Taxes and licenses	19
20 Charitable contributions (See instructions for limitation rules) STATEMENT 4 SEE STATEMENT 1	20 645.
21 Depreciation (attach Form 4562)	21
22 Less depreciation claimed on Schedule A and elsewhere on return	22a
23 Depletion	23
24 Contributions to deferred compensation plans	24
25 Employee benefit programs	25
26 Excess exempt expenses (Schedule I)	26
27 Excess readership costs (Schedule J)	27
28 Other deductions (attach schedule)	28 1,093,765.
29 Total deductions Add lines 14 through 28	29 1,094,410.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30 6,803.
31 Net operating loss deduction (limited to the amount on line 30)	31
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32 6,803.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33 1,000.
34 Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	34 5,803.

Part III Tax Computation

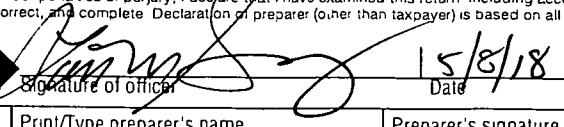
35	Organizations Taxable as Corporations See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ► <input checked="" type="checkbox"/> See instructions and		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ 5,803.		
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/>		
c	Income tax on the amount on line 34	SEE STATEMENT 5 ►	35c 1,973.
36	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37	Proxy tax See instructions		37
38	Alternative minimum tax		38
39	Tax on Non-Compliant Facility Income See instructions		39
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 1,973.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	1,973.
43	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax Add lines 42 and 43	44	1,973.
45a	Payments A 2015 overpayment credited to 2016	45a	
b	2016 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	2,000.
d	Foreign organizations Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ►	45g	
46	Total payments Add lines 45a through 45g	46	2,000.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached ► <input checked="" type="checkbox"/>	47	59.
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48	32.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50	Enter the amount of line 49 you want Credited to 2017 estimated tax ►	Refunded	► 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file	►	X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		

Sign Here	<p>Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge</p> <p> Date: 15/8/18 Title: CFO</p> <p>Signature of officer Firm's name ► Firm's EIN ► Firm's address ► Phone no.</p>			May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ►			Firm's EIN ►
	Firm's address ►			Phone no.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2	7
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b Other costs (attach schedule)	4b		
5 Total Add lines 1 through 4b	5		X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

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

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions
Enter here and on page 1, Part I, line 6, column (B) ►

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) ►	Enter here and on page 1, Part I, line 7, column (B) ►
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization		2 Employer identification number	Exempt Controlled Organizations		
			3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income		8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals ►				0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income		2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)					
(2)					
(3)					
(4)					
				Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)
Totals ►				0.	0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
				Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26
Totals ►				0.	0.	0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►				0.	0.	0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but no, more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ►	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II line 27	
Totals, Part II (lines 1-5) ►	0.	0.				0.
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)						
1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business			
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Total Enter here and on page 1, Part II, line 14 ►			0.			

Form 990-T (2016)

Name

IHA HEALTH SERVICES CORPORATION

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

- 1 Taxable income or (loss) before net operating loss deduction
- 2 **Adjustments and preferences**
 - a Depreciation of post-1986 property
 - b Amortization of certified pollution control facilities
 - c Amortization of mining exploration and development costs
 - d Amortization of circulation expenditures (personal holding companies only)
 - e Adjusted gain or loss
 - f Long-term contracts
 - g Merchant marine capital construction funds
 - h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)
 - i Tax shelter farm activities (personal service corporations only)
 - j Passive activities (closely held corporations and personal service corporations only)
 - k Loss limitations
 - l Depletion
 - m Tax-exempt interest income from specified private activity bonds
 - n Intangible drilling costs
 - o Other adjustments and preferences
- 3 Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o
- 4 **Adjusted current earnings (ACE) adjustment**
 - a ACE from line 10 of the ACE worksheet in the instructions
 - b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions
 - c Multiply line 4b by 75% (0.75). Enter the result as a positive amount
 - d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)
 - e ACE adjustment
 - If line 4b is zero or more, enter the amount from line 4c
 - If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount
- 5 Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT
- 6 Alternative tax net operating loss deduction. See instructions
- 7 Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions
- 8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)
 - a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-
 - b Multiply line 8a by 25% (0.25)
 - c Exemption Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-
- 9 Subtract line 8c from line 7. If zero or less, enter -0-
- 10 Multiply line 9 by 20% (0.20)
- 11 Alternative minimum tax foreign tax credit (AMTFTC) See instructions
- 12 Tentative minimum tax Subtract line 11 from line 10
- 13 Regular tax liability before applying all credits except the foreign tax credit
- 14 Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

JWA For Paperwork Reduction Act Notice, see separate instructions

Form 4626 (2016)

* SEE ALSO

STATEMENT 6

Adjusted Current Earnings (ACE) Worksheet

► See ACE Worksheet Instructions

1 Pre-adjustment AMTI Enter the amount from line 3 of Form 4626

1 5,803.

2 ACE depreciation adjustment

a AMT depreciation

b ACE depreciation

(1) Post-1993 property

(2) Post-1989, pre-1994 property

(3) Pre-1990 MACRS property

(4) Pre-1990 original ACRS property

(5) Property described in sections

168(f)(1) through (4)

(6) Other property

(7) Total ACE depreciation Add lines 2b(1) through 2b(6)

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

2c

c ACE depreciation adjustment Subtract line 2b(7) from line 2a

3 Inclusion in ACE of items included in earnings and profits (E&P).

a Tax-exempt interest income

b Death benefits from life insurance contracts

c All other distributions from life insurance contracts (including surrenders)

d Inside buildup of undistributed income in life insurance contracts

e Other items (see Regulations sections 156(g)-1(c)(6)(iii) through (ix) for a partial list)

f Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e

3a	
3b	
3c	
3d	
3e	

3f

4 Disallowance of items not deductible from E&P

a Certain dividends received

b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A) Dec. 19, 2014, 128 Stat. 4043)

c Dividends paid to an ESOP that are deductible under section 404(k)

d Nonpatronage dividends that are paid and deductible under section 1382(c)

e Other items (see Regulations sections 156(g)-1(d)(3)(i) and (ii) for a partial list)

f Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e

4a	
4b	
4c	
4d	
4e	

4f

5 Other adjustments based on rules for figuring E&P

a Intangible drilling costs

b Circulation expenditures

c Organizational expenditures

d LIFO inventory adjustments

e Installment sales

f Total other E&P adjustments Combine lines 5a through 5e

5a	
5b	
5c	
5d	
5e	

5f

6 Disallowance of loss on exchange of debt pools

6

7 Acquisition expenses of life insurance companies for qualified foreign contracts

7

8 Depletion

8

9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

9

10 Adjusted current earnings Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of Form 4626

10 5,803.

IHA HEALTH SERVICES CORPORATION

38-3316559

FORM 990-T CONTRIBUTIONS STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CURRENT YEAR CONTRIBUTIONS	N/A	78,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		78,000.

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
ADMINISTRATION	906,933.
FINANCIAL SERVICES	56,353.
HUMAN RESOURCES	386.
INFORMATION SYSTEMS	5,359.
EMR	1,138.
QPNI	3,879.
PROVIDER EXPENSE	14,601.
OTHER OPERATING EXPENSES	105,116.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,093,765.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 3

CORPORATION'S NAME	IDENTIFYING NO
TRINITY HEALTH CORPORATION	35-1443425

13260507 794151 3510

93 STATEMENT(S) 1, 2, 3
2016.05070 IHA HEALTH SERVICES CORPORA 35101

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT

4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011	
FOR TAX YEAR 2012	
FOR TAX YEAR 2013	21,543
FOR TAX YEAR 2014	40,541
FOR TAX YEAR 2015	35,122

TOTAL CARRYOVER	97,206
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	78,000
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TOTAL CONTRIBUTIONS AVAILABLE	175,206
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TAXABLE INCOME LIMITATION AS ADJUSTED	645
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EXCESS 10% CONTRIBUTIONS	174,561
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	174,561
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ALLOWABLE CONTRIBUTIONS DEDUCTION	645
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TOTAL CONTRIBUTION DEDUCTION	645
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FORM 990-T	TAX COMPUTATION	STATEMENT	5
1. TAXABLE INCOME	5,803		
2. LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	0		
3. LINE 1 LESS LINE 2	5,803		
4. LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0		
5. LINE 3 LESS LINE 4	5,803		
6. INCOME SUBJECT TO 34% TAX RATE	5,803		
7. INCOME SUBJECT TO 35% TAX RATE	0		
8. 15 PERCENT OF LINE 2	0		
9. 25 PERCENT OF LINE 4	0		
10. 34 PERCENT OF LINE 6	1,973		
11. 35 PERCENT OF LINE 7	0		
12. ADDITIONAL 5% SURTAX.	0		
13. ADDITIONAL 3% SURTAX	0		
14. TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C	1,973		

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 6
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2011		
FOR TAX YEAR 2012		
FOR TAX YEAR 2013	21,543	
FOR TAX YEAR 2014	40,541	
FOR TAX YEAR 2015	35,122	
TOTAL CARRYOVER		97,206
CURRENT YEAR CONTRIBUTIONS		78,000
TOTAL CONTRIBUTIONS		175,206
10% OF TAXABLE INCOME AS ADJUSTED		645
EXCESS CONTRIBUTIONS		174,561
ALLOWABLE CONTRIBUTIONS		645
AMT CHARITABLE DEDUCTION		645
REGULAR CONTRIBUTION DEDUCTION		645
AMT CONTRIBUTION ADJUSTMENT		0