efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134020629 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization TRINITY HEALTH CORPORATION D Employer identification number ☐ Address change 35-1443425 ☐ Name change Doing business as SEE SCHEDULE O ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 20555 VICTOR PARKWAY ☐ Amended return ☐ Application pending (734) 343-1000 City or town, state or province, country, and ZIP or foreign postal code LIVONIA, MI 481527018 **G** Gross receipts \$ 1,807,721,775 F Name and address of principal officer **H(a)** Is this a group return for RICHARD GILFILLAN MD ☐Yes ☑No subordinates? 20555 VICTOR PARKWAY H(b) Are all subordinates LIVONIA, MI 481527018 ☐Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW TRINITY-HEALTH ORG L Year of formation 1978 M State of legal domicile IN Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 13 4,784 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . -1,561,174 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b -1,459,636 **Prior Year Current Year** 1,000,000 8 Contributions and grants (Part VIII, line 1h) . . . 1,004,810 **9** Program service revenue (Part VIII, line 2g) 1,484,395,525 1,468,198,159 309,262,440 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 35,967,011 29,256,366 1,762,208,901 1,807,721,775 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,924,133 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 7,974,034 **14** Benefits paid to or for members (Part IX, column (A), line 4) 636,764,633 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 586,635,718 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 1,139,141,408 1,144,398,177 1,733,701,259 1,789,136,844 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 28,507,642 18,584,931 Assets or d Balances **Beginning of Current Year End of Year** 10,015,990,318 20 Total assets (Part X, line 16) . 9,360,629,660 9,640,781,423 **21** Total liabilities (Part X, line 26) 9,511,419,906 ${f 22}$ Net assets or fund balances Subtract line 21 from line 20 . -150,790,246 375,208,895 Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has <u>any knowle</u>dge 2019-05-14 Signature of officer Sign Here BENJAMIN CARTER EVP, CFO

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

Firm's name

Firm's address

Phone no

Phone no

Yes ☐ No

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Type or print name and title

Cat No 11282Y

Form **990** (2017)

Form	990 (2017)						Page 2
Par	Stateme	nt of Program Servi	ce Accomplis	hments			
	Check if Sc	chedule O contains a resp	onse or note to	any line in this Part III			. 🗹
1	Briefly describe th	e organization's mission					
	TRINITY HEALTH, S COMMUNITIES	ERVE TOGETHER IN THE	SPIRIT OF THE (GOSPEL AS A COMPASSI	ONATE AND TRANSFORMING HE	ALING PRESENCE V	VITHIN
2	Did the organization	on undertake any signific	cant program ser	vices during the year wh	ıch were not listed on		
	the prior Form 990	0 or 990-EZ?				🗌 Yes 🗸	No
	If "Yes," describe	these new services on So	chedule O				
3	Did the organization	on cease conducting, or	make significant	changes in how it conduc	cts, any program		
						☐ Yes	☑ No
4	Section $501(c)(3)$		ions are required	to report the amount of	argest program services, as mea grants and allocations to others		
4a	(Code) (Expenses \$	1,747,670,679	including grants of \$	7,974,034) (Revenue \$	1,497,453,241)	
	See Additional Data		, , ,				
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d		rvices (Describe in Sched					
	(Expenses \$		cluding grants of	*) (Revenue \$)	
4e	i otai program s	ervice expenses 🟲	1,747,670,6	/9			

or X as applicable

Section 501(c)(3) organizations.

Yes

Page 3

4 5 6

Nο

Nο

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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? 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?

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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 🛸 . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

- Did the organization maintain collections of works of art, historical treasures, or other similar assets? Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian
- 7 8 for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏
- Nο No Nο If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Yes

Yes

Yes

Yes

No

Nο

Nο

Nο

No

Nο

Nο

Nο

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No

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Form **990** (2017)

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14a

14b

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Form	990 (2017)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No

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28a

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Yes

Yes

Yes

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No

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Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

Was the organization a party to a business transaction with one of the following parties (see 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

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

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orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1,341			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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			
		2b	Yes	
D	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)		103	
За	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	Yes	
b	If "Yes," enter the name of the foreign country ►CJ 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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	טפ		
C	IT 165, to line 3a of 3b, did the organization life FOTH 6000-17	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
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		
	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		
.0	Section 501(c)(7) organizations. Enter			
а	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			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
С	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Se	Check if Schedule O contains a response or note to any line in this Part VI		• •	<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a 7b	Yes	
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
0	the following			
	The governing body?	8 a	Yes	
	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	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		
l1a	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			
	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	
С	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	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	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?		.,	
Co	ction C. Disclosure	16b	Yes	
.7	List the States with which a copy of this Form 990 is required to be filed▶			
.8	IN , CA , OR 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			
.9	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records BENJAMIN CARTER 20555 VICTOR PARKWAY LIVONIA, MI 481527018 (734) 343-0817			
_				0 /2017

compensated employees, and former such persons

Part VII

 $\overline{\mathbf{V}}$

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

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

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

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

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

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

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

(A) (C) (F) (B) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one how unless nerson amount of other

	hours per week (list any hours for related	1		n of or/t	ficer rust	and a		compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1033-MI3C)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2017)

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

Page 8

النكا	Section A. Officers, Direct	Tors, Trustees	3, KCY	<u>riiib</u> i	<u>.0y</u> e	<u>,</u>	_anu_r	<u> </u>	rest compensat	ed Employees	10011	tinueu	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	oox, u an off ctor/t	ot che unles fficer trust	•	rson a	(D) Reportable compensation from the organization (W-		n I [W-	(F) Estima amount o compens from t	ated of other sation the
		for related organizations below dotted line)		Institutional Trust⊬	Officei	Key employee	Highest compensated employee	Former	2/1035-11350)	2/1099-MISC	,	organizati relate organiza	ed
				·1·	\perp	\perp	# €G	\perp			_		
See /	Additional Data Table			┼	\vdash	\vdash	<u> </u>	\vdash			\dashv		
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	Sub-Total					.—	<u> </u>	_			工		
	Total from continuation sheets to Pa Total (add lines 1b and 1c)						▶ _		28,754,273		0		2,421,493
2	Total number of individuals (including	g but not limited	d to thos				e) who	o rec	eived more than \$	100,000			
i	of reportable compensation from the	organization =	1,250			—		—				Yes	No
3	Did the organization list any former of line 1a? If "Yes," complete Schedule 3									d employee on			
4	For any individual listed on line 1a, is organization and related organization individual	s the sum of repo	ortable (comp	oensa	ation	n and o	other	er compensation from	m the	4		
5	Did any person listed on line 1a receiv									dividual for			
	services rendered to the organization		lete Scn	ieduie) J to	r su	ıch per	rson	· · · · ·		5		No
Se	ection B. Independent Contract Complete this table for your five high	nest compensate									 mper	 nsation	
	from the organization Report comper	(A)		: year	· end	ling	with o	<u>ir wit</u>	T T	(B)		(C	:)
CERN'	Name a	and business addre	ess					—		scription of services E SERVICES		Compen	
10200	00 ABILITIES WAY SAS CITY, KS 66111									-			
HURO	ON CONSULTING SERVICES LLC								CONSULTIN	NG SERVICES		30,),171,466
TROY,	WILSHIRE DRIVE 7, MI 48084												
	ATEGIC STAFFING SOLUTIONS			_	_	_	_	_	TEMPORAR	RY SERVICES	_	27,	,862,022
DETRO	GRISWOLD ST ROIT, MI 48226								COETMAR			21	-24 104
	SIDIO NETWORKED SOLUTIONS 15 ALPHA DR								SUFIWARL	E SERVICES		21,	.,534,194
WIXO	DM, MI 48393 ENTURE LLP				—	—			CONSULTI	ING SERVICES		18	3,666,854
3000	TOWN CENTER 2400								==:	10 32111222			000,-
	THFIELD, MI 48075 Total number of independent contractor	rs (including bu	t not lin		to th	2056		aho	we) who received r		nn of	f T	

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 ▶ 406

Part			Revenue											Page 9
rait	777	Check if Schedul		a respo	nse or i	note to any	line in th	us Part VIII						. 🗆
				•			(<i>A</i> Total re	4)	(E Relat exe fund	ed or mpt ction	Un bu	(C) related isiness venue	Rev exclude tax unde	(D) venue ded from er sections
	1a	Federated campaign	ns	1a					reve	enue			51	2-514
nts nts		Membership dues		1b										
ira 10 u		Fundraising events		1c										
s, C An		Related organizatio		1d		1,000,000								
Giff Ia		Government grants (co		1e										
S.	-	All other contributions,	•											
ributions, Gifts, Grants Other Similar Amounts	-	and similar amounts nabove	ot included	1f		4,810								
휼	g	Noncash contribution	ons included											
Contributions, Gifts, Grants and Other Similar Amounts	١													
ج ت	<u>h</u>	Total.Add lines 1a-1	.r	• •	• •			004,810						
RIE	a					Business	551114	1 400 (77.002	1 400 0	77 002			
- A-X		SUBSIDIARY FEES INTERCOMPANY PURCHA	ASEN SERVICES				551114		221,157	1,400,97	21,157		_	
F B	-	INTERCOMPANT FORCE	HOLD SERVICES			_								
ervi	c - d -													
S LL	e -													
Program Service Revenue	f /	All other program se	rvice revenue											
ĕ	gт	otal.Add lines 2a-2f	f		>	1,468,	198,159							
		nvestment income (ii			nterest,			254,236,034				-1,562,458		255,798,492
		milar amounts). ncome from investme			ond prod	eeds >		917,639						917,639
		oyaltıes				. •	•							
			(ı) Rea	I	(11)	Personal								
	6a (Gross rents												
	b	Less rental expenses					1							
	_	Rental income or					4							
		(loss)												
	d	Net rental income o				· •	1							
	7a (Gross amount	(ı) Securit	ties	(11,) Other	-							
	f	from sales of assets other	54,1	.08,767										
	t	than inventory												
	_	Less cost or other basis and		0										
		sales expenses Gain or (loss)	54.1	.08,767			-							
		Net gain or (loss)				•	1	54,108,767	,					54,108,767
		Gross income from fo	_			<u> </u>								
ıπe		(not including \$ contributions reporte		of										
Other Revenue		See Part IV, line 18												
ď		Less direct expense: Net income or (loss)		b	onte									
the		Gross income from g		-		• •	1							
0		See Part IV, line 19												
	Ьı	Less direct expense	c	a b			-							
		Net income or (loss)			ies .	. •	J							
		Gross sales of invent												
	ı	returns and allowand	ces	a										
	ЬI	Less cost of goods s	sold	b			1							
	c [Net income or (loss)	from sales of	invent	ory .	. •								
		Miscellaneous			Busir	ness Code		20 255 002		22 255 222				
	11a	OTHER RELATED RE	VENUE			90009	9	29,255,082		29,255,082				
	L-					54151	0	1,284				1,284		
	D	SVCS TO UNRELATE	D ORGS			34131	9	1,204				1,204		
	c ·						-							
	ď													
	d A	All other revenue .												
		Total. Add lines 11a				•	1	20.255						
	12	Total revenue. See	Instructions					29,256,366						
							1,	,807,721,775	1,	497,453,241		-1,561,174	Form	310,824,898 990 (2017)

	m 990 (2017)				Page 10
	IT IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all columns to the state of the state o	lumns All other orga	nizations must comp	lete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,974,034	7,974,034		
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	15,661,567		15,661,567	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	2,787,862		2,787,862	
7	Other salaries and wages	467,998,802	467,998,802		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,772,591	27,681,907	1,090,684	
9	Other employee benefits	90,143,449	86,726,378	3,417,071	
10	Payroll taxes	31,400,362	30,210,068	1,190,294	
11	Fees for services (non-employees)				
a	a Management	3,479,720		3,479,720	
ŀ	Legal	6,319,746		6,319,746	
	c Accounting	7,069,221		7,069,221	
	d Lobbying	450,000		450,000	
	e Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	118,926,616	118,926,616		
12	Advertising and promotion	1,894,031	1,894,031		
13	Office expenses	70,627,315	70,627,315		
14	Information technology	263,882,592	263,882,592		
	Royalties				
16	Occupancy	27,219,203	27,219,203		
	Travel	10,306,519	10,306,519		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	4,904,046	4,904,046		
20	Interest	222,842,983	222,842,983		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	127,558,315	127,558,315		
23	Insurance	157,519,323	157,519,323		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a EQUIPMENT MAINTENANCE	117,435,188	117,435,188		
	b SUBSCRIPTIONS & DUES	3,963,359	3,963,359		
	c				
	d	+			_
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,789,136,844	1,747,670,679	41,466,165	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			, , , , , , , ,	
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

13.676.970

98.597.362

565,884,231

1.532.340.999

1.029.165.435

354,514,411

9,360,629,660

1,898,199,334

5,834,839,752

150,129

5.908.645

99.860.979

1,672,461,067

9,511,419,906

-150.801.467

-150,790,246

9.360.629.660

11.221

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10c

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Page **11**

73,223

23,567,075

116.297.908

556.012.064

973.407.439

422,174,028

10,015,990,318

1,448,641,473

6,202,536,611

843,825

2.890.630

99.904.381

1.885.964.503

9,640,781,423

375,192,178

375,208,895

10.015.990.318

Form **990** (2017)

16.717

1.841.602.501

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

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets

Grants payable . .

Deferred revenue .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

	(A) Beginning of year		(B) End of y
Cash-non-interest-bearing	50,288	1	
Carrier and barrers are bounded to		,	

	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	63,481,458	4	29,877,368
	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	
ets	7	Notes and loans receivable, net	5,702,918,506	7	6,052,978,712

10a

10b

1,288,251,534

732,239,470

11

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15

16

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21

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27

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32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Form 990 (2017)

Reconcilliation of Net Assets

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Financial Statements and Reporting

Part XI

5

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

18,584,931 5

-150,790,246 71,453,690 6 7 8 Other changes in net assets or fund balances (explain in Schedule O) 9 435,960,520

10

Page **12**

375,208,895

Yes

Yes

Yes

2a

2b

2c

3a

3b

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No

Nο

No

Form 990 (2017)

Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

Form 990 (2017)

Form 990, Part III, Line 4a:

TRINITY HEALTH CORPORATION'S PURPOSE IS TO GOVERN, MANAGE, AND PROVIDE ADMINISTRATIVE SERVICES TO ITS FIRST TIER SUBSIDIARIES. THE VAST MAJORITY OF THESE FIRST TIER SUBSIDIARIES ARE HOSPITAL ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3) AND PROVIDE NEEDED HEALTH CARE SERVICES TO THE COMMUNITIES IN WHICH THEY ARE LOCATED. THE SERVICES PROVIDED BY TRINITY HEALTH CORPORATION ALLOW FOR ECONOMIES OF SCALE THAT IN TURN PERMIT THE SUBSIDIARIES TO PROVIDE HEALTH CARE SERVICES TO PATIENTS AT A REASONABLE COST. TRINITY HEALTH CORPORATION AND ITS SUBSIDIARIES ARE COLLECTIVELY KNOWN AS TRINITY HEALTH TRINITY HEALTH IS ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER MINISTRIES DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS 1 REDUCE TOBACCO USE2 REDUCE OBESITY PREVALENCE3 ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT4 ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTHTRINITY 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) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. TCL IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH TRINITY HEALTH INVESTED \$3 6 MILLION IN FISCAL YEAR 2018 IN TCI IN FISCAL YEAR 2018. TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES TRINITY HEALTH INVESTED OVER \$260,000 IN FISCAL YEAR 2018 IN GSI ADDITIONALLY, TRINITY HEALTH INVESTED \$500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE THE ORGANIZATION 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 IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER \$1 1 BILLION IN SUCH COMMUNITY BENEFITS FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW TRINITY-HEALTH ORG

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

'	any nours	anu	a uii	ecto	л/ц	ustee)		organization	organizations (iv. 2/4000	from the
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RICHARD GILFILLAN MD CHIEF EXECUTIVE OFFICER	54 00 1 00	×		x				2,676,564	0	48,664
JAMES BENTLEY PHD DIRECTOR, CHAIR	8 00	x		×				65,133	0	0
MARY CATHERINE KARL CPA DIRECTOR, VICE CHAIR	8 00	×		х				35,000	0	0
KEVIN BARNETT DRPH	4 00	Х						35,000	0	0

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55,353

55,000

55,000

	•••••	X	X		35,000
DIRECTOR, VICE CHAIR	1 00				·
KEVIN BARNETT DRPH	4 00	×			35,000
DIRECTOR	1 00	^			33,000
JOSEPH BETANCOURT MD	4 00				35.000
DIRECTOR	1 00	*			35,000

4 00

1 00 4 00

1 00 4 00

1 00 4 00

1 00

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and Independent Contractors

MELANIE DREHER PHD RN

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MARY FANNING RSM

GEORGE PHILIP JD

DAVID SOUTHWELL

KATHLEEN POPKO SP PHD

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

1	l e				•			1 (1) 2 (4 0 0 0	/W 2/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations	
JOAN MARIE STEADMAN CSC DIRECTOR AS OF 12/17	4 00	×						0	0	0	
STANLEY URBAN	1 00 4 00				\vdash						
DIRECTOR THROUGH 11/17	1 00	X						26,250	0	0	
ROBERTA WAITE EDD	4 00	×						55.000	0	0	
DIRECTOR	1 00	MISC) MISC) MISC) MISC) MISC) MISC) MISC) A Strong of the compensated of the compe									
LARRY WARREN	4 00	1						FF 000			
DIRECTOR	1 00	1						55,000	U	0	
LINDA WERTHMAN RSM PHD	4 00										

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1,313,002

883.090

223,681

1,622,886

913,132

45,218

58,885

36,447

50,779

48,428

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1 00 54 00

1 00 45 00

5 00 49 00

1 00 50 00

5 00 50 00

5 00

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DIRECTOR
LARRY WARREN
DIRECTOR
LINDA WERTHMAN RSM PHD
DIRECTOR

SECRETARY, EVP, CHIEF LEGAL OFFICER

.....

ASSISTANT SECRETARY, ASSOC COUNSEL

ASST TREAS, SVP, OPERATIONS CFO

......

ASSISTANT SECRETARY, DEP GEN CSL

PAUL NEUMANN

MICHAEL HEMSLEY

JOSHUA MOORE

BENJAMIN CARTER

TREASURER, EVP, CFO

CYNTHIA CLEMENCE

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation

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

and Independent Contractors

EDMUND HODGE

LOUIS FIERENS II

LARRY GOLDBERG

ROBERT CASALOU

PATRICK TAYLOR MD

EVP, CHIEF HUMAN RESOURCES OFFICER

SVP, SUPPLY CHAIN & FIXED ASSET MGMT

PRES/CEO, LOYOLA UNIV HLTH THR 3/18

CEO, SOUTHEAST MICHIGAN REGIONAL

......

...... PRESIDENT & CEO, HOLY CROSS HOSPITAL

	any hours	l		recto	or/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SALLY JEFFCOAT	50 00										
					X			1,517,657	0	43,445	
EVP, GROWTH, STRATEGY & INNOVATION	5 00										
MICHAEL SLUBOWSKI	55 00				×			957,720	0	28,910	
PRESIDENT & CHIEF OPERATING OFFICER	0 00										
BARBARA WALTERS DO	55 00				×			954,626	0	31,664	
EVP, CHIEF POP HEALTH OFFCR THR 5/18	0 00										
JOHN CAPASSO	50 00				x			915,022	0	57,429	
EVP, CONTINUING CARE	5 00								(W- 2/1099- MISC)		

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822,210

797,389

1,615,151

1,146,770

1,143,927

38,580

178,008

43,191

28,733

44,909

46,734

		l .	1 1	хI	954.626	
EVP, CHIEF POP HEALTH OFFCR THR 5/18	0 00				12.,,.2.	
JOHN CAPASSO	50 00					
				×	915,022	
EVP, CONTINUING CARE	5 00					
DANIEL ROTH MD	50 00					
		l .	1 1	ΧI	869,036	
EVP, CHIEF CLINICAL OFFICER	5 00				,	

55 00

0 00 49 00

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

1 00 49 00

1 00 50 00

0 00 49 00

1 00 45 00

5 00

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

	6'l-81	· ' '			'	1 11 2 11 000	1 1 2 1 1 0 0 0	avanniantion and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MARCUS SHIPLEY SVP, CHIEF INFORMATION OFFICER	49 00 1 00					х		1,132,598	0	41,070
JOHN RODIS MD PRESIDENT, SAINT FRANCIS HOSPITAL	0 00 55 00					x		1,098,059	0	40,953
JUDITH PERSICHILLI FORMER OFFICER	0 00						x	488,854	0	383
PHILIP BOYLE FORMER KEY EMPLOYEE, SVP, MISSION	50 00 0 00						×	553,873	0	36,739
MICHAEL FINEGAN FORMER KEY EMP, SVP OPERATIONAL EXC	48 00 2 00						×	577,060	0	42,168
NORA TRIOLA RN	49 00									

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871,381

759,143

740,625

689,147

738,740

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34,666

50,803

40,030

41,136

47,562

FORMER KEY EMPLOYEE, SVP, MISSION
MICHAEL FINEGAN
FORMER KEY EMP, SVP OPERATIONAL EXC
NORA TRIOLA RN

FORMER KEY EMP, SVP, CNO THR 4/18

FORMER KE, SVP, CLIN QUAL THR 6/18

FORMER KE, SVP, CHIEF ACCT CARE OFFCR

FORMER KEY EMP, SVP, CHIEF REV OFFCR

FORMER KEY EMP, SVP, INTEG/AUDIT SVCS

PAUL CONLON

CYNTHIA FRY

MICHAEL HOLPER

PAUL HARKAWAY MD

and Independent Contractors

and Independent Contractors (A) Name and Title

RICHARD O'CONNELL

CLAYTON FITZHUGH

MARK FROIMSON MD

FORMER KEY EMPLOYEE

FORMER KEY EMPLOYEE

FORMER KEY EMPLOYEE

hours per week (list any hours for related organizations below dotted line)
0.00
0 00
0 00
0 00
0.00

(B)

Average

0 00

pers	on is	both	n an	nless office ustee
Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee

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

(C)

Position (do not check more

of ust	
emplovee	Highest compensated

r	
Former	
х	
х	
х	

Reportable compensation from the organization (W- 2/1099- MISC)
880,863
200,452
1,179,879

(D)

(E)

Reportable

compensation from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

16,625

1,199,334

and a 0 00 0 00 0 00 0 00 0 00

efile	GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493134020629				
SCH	łED	ULE A		Public (harity Statu	e and Duk	olic Supp		OMB No 1545-0047				
	n 990			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.									
		the Treasury	► Info	ormation abou	it Schedule A (Form www.irs.a	990 or 990-EZ ov/form990.) and its instru	ıctions is at	Open to Public Inspection				
Name	of th	ne organiza TH CORPORAT						Employer identific					
								35-1443425					
Pai					us (All organization			See instructions.					
1	ganiz		•		it is (For lines 1 thro	•	,	(A)(:)					
		·		•	sociation of churches								
2					1)(A)(ii). (Attach Sch	,	• •						
3		·	•	·	/ice organization desc			•					
4			esearch orga and state —	nization operate	ed in conjunction with	a hospital descri	bed in section	170(b)(1)(A)(iii). E	nter the hospital's				
5		(b)(1)(A)	(iv). (Comple	te Part II)	-			ernmental unit descril	ped in section 170				
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).					
7				mally receives a vi). (Complete		s support from a	governmental u	ınıt or from the genera	al public described in				
8		A communi	ty trust descr	ibed in section	170(b)(1)(A)(vi)	(Complete Part I	I)						
9					escribed in 170(b)(1) ee instructions Enter			with a land-grant collocollege or university	ege or university or a				
10		from activit	ies related to income and i	its exempt fun unrelated busin	ctions—subject to cer	tain exceptions, a	and (2) no more	ns, membership fees, a than 331/3% of its su sses acquired by the o	pport from gross				
11					exclusively to test fo	r public safety S	ee section 509	(a)(4).					
12	✓	more public	ly supported	organizations o		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th). See section 509(a s 12e 12f and 12g					
a		Type I. A so	upporting org n(s) the powe	ganization oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga					
b	✓	manageme	nt of the supp		ation vested in the sar			organization(s), by hav ge the supported orga					
С		Type III f	inctionally i	ntegrated. A s				nd functionally integra	ted with, its				
d		Type III n	on-function integrated	ally integrated The organization	d. A supporting organi	ization operated fy a distribution i	in connection wi requirement and	th its supported organ I an attentiveness requ					
e		Check this	oox if the org	anızatıon receiv	•	nation from the II		vpe I, Type II, Type III	functionally				
f	Enter			organizations	gracea supporting	J. gamzacion		2	2				
g	Provid	de the follow	ing information	on about the su	pported organization(s)		_					
	(i) N	lame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No						
See /	\dd <u>iti</u> o	nal Data Tal	ole										
Total		vork Reduc	22			Cat No 11285		6,547,998 Schedule A (Form 9					

III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and membership fees received (Do not						

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						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or						
			l	1			1

loss from the sale of capital assets (Explain in Part VI) **Total support.** Add lines 7 through 11 12 Gross receipts from related activities, etc. (see instructions) Section C. Computation of Public Support Percentage

Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 ightharpoonupand stop here. The organization qualifies as a publicly supported organization

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, 15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶□ supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	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						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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

Page 4

Yes

No

No

No

No

No

No

No

No

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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

Schedule A (Form 990 or 990-EZ) 2017

6

7

8

answer line 10b below

the organization had excess business holdings)

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 No

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

5a Yes amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b Yes

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI. 6 Yes

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

8

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	could A (16th) 330 61 330 EZ, ZOT			aye J
Pā	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
h	A family member of a person described in (a) above?	11a		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No
	Section B. Type I Supporting Organizations	110		140
	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization			
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		No
	77 3 77 3 77			
	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?	:	103	140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations	<u></u>	l .	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	a The organization satisfied the Activities Test Complete line 2 below			
	b			
	c	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
3	involvement Parent of Supported Organizations Answer (a) and (b) below.	2b		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? Provide details in Part VI.			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes " describe in Part VI , the role played by the organization in this regard	<u> </u>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5

Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount 1 1a

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors 2

(explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6

6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8

3

7

Schedule A (Form 990 or 990-EZ) 2017

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line 1

2

Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3

temporary reduction (see instructions)

instructions)

4 5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

7

8

1 2

3

4 5

Schedule A (Form 990 or 990-F7) 2017

Page 6

(B) Current Year

(optional)

Current Year

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
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 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions					
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					

details in Part VI) See instructions				
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions				
	(i)	(i) (ii) Underdistributions		

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A (Fo	orm 990 or 990-EZ) 2	2017 Page 8
S F	Section A, lines 1, 2, 3 Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, es 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
		Facts And Circumstances Test
990 Schedu	ıle A, Supplemen	tal Information
Retur	n Reference	Explanation
ı		\mathbf{I}

SCHEDULE A, PART I, LINE 12G CATHOLIC HEALTH MINISTRIES IS AN INSTRUMENTALITY OF THE ROMAN CATHOLIC CHURCH AND AS SUCH

DOES NOT HAVE A FEDERAL EIN

(II), EIN

330 Schedule A, Supplemen	30 Schedule A, Supplemental Information			
Return Reference	Explanation			
SCHEDULE A, PART IV, SECTION A, LINE 1	CATHOLIC HEALTH MINISTRIES IS LISTED BY NAME IN TRINITY HEALTH CORPORATION'S GOVERNING DOC UMENTS TRINITY HEALTH CORPORATION'S OTHER SUPPORTED ORGANIZATIONS ARE NOT LISTED BY NAME IN THE GOVERNING DOCUMENTS, BUT ARE DESIGNATED BY PURPOSE THE PURPOSE OF TRINITY HEALTH C ORPORATION AS STATED IN ITS GOVERNING DOCUMENTS IS TO ADVANCE, PROMOTE, SUPPORT, AND CARRY OUT THE PURPOSES OF CATHOLIC HEALTH MINISTRIES ITS SPECIFIC PURPOSES ARE TO ENGAGE IN THE DELIVERY OF AND TO CARRY ON, SPONSOR OR PARTICIPATE, DIRECTLY OR THROUGH ONE OR MORE AFF ILIATES, IN ANY ACTIVITIES RELATED TO THE DELIVERY OF HEALTH CARE AND HEALTH CARE RELATED SERVICES AS APPROPRIATE IN CARRYING OUT THE HEALTH CARE MISSION OF CATHOLIC HEALTH MINISTR IES SUCH ACTIVITIES INCLUDE THE SUPPORT AND ASSISTANCE OF AFFILIATES TO ACCOMPLISH THE FO REGOING PURPOSES THE SUPPORTED ORGANIZATIONS LISTED IN PART I, LINE 12 ARE AFFILIATES OF TRINITY HEALTH CORPORATION AND QUALIFY AS SEC 509(A)(1) PUBLIC CHARITIES, AND SHARE THE E XEMPT PURPOSES OF TRINITY HEALTH CORPORATION			

990 Schedule A. Supplemental Information

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

990 Schedule A, Supplemental Information					
Return Reference	Explanation				
SCHEDULE A, PART IV, SECTION A, LINE 5A	SAINT MICHAEL'S MEDICAL CENTER, EIN 26-2616046, WAS REMOVED AS A SUPPORTED ORGANIZATION S UBSTANTIALLY ALL OF THE HOSPITAL'S ASSETS WERE SOLD ON MAY 1, 2016 EFFECTIVE APRIL 17, 20 17, ITS REMAINING ASSETS WERE TRANSFERRED TO A LIQUIDATING TRUSTEE IN ACCORDANCE WITH A CH APTER 11 PLAN OF ORDERLY LIQUIDATION				

990 Schedule A, Supplemental Information				
Return Reference	Explanation			
SCHEDULE A, PART IV, SECTION	TRINITY HEALTH CORPORATION PROVIDED GRANTS TO UNRELATED CHARITIES THAT CARRY OUT THE			

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

990 Schedule A, Supplemental Information

Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).							
(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		the organization Amount of monetary listed in your support (see		
			Yes	No			
(A) CATHOLIC HEALTH MINISTRIES	000000000	1	Yes		0	0	
(A) TRINITY HEALTH - MICHIGAN	382113393	3		No	2,086,620	0	
(B) HOLY CROSS HEALTH INC	520738041	3		No	391,596	0	
(C) MOUNT CARMEL HEALTH SYSTEM	311439334	3		No	0	0	
(D) HOSP SUBS ST JOSEPH REG MED CTR	351568821	3		No	60,336	0	
(E) HOSP SUBS ST ALPHONSUS HEALTH SYSTEM	271929502	3		No	609,723	0	
(F) SAINT AGNES MEDICAL CENTER	941437713	3		No	87,652	0	
(G) MERCY HEALTH SERVICES - IOWA CORP	311373080	3		No	153,956	0	
(H) MERCY HEALTH PARTNERS	382589966	3		No	199,080	0	
(I) HOSP SUBS MERCY HLTH SYS OF CHICAGO	363163327	3		No	83,899	0	
(J) HOSP SUBS LOYOLA UNIV HEALTH SYSTEM	363342448	3		No	56,743	0	
(K) MERCY MEDICAL CENTER - CLINTON	421336618	3		No	0	0	
(L) HOSP SUBS OF ST MARY'S ATHENS	580566223	3		No	0	0	
(M) HOSP SUBS OF OUR LADY OF LOURDES HEALTH CARE SERVICES	222568528	3		No	0	0	
(N) HOLY CROSS HOSPITAL	590791028	3		No	788,875	0	
•			1	1			

Form 990, Sch A, Part I, Line 12q - Provide the following information about the supported organization(s). (i)Name of supported organization (ii)EIN (iii) (iv) (vi) (v) Amount of other Type of organization Is the organization Amount of monetary (described on lines listed in your support (see support (see 1- 9 above (see governing document? instructions) instructions) instructions)) Yes No (P) ST MARY MEDICAL CENTER 231913910 3 No 0 (A) 232212638 3 Nο 59,953 HOSP SUBS OF MERCY HLTH SYS OF SE PA 453570715 3 161,392 Nο HOSP SUBSION ST PETER'S HEALTH PTRS 223431049 605,315 3 Nο ST FRANCIS MEDICAL CENTER TRENTON NJ (D) ST FRANCIS HOSPITAL 510064326 3 14,980 Nο (E) 061491191 3 No 514,037 HOSP SUBS TRINITY HLTH OF NEW **ENGLAND**

Nο

673,841

3

150532254

(F) ST JOSEPH'S HOSP HEALTH CENTER

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No 1545-0047

DLN: 93493134020629

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶ 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.

Inspection

	Section 501(c) (other than section 5 Section 527 organizations Completed	501(c)(3)) organizations Complete Parts te Part I-A only	s I-A and C below	Do not complete Part I-I	3		
f th	ne organizatıon answered "Yes" or	n Form 990, Part IV, Line 4, or Form 9	90-EZ, Part VI, II	ne 47 (Lobbying Actıvit	ies), then		
		t have filed Form 5768 (election under s					
		t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax					
	oxy Tax) (see separate instruction		n) (500 Sopulate		50 LL, 1 art 1, mid 500		
	Section 501(c)(4), (5), or (6) organiz	zations Complete Part III		1			
	ame of the organization INITY HEALTH CORPORATION			Employer id	entification number		
				35-1443425			
Pai	rt I-A Complete if the orga	nization is exempt under section	on 501(c) or is	a section 527 orga	nization.		
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	npaign activities i	n Part IV (see instruction	s for definition of		
2	Political campaign activity expend	litures (see instructions)		>	\$		
3	Volunteer hours for political camp	• • • • • • • • • • • • • • • • • • • •					
Pal	rt I-B Complete if the orga	nization is exempt under section	on 501(c)(3).				
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	>	\$		
2	Enter the amount of any excise ta	ax incurred by organization managers u	nder section 4955	•	\$		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	this year?		☐ Yes ☐ No		
4a	Was a correction made?				☐ Yes ☐ No		
b							
Pa	rt I-C Complete if the orga	nization is exempt under section	on 501(c), exc	ept section 501(c)(3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt func	tion activities	\$		
2							
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No		
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing organization's fun- political organization, suc	ds Also enter the amount		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	contributions received		
L							
2							
3							
1							
5							
5							
or	Panerwork Reduction Act Notice see	the instructions for Form 990 or 990-F7.	C-1	No E00945 Schodule 4	C (Form 000 or 000-E7) 2017		

Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2017				Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).	ed				
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a))
activ	, , , , , , , , , , , , , , , , , , , ,	Yes	No		Amou	ınt
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					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
С	Media advertisements?		No			
d	Mailings to members, legislators, or the public?	Yes				
е	Publications, or published or broadcast statements?	Yes				
f	Grants to other organizations for lobbying purposes?	Yes				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				150,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes				
i	Other activities?	Yes			Ç	950,000
j	Total Add lines 1c through 1i				1,	100,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sect	ion		
					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?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				501(c	(6)
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).					
	Current year	2a				
b	Carryover from last year	2b				
С		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

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

PART II-B, LINE 1

Explanation

INSPIRED BY TRINITY HEALTH'S MISSION, TRINITY HEALTH ADVOCACY LEVERAGES MINISTRY EXPERIENCES TO INFLUENCE POLICY SOLUTIONS THAT TRANSFORM THE HEALTH CARE SYSTEM AS A CATHOLIC HEALTH MINISTRY, WE ARE CALLED BOTH TO SERVE AND TO TRANSFORM WE SERVE PEOPLE AND COMMUNITIES IN NEED, ESPECIALLY THE POOR AND UNDERSERVED WE ALSO SEEK TO TRANSFORM SYSTEMS OF CARE AND POLICIES TO CREATE JUSTICE FOR ALL TRINITY HEALTH IS BUILDING A PEOPLE-CENTERED HEALTH SYSTEM TO PUT THE PEOPLE WE SERVE AT THE CENTER OF EVERY BEHAVIOR, ACTION AND DECISION THIS BRINGS TO LIFE OUR COMMITMENT TO BE A COMPASSIONATE, TRANSFORMING AND HEALING PRESENCE IN OUR COMMUNITIES WE ADVOCATE FOR PUBLIC POLICIES THAT SUPPORT BETTER HEALTH, BETTER CARE AND LOWER COSTS TO ENSURE AFFORDABLE, HIGH QUALITY, PEOPLE-CENTERED CARE FOR ALL OUR 2017 AND 2018 FEDERAL AND STATE ADVOCACY GOALS AND PRIORITIES INCLUDE GOAL 1 IMPROVE THE HEALTH OF INDIVIDUALS AND COMMUNITIES - COVERAGE AND ACCESS TO MENTAL AND PHYSICAL HEALTH SERVICES - INSURANCE PROTECTIONS - MEDICAID EXPANSION - HIX SUSTAINABILITY - BEHAVIORAL HEALTH INTEGRATION - PALLIATIVE CARE - SUBSTANCE ABUSE / OPIOIDS - TOBACCO - OBESITY / NUTRITION - HEALTH EQUITY GOAL 2 SUSTAIN CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION - INNOVATIVE DELIVERY AND PAYMENT MODELS - ALTERNATIVE PAYMENT MODELS (SIM / MACRA) - HIT / INTEROPERABILITY - WORKFORCE - MEDICAID INNOVATION - MEANINGFUL & STANDARD MEASURERS - TELEHEALTH - TRANSPARENCY TRINITY HEALTH IS ONE OF THE LARGEST MULTI-INSTITUTIONAL CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE NATION, SERVING DIVERSE COMMUNITIES THAT INCLUDE MORE THAN 30 MILLION PEOPLE ACROSS 22 STATES TRINITY HEALTH'S ADVOCACY ENCOURAGES OUR FEDERAL AND STATE LEADERS TO WORK TOWARD A SYSTEM THAT PROVIDES AFFORDABLE COVERAGE AND HIGH-VALUE, COORDINATED CARE TO EVERY PATIENT OUR NETWORK OF HEALTH CARE PROVIDERS JOINS IN THESE EFFORTS WHILE, AT THE SAME TIME, CONTINUING TO IMPLEMENT EVIDENCE-BASED PRACTICES THAT ALLOW THEM TO ACHIEVE WHAT THEY SET OUT TO DO WHEN THEY FIRST CHOSE THIS CAREER - DELIVER THE BEST POSSIBLE CARE LOBBYING ACTIVITY PERFORMED BY TRINITY HEALTH CORPORATION INCLUDED - PROVIDING COMMENTS ON PROPOSALS PERTAINING TO HEALTH INFORMATION TECHNOLOGY AND ALTERNATIVE PAYMENT MODELS - ENCOURAGEMENT OF COLLEAGUES TO WRITE LETTERS TO PUBLIC OFFICIALS - AN "ADVOCACY ACTION" WEBSITE TO ENGAGE COLLEAGUES IN GRASSROOTS ADVOCACY - DESIGNATE AN ADVOCACY LIAISON FOR EACH REGIONAL HEALTH MINISTRY OF TRINITY HEALTH - ENGAGEMENT OF A LOBBYIST IN WASHINGTON, D.C. - LEGISLATOR VISITS TO REGIONAL HEALTH MINISTRIES - COLLABORATION WITH THE CATHOLIC HEALTH ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION - GRANTS FOR LOBBYING PURPOSES IN THE FORM OF MEMBERSHIP DUES PAID TO HEALTH CARE ORGANIZATIONS - ADVOCACY EVENTS AT THE FEDERAL AND STATE LEVEL, ATTENDED BY TRINITY HEALTH EXECUTIVES REPRESENTING THE MEMBER HOSPITALS OF TRINITY HEALTH - PARTICIPATION IN AMERICAN HOSPITAL ASSOCIATION ADVOCACY EVENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493134020629 OMB No 1545-0047

Open to Public

(Form 990)

▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** TRINITY HEALTH CORPORATION 35-1443425 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par	1111	Organizations Ma	aintaining Col	lections o	of Art, His	stori	cal T	reasu	ires, o	r Other	Similar A	ssets (contini	ued)	
3		g the organization's acq s (check all that apply)	uisition, accession	n, and other	records, c	heck a	any of	the fo	llowing t	hat are a	significant	use of its	s collec	tion	
а		Public exhibition				d		Loan	or exch	ange prog	rams				
b		Scholarly research				е		Othe	r						
c		Preservation for future	e generations												
4	Provi Part	de a description of the	organızatıon's col	ections and	l explain ho	w the	y furtl	ner the	e organiz	zation's ex	cempt purpo	ose in			
5		ng the year, did the orga ts to be sold to raise fur									ular	☐ Ye	es	□ No	
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Form	990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on F	orm s	990, Pari	:
1a		e organization an agent ded on Form 990, Part I		an or other	ıntermedia	ry for	contri	bution	s or oth	er assets I	not	☐ Ye	es	□ No	
ь	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the follo	owing	table				Δ	mount			
c	Begir	nning balance		·		_				1c					
d	Addıt	tions during the year								1d					
е	Distri	ibutions during the year	r							1e					
f	Endır	ng balance								1f					
2a	Dıd t	he organization include	an amount on Fo	rm 990, Pai	rt X, line 21	L, for	escrow	or cu	stodial a	ccount lia	ibility?	☐ Ye	es	—— □ No	
b	If "Y∈	es," explain the arrange	ment in Part XIII	Check here	e if the exp	lanatı	on has	been	provide	d in Part)	KIII				
Pa	rt V	Endowment Fund	ds. Complete ıf	the organ	ızatıon an	swer	ed "Y	es" or	n Form	990, Par	t IV, line 1	10.			
_	_			(a)Currer	nt year	(b) Pr	rior yea	r	(c) Two y	ears back	(d)Three ye	ars back	(e) Fou	ır years bad	:k
	_	ning of year balance .						_							
		butions						_							_
		vestment earnings, gair						_							_
		s or scholarships						\rightarrow							_
	and pr	expenditures for facilities ograms	es												
f	Admın	istrative expenses .						_							
g	End of	year balance													
2		de the estimated percei	-	nt year end	d balance (I	line 1g	g, colu	mn (a))) held a	S					
а	Board	d designated or quasi-e	ndowment >												
b	Perm	nanent endowment 🟲													
С	Temp	porarily restricted endov	wment 🟲												
		percentages on lines 2a		•											
3а		here endowment funds nization by	not in the posses	sion of the	organizatio	n that	are h	eld an	d admın	istered fo	r the		Г	Yes No	_
	-	nrelated organizations										3:	a(i)	162 140	_
		related organizations .											a(ii)	-	_
b		es" on 3a(II), are the rel		s listed as i	equired on	Sche	dule R	? .					3b		_
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endowr	nent f	unds								_
Pai	rt VI	, ,													
		Complete if the ord													
	Descr	ription of property	(a) Cost or oth (Investme		(b) Cost or	otner	pasis (otner)	(c) Acc	umulated o	lepreciation	((d) Boo	k value	
1a	Land						9,78	32,872						9,782	,872
b	Buildin	ngs					53,27	70,755			38,564,044			14,706	711
		nold improvements													
		ment				1	,035,79	93,162		ı	693,675,426			342,117	 ,736

189,404,745

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

189,404,745

556,012,064

Part VII Investments—Other Securities. Complete if t	he organization answ	vered "Yes" on Fo	rm 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value		Method of valuation
(including name of security) (1) Financial derivatives		Cost or	end-of-year market value
(2) Closely-held equity interests			
(A) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	347,224,424		F
(B) INTEREST RATE SWAP AGREEMENTS	6,139,400		F
(C) EQUITY METHOD INVESTMENTS	421,629,658		С
(D) HEDGE FUNDS	198,413,957		F
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	973,407,439		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990, Part IV, lii	ne 11c. See Form	990, Part X, line 13.
(a) Description of investment	(b) Book value	(c)	Method of valuation end-of-year market value
(1)			ena or year market value
(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 answere	ed 'Yes' on Form 990. Pa	rt IV line 11d See	Form 990 Part Y line 15
(a) Description		iciv, iliio ilia bee	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•
Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	answered 'Yes' on Fo	rm 990, Part IV,	line 11e or 11f.
1. (a) Description of liability	(b) Bo	ook value	
(1) Federal income taxes		71.016.066	
INTERCOMPANY ACCOUNTS PAYABLE INTERCOMPANY OTHER LONG TERM LIABILITIES		71,916,966 666,169,163	
DEFERRED COMPENSATION LIABILITY		61,875,199	
SECURITY LENDING OBLIGATION OTHER LONG TERM LIABILITIES		275,227,968 250,289,033	
OTHER CURRENT LIABILITIES		78,971,174	
LONG TERM TAXABLE FIXED RATE BONDS (8)		481,515,000	
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of		1,885,964,503	al statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC			

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Page 4

а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line $\mathbf{2e}$ from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	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	
Par	Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa		Retur	n.
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			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	3)	5	
Par	t XIII Supplemental Information			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid		rt V, line	4, Part X, line 2, Part
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2017	Page 5	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print	- DO NOT PROC	CESS	As Filed Data	-		DLN:	93493134020629		
SCHEDULE F (Form 990)	Stateme	ent of A	Activities (Outside the Un	Outside the United States				
(1 3111 333)	► Complete if	the organi	e organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.						
Department of the Treasury Internal Revenue Service	► Information a	vw.irs.gov	/form990.	Open to Public Inspection					
Name of the organization	TTON					Employer iden	tification number		
TRINITY HEALTH CORPORA	ATION					35-1443425			
	nformation on A Part IV, line 14b.		Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" to		
other assistance, the to award the grant	he grantees' eligib s or assistance? . Describe in Part	ulity for th	e grants or assis	substantiate the amoun stance, and the selection dures for monitoring the	criteria	used	☐ Yes ☐ No ner assistance		
3 Activites per Region	(The following Par	t I, line 3 i	able can be dupli	cated if additional space is	s needed j)			
(a) Region	offi	Number of ces in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program spe	rity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region		
(1) See Add'l Data									
(2)									
(3)									
(4)									
(5)									
3a Sub-total b Total from continuati Part I		(2,090,363,693 16,999,212		
c Totals (add lines 3a For Paperwork Reduction A		(netruction	,		No 5008	2W Schedul	2,107,362,905 le F (Form 990) 2017		

(1)				
(2)				
(3)				

(4)

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

Schedule F (Form 990) 2017

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.				
Part III can be	Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
(1)											
(2)											
(3)											

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	☑ No

Schedule Fi	(Form 990) 2017	Page !
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2017

Additional Data

CENTRAL AMERICA AND THE

CARIBBEAN

Software ID: Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

883,887,836

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN				WHOLLY-OWNED FOREIGN INSURANCE COMPANY	71,803,347

INVESTMENTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EAST ASIA AND THE PACIFIC INVESTMENTS 339,684,210 EUROPE INVESTMENTS 566,021,458

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) NORTH AMERICA INVESTMENTS 156,195,973 SOUTH AMERICA INVESTMENTS 37,571,312

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SUB-SAHARAN AFRICA INVESTMENTS 26.645.416 MIDDLE EAST AND NORTH INVESTMENTS 8,554,141 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) INVESTMENTS 10.803.137 RUSSIA AND THE NEWLY INDEPENDENT STATES 6,196,075 SOUTH ASIA INVESTMENTS

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DL	N: 934931340	20629
Schedule I (Form 990) Department of the Treasury	Cc ▶ Infor	OMB No 1545-0047 2017 Open to Public Inspection							
Internal Revenue Service Name of the organization	N.I.					Empl	oyer identific	ation number	
TRINITY HEALTH CORPORATIO						35-1	443425		
 Does the organization m the selection criteria use Describe in Part IV the o 	d to award the grants rganızatıon's procedu	istantiate the amount of or assistance ⁷ res for monitoring the u	se of grant funds in the U	nited States			Deat IV loss	✓ Yes	□ No
			ditional space is needed	ents. Complete if the o	rganızatıon answered "Yes	on Form 990,	Part IV, line	21, for any recip	ient
(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) Descr noncash a		(h) Purpose of or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
		-	s listed in the line 1 table				.		34
For Paperwork Reduction Act No				Cat No 50055			Sch	edule I (Form 990) 2017

(7) Return Reference

GRANTS TO SUPPORT INNOVATIVE MODELS THAT ADDRESS INPATIENT AND OUTPATIENT SERVICES, NEW PRODUCTS, AUTOMATION, OR TELEMEDICINE TRINITY HEALTH ALSO HAS ESTABLISHED A "TRANSFORMING COMMUNITIES INITIATIVE" PROGRAM TRINITY HEALTH GRANTS FUNDS TO COMMUNITY PARTNERSHIPS TO FOCUS ON POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES THAT CAN DIRECTLY IMPACT SPECIFICALLY IDENTIFIED AREAS OF HIGH LOCAL NEED AND WHICH CAN

REDUCE TOBACCO USE AND OBESITY, LEADING DRIVERS OF PREVENTABLE CHRONIC DISEASES AND HIGH HEALTH CARE COSTS IN THE UNITED STATES TRINITY HEALTH ALSO HAS ESTABLISHED A "GOOD SAMARITAN INITIATIVE" PROGRAM MEMBER ORGANIZATIONS OF THE TRINITY HEALTH SYSTEM MAY APPLY FOR GRANTS TO EXPAND THE USE AND PRACTICE OF COMMUNITY HEALTH WORKERS IN OUR MINISTRIES TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN TRINITY HEALTH COMMUNITIES

Additional Data

1221 MAIN STREET NO 213

ST FRANCIS MEDICAL CENTER

HOLYOKE, MA 01040

601 HAMILTON AVENUE

TRENTON, NJ 08629

TRENTON NJ

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

22-3431049

(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,
or government		''		assistance	l` ´other\' Í

organization	if applicable	grant	cash	(book, FMV, appraisa
or government			assistance	other)

501(C)(3)

organization	ii applicable	grant	Casii	(book, ility, applaisa
or government			assistance	other)

(-)	ıf applicable	grant	cash	(book, FMV, appraisal,	non-cash assistance	١,
	, ,	_	assistance	other)		
						İ
	(- , -			if applicable grant cash assistance	if applicable grant cash (book, FMV, appraisal, assistance other)	if applicable grant cash (book, FMV, appraisal, non-cash assistance other)

THE MERCY HOSPITAL INC	04-3398280	501(C)(3)	451,496				COMMUNITY WEL
-					·		
organization or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance

605,315

Form 990.Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
roilli 990,3cheudle 1, Part	11, Grants and	Other Assistance to	Donnestic Organiza	tions and Donnest	ic governments.			
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of gran	

and Domesti	ic Governments.	
nount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(h) Purpose of grant or assistance

- COMMUNITY WELFARE -
- TRANSFORMING COMMUNITIES
- INITIATIVE GRANT
- - COMMUNITY WELFARE -

INITIATIVES GRANTS

- TRANSFORMING COMMUNITIES AND GOOD SAMARITAN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance SAINT AGNES MEDICAL 94-1437713 501(C)(3) 87.652 COMMUNITY WELFARE -

CENTER				GOOD SAMARITAN
1303 EAST HERNDON AVENUE				INITIATIVE AND
FRESNO, CA 93720				TRANSFORMING
				COMMUNITIES
				INITIATIVE CDANTS

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

MAYWOOD, IL 60153

LOYOLA UNIVERSITY MEDICAL 36-4015560 501(C)(3) 56,743

|INITIATIVE GRANTS COMMUNITY WELFARE -CENTER TRANSFORMING 2160 SOUTH FIRST AVENUE COMMUNITIES

INITIATIVE GRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 83.899 COMMUNITY WELFARE -MERCY HOSPITAL AND 36-2170152 MEDICAL CENTER PLACE-BASED 2525 SOUTH MICHIGAN INVESTMENT AND AVENUE SAFETY GRANTS CHICAGO, IL 60616 SAINT FRANCIS HOSPITAL 06-0646813 501(C)(3) 10,376 COMMUNITY WELFARE -AND MEDICAL CENTER TRANSFORMING

COMMUNITIES

GRANTS

INITIATIVE AND SAFETY

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

114 WOODLAND STREET

HARTFORD, CT 06105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 2,086,620 TRINITY HEALTH - MICHIGAN 38-2113393 SUPPORT FOR MERCY 20555 VICTOR PARKWAY PRIMARY CARE AND LIVONIA, MI 48152 COMMUNITY WELFARE -

INNOVATION AND SAINT ALPHONSUS REGIONAL 82-0200895 501(C)(3) 609,723 MEDICAL CENTER 1055 N CURTIS ROAD

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

SAFETY GRANTS COMMUNITY WELFARE -TRANSFORMING COMMUNITIES BOISE, ID 83706 INITIATIVE, INNOVATION AND ISAFETY GRANTS

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

GOOD SAMARITAN

INITIATIVE GRANTS

501(C)(3) 391.596 HOLY CROSS HEALTH INC 52-0738041 ICOMMUNITY WELFARE -1500 FOREST GLEN ROAD TRANSFORMING SILVER SPRING, MD 20910 COMMUNITIES INITIATIVE GRANT

15-0532254 501(C)(3) 196.070 ST JOSEPH'S HOSPITAL ICOMMUNITY WELFARE -

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

301 PROSPECT AVE SYRACUSE, NY 13203 (b) EIN

HEALTH CENTER INNOVATION AND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 788.875 HOLY CROSS HOSPITAL INC 59-0791028 COMMUNITY WELFARE -4725 NORTH FEDERAL HURRICANE RELIEF. INNOVATION, GOOD HIGHWAY FT LAUDERDALE, FL 33308 SAMARITAN INITIATIVE AND PLACE-BASED INVESTMENT GRANTS 38-2621935 COMMUNITY WELFARE -

TRINITY HOME HEALTH 501(C)(3) 5,949 SERVICES SAFETY GRANT 17410 COLLEGE PARKWAY

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

SUITE 150 LIVONIA. MI 48152

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 36-0724325 501(C)(3) 10.000 FOUNDATION OF THE ICOMMUNITY WELFARE

AMERICAN COLLEGE OF				
HEALTHCARE EXECUTIVES				
ONE NORTH FRANKLIN ST NO				
1700				
CHICAGO, IL 60606				

CATHOLIC CHARITIES USA 53-0196620 501(C)(3) 200,000 COMMUNITY WELFARE

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

2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 58-1486420 501(C)(3) 10.000 BLUE RIDGE INSTITUTE COMMUNITY WELFARE DEVELOPMENT FLIND INC

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

PO BOX 4421 GREENSBORO, NC 27404					
THE DEMOCRACY COLLABORATIVE FOUNDATION	20-0387511	501(C)(3)	20,000		COMMUNITY WELFARE

1422 EUCLID AVE STE 616

CLEVELAND, OH 44115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 23-7444497 501(C)(3) 12.500 ARAB COMMUNITY CENTER COMMUNITY WELFARE FOR ECONONOMIC AND

SOCIAL SERVICES 2651 SAULINO CT DEARBORN, MI 48120

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

867 W TOWN ST STE A COLUMBUS, OH 43222

FRANKLINTON GARDENS 45-4023198 501(C)(3) 10,000 COMMUNITY WELFARE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 82-2860302 501(C)(3) 200.000 UNITED STATES OF CARE ICOMMUNITY WELFARE

CAMPAIGN PO BOX 32025 WASHINGTON, DC 20007

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

DETROIT, MI 48216

MERCY EDUCATION PROJECT 38-3209556 501(C)(3) 12.800 ICOMMUNITY WELFARE

1450 HOWARD ST

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 36-3576073 501(C)(3) 15.000 THE RESURRECTION PROJECT COMMUNITY WELFARE 1818 S DALILINA STREET

CHICAGO, IL 60608				
MENTAL HEALTH LEADERSHIP INITIATIVE DBA THE KENNEDY FORUM 1543 N WELLS ST GARDEN LEVEL	501(C)(3)	25,000		COMMUNITY WELFARE

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

CHICAGO, IL 60610

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance MERCY HEALTH SERVICES -31-1373080 501(C)(3) 153.956 COMMUNITY WELFARE -

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

MOUNT CARMEL HEALTH	21 1112066	F01(C)(2)	17 715		COMMUNITY WELFARE
1000 4TH STREET SW MASON CITY, IA 50401					INITIATIVE AND PLACE- BASED INVESTMENT GRANTS

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

COLUMBUS, OH 43213

(b) EIN

COMMUNITY WELFARE -MOUNT CARMEL HEALTH 31-1113966 501(C)(3)| 1/,/15 SYSTEM FOUNDATION PLACE-BASED 6150 FAST BROAD STREET INVESTMENT GRANT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TRINITY HEALTH PACE 47-3073124 501(C)(3) 42,612 ICOMMUNITY WELFARE -Y GRANT

20555 VICTOR PARKWAY LIVONIA, MI 48152					SAFETY GRANT
COALITION TO PROTECT AMERICA'S HEALTH CARE 800 10TH ST NW TWO CITY CENTER NO 400	52-2253225	501(C)(4)	250,000		COMMUNITY WELFARE

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

WASHINGTON, DC 20001

(a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

COMMUNITY WELFARE

COMMUNITY WELFARE -

TRANSFORMING

INITIATIVE GRANT

I COMMUNITIES

(d) Amount of cash

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

E01/C1/21

501(C)(3)

(c) IRC section

315 SOUTH MANNING BLVD ALBANY, NY 12208	14-1340092	301(C)(3)	101,392				GOOD SAMARITAN INITIATIVE AND PLACE- BASED INVESTMENT GRANTS
--	------------	-----------	---------	--	--	--	--

161 202

52,166

TRINITY HEALTH OF NEW

114 WOODLAND STREET

HARTFORD, CT 06105

ENGLAND CORPORATION INC.

CT DETERIC LICCRITAL

(a) Name and address of

(b) EIN

14 1240602

06-1491191

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 38-2589966 501(C)(3) 199.080 MERCY HEALTH PARTNERS ICOMMUNITY WELFARE -INNOVATION AND

INITIATIVE GRANT

1500 E SHERMAN BLVD MUSKEGON, MI 49444

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

1055 NORTH CURTIS RD

BOISE, ID 83706

GOOD SAMARITAN INITIATIVE GRANTS 82-0524649 32.179 SAINT ALPHONSUS HEALTH COMMUNITY WELFARE -GOOD SAMARITAN

ALLIANCE INC

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MERCY CATHOLIC MEDICAL 23-1352191 501(C)(3) 25,920 COMMUNITY WELFARE -CENTER OF SOUTHEASTERN SAFETY GRANT

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428					
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE	23-2212638	501(C)(3)	34,033		COMMUNITY WELFARE - GOOD SAMARITAN INITIATIVE GRANT

ONE WEST ELM STREET SUITE 100

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

CONSHOHOCKEN, PA 19428

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance CAINT IOCEDII DECIONAL 2E 1E60021 E01(C)(2) 60 226 COMMUNITY WELFARE -

SATINI JOSEPH REGIONAL	32-1200071] DOT(C)(3)	00,330		COMMONTLY WELF
MEDICAL CENTER INC					GOOD SAMARITAN
5215 HOLY CROSS PARKWAY					INITIATIVE AND P
MISHAWAKA, IN 46545					BASED INVESTME

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

PO BOX 2500

WILMINGTON, DE 19805

PLACE-IENT IGRANTS

ST FRANCIS HOSPITAL INC. 51-0064326 501(C)(3) 14,980 COMMUNITY WELFARE -

GOOD SAMARITAN

INITIATIVE GRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance ST JOSEPH'S HOSPITAL 22-2149775 501(C)(3) 477.772 COMMUNITY WELFARE -

COMMUNITY WELFARE

HEALTH CENTER FOUNDATION TRANSFORMING COMMUNITIES INC 301 PROSPECT AVE

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

501(C)(3)

GLOBAL HEALTH MINISTRY

20555 VICTOR PARKWAY LIVONIA, MI 48152

42-1253527

INITIATIVE GRANT SYRACUSE, NY 13203

500,000

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed [)ata	ı -	DLN: 934	9313	4020	629		
Schedule J (Form 990)		Compensation Information					OMB No 1545-0047			
		For certain Officers, Directors, Trustees, Key Employees, and Highest								
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						7		
► Attach to Form 990.										
Department of the Treasury Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.										
	ne of the organiza			Emplo	yer identificat					
IRII	NITY HEALTH CORPC	RATION		35-144	13425					
Pa	rt I Questi	ons Regarding Compensation		-						
							Yes	No		
1a		piate box(es) if the organization provided an ection A, line 1a Complete Part III to provide								
	First-class	or charter travel	✓	Housing allowance or residence for persona	al use					
		companions	╡	Payments for business use of personal residence	dence					
		ification and gross-up payments l	╡	Health or social club dues or initiation fees	0					
	☐ Discretion	ary spending account	_	Personal services (e g , maid, chauffeur, ch	ier)					
b		tes in line 1a are checked, did the organizati Il of the expenses described above? If "No,"			reımbursement	1 b	Yes			
2		tion require substantiation prior to reimbursies, officers, including the CEO/Executive Dire				2	Yes			
	directors, truste	es, officers, including the CEO/Executive Dire	ector	, regarding the items checked in line 1a?						
3		f any, of the following the filing organization								
		EO/Executive Director Check all that apply doing anization to establish compensation of the compensation o			II					
	·									
			✓	Written employment contract Compensation survey or study						
		·		Approval by the board or compensation cor	mmittee					
		-								
4	During the year related organiza	did any person listed on Form 990, Part VII tion	, Sec	tion A, line 1a, with respect to the filing org	janization or a					
а	_	ance payment or change-of-control payment	2			4a	Yes			
a b		receive payment from, a supplemental non-		fied retirement plan?		4b	Yes			
c	•	receive payment from, an equity-based con	•	•		4c	, 55	No		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III										
5) , 501(c)(4), and 501(c)(29) organizatio d on Form 990, Part VII, Section A, line 1a,								
5		ontingent on the revenues of	uiu t	ne organization pay or accrue any						
а	The organization	17				5a		No		
b	Any related orga	inization?				5b		No		
	If "Yes," on line	5a or 5b, describe in Part III								
6		d on Form 990, Part VII, Section A, line 1a, ontingent on the net earnings of	dıd t	he organization pay or accrue any						
а	The organization	۶				6a		No		
b	Any related orga					6b		No		
	•	6a or 6b, describe in Part III								
7		d on Form 990, Part VII, Section A, line 1a, escribed in lines 5 and 6? If "Yes," describe in				7	Yes			
8		nts reported on Form 990, Part VII, paid or a itial contract exception described in Regulati				•		Ne		
9		3, did the organization also follow the rebutta	able į	presumption procedure described in Regulat	cions section	9		No_		
For I	Danerwork Pedi	ction Act Notice, see the Instructions fo	r Fo	rm 990. Cat No 50053T	Schedule 1		990)	2017		

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 (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	Bellettes	(0)(1)(0)	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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Schedule J (Form 990) 2017								

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I. LINE 1A THE FOLLOWING INDIVIDUALS RECEIVED TAX GROSS-UP PAYMENTS DURING CALENDAR 2017 EDMUND HODGE - \$17.604 DANIEL ROTH. MD - \$20.432 MICHAEL

SLUBOWSKI - \$31,811 THESE AMOUNTS WERE INCLUDED IN TAXABLE INCOME AND ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II THE FOLLOWING

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Supplemental Information

Part III

INDIVIDUAL RECEIVED PAYMENT OR REIMBURSEMENT OF HOUSING AND PERSONAL COMMUTING COSTS DURING CALENDAR 2017 PAUL NEUMANN - \$36,962 THIS AMOUNT WAS INCLUDED IN THE INDIVIDUAL'S TAXABLE INCOME AND IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II PART I, LINES 4A-B THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2017 THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART III MARK FROIMSON, MD - \$544,698 RICHARD O'CONNELL - \$448,968 JUDITH PERSICHILLI - \$480,920 IN ADDITION, COLUMN C OF SCHEDULE J. PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/17 MARK FROIMSON, MD - \$1,178,528 (\$858,312 PAID IN 2018 AND \$320,216 TO BE PAID IN 2019) THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2017 THE IPLAN 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 2017. AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2017 THE FOLLOWING PAYOUTS FOR 2017 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II PHILIP BOYLE -\$122,513 JOHN CAPASSO - \$121,615 BENJAMIN CARTER - \$191,020 ROBERT CASALOU - \$147,874 CYNTHIA CLEMENCE - \$97,577 PAUL CONLON - \$101,345 LOUIS FIERENS II - \$95.950 MICHAEL FINEGAN - \$74.365 CLAYTON FITZHUGH - \$200.452 CYNTHIA FRY - \$145.962 RICHARD GILFILLAN, MD - \$351.851 LARRY GOLDBERG - \$189,922 PAUL HARKAWAY, MD - \$105,068 MICHAEL HEMSLEY - \$208,677 MICHAEL HOLPER - \$89,621 SALLY JEFFCOAT - \$199,865 PAUL NEUMANN

- \$150,967 RICHARD O'CONNELL - \$202,294 JOHN RODIS, MD - \$161,256 MARCUS SHIPLEY - \$129,217 PATRICK TAYLOR, MD - \$180,142 NORA TRIOLA, RN -\$169.042 THE FOLLOWING ACCRUAL FOR 2017 IS INCLUDED IN COLUMN C OF SCHEDULE J. PART II EDMUND HODGE - \$139.582 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 (\$270,000 FOR 2017) THE FOLLOWING PAYOUTS FOR

2017 FOR THESE PLANS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J. PART II BENJAMIN CARTER - \$100,285 ROBERT CASALOU - \$80,505 LOUIS FIERENS III - \$65,689 MICHAEL FINEGAN - \$25,488 LARRY GOLDBERG - \$189,505 MICHAEL HOLPER - \$68,760 PAUL NEUMANN - \$95,117 MARCUS SHIPLEY - \$54,138 COLUMN (F) OF SCHEDULE J. PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS. THE

FOLLOWING INDIVIDUAL IS A PARTICIPANT IN A NON-OUALIFIED DEFERRED COMPENSATION PLAN FOR HOLY CROSS HOSPITAL. A RELATED ORGANIZATION THE FOLLOWING PAYOUT IS INCLUDED IN COLUMN (B)(III) OF SCHEDULE J, PART II PATRICK TAYLOR, MD - \$311,458

EXECUTIVE MANAGEMENT EMPLOYED BY TRINITY HEALTH ARE COMPENSATED UNDER A MULTI-TIERED, GOAL-BASED PROGRAM WHICH INCLUDES BASE PAY AND

PART I, LINE 7 A VARIABLE PORTION. THE VARIABLE PORTION IS REFERRED TO AS "AT RISK COMPENSATION". EACH OF THE ELIGIBLE MEMBERS OF EXECUTIVE MANAGEMENT.

IS ASSIGNED PERFORMANCE GOALS ALIGNED WITH ORGANIZATIONAL STRATEGIC GOALS EACH GOAL HAS MINIMUM THRESHOLD CRITERIA, TARGET CRITERIA

AND A MAXIMUM

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

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

Comparable Com	Form 990, Schedule	-/		ceters, ir detece, it	, <u></u> ,,,,	inginest compensate			1
Solution Solution Solution Compression Compressi	(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC compensation				(E) Total of columns	(F) Compensation in
CHEFF SECTIONS OFFICE (C. C. C			(i) Base Compensation	Bonus & incentive	Other reportable		benefits	(B)(ı)-(D)	reported as deferred on
Mail Private Mail Private	1RICHARD GILFILLAN MD	(1)	1,429,454	849,759	397,351	12,150	36,514	2,725,228	0
Secretary Supplies 10	CHIEF EXECUTIVE OFFICER	(11)	0	0	0	0	0	0	0
REAL DEFICIES 10		(1)	720,269	289.216	303.517	12.150	33.068	1.358.220	85,504
STATISTICATE NUMBER 190	LEGAL OFFICER	ر							
## ASSESTMENT SECRETARY - 1974 ONC ALL - 1974 ONC A		Ϋ́	464 544	0	0	0	0	0	0
SOSTINA PLOCES 10	ASSISTANT SECRETARY,	(1)		176,429	242,117	16,200	42,685	941,975	0
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ASSOCIAMENTAL (I) 0 939.76 365.75 315.455 12.150 38.629 1.673,665 90 ***REAS,INGE, CVP, CVP (I) (I) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(1)	201,021	22,468	192	13,877	22,570	260,128	0
REASONER, EVP, COV (0)	ASSOC COUNSEL	(11)	0	0	0	0	0	0	0
Seventh Classence Color		(1)	939,676	366,755	316,455	12,150	38,629	1,673,665	90,148
ASST TRASS, 599, 00		(11)	0	0	0	0	0	0	0
SOLITION Company Com	ASST TREAS, SVP,	(1)	626,427	173,136	113,569	20,250	28,178	961,560 	0
EXP. GROWTH, STRATEGY AS INFORMATION (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-	0	0	0	0	0	0	0
MICHAEL SUBOWSKI MICHAEL SUB	EVP, GROWTH, STRATEGY	(1)	898,754	388,608	230,295	12,150	31,295	1,561,102	0
PRESIDENT 8 CHIEF OFFICER (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	& INNOVATION	(11)	0	0	0	0	0	0	0
OPERATING OFFICER 10 0 0 0 0 0 0 0 0		(1)	838,299	0	119,421	9,563	19,347	986,630	0
EVP, CHER POP HEALTH OF THE POP	ODERATING OFFICER	(11)	0	0	0	0	0	0	0
Contractive Part Present Contractive Part Present Contractive Part Present Contractive Part Part Present Contractive Part Part Part Present Contractive Part Part Part Part Part Part Part Part		(1)	650,802	280.034	23.790	12.150	19.514	986.290	0
DOING CADASCO Color Colo	OFFCR THR 5/18	ادین	0						
EVP, CONTINUING CARE (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		` '	537,282	232 477	145 263	20.250	37 179	972 451	0
DOMNEL ROTH MD Pay CHIEF CLINICAL OFFICER (i) 0 0 0 0 0 0 0 0 0	· '		0		143,203			372,431	
EMP, CHIEF CLINICAL OFFICER (I) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10DANIEL ROTH MD	-	627,867	162 243	78 926	12 150	26 430	907 616	0
STEPHIND HODGE 10 579,096 172,430 70,684 151,732 26,276 1,000,218 1,000,							20,130		
EVP, CHIEF HUMAN RESOURCES OFFICER (II) 0 0 0 0 0 0 0 0 0 0 0 0 0	11EDMUND HODGE		579 096	477.420	70.504	151 733	0	1 222 212	0
12LOUIS FIRENS II 1	EVP, CHIEF HUMAN	(')		1/2,430	70,684	151,/32	26,2/6	1,000,218	
SVP, SUPPLY CHAIN 8 FIXED ASSET MGMT (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		` '	0	0	0	0	0	0	0
SIJARRY GOLDBERG RES/SCEO, LOYOLA UNIVE HITH THR 3/18 183 1643,884 183 183 1840,281 183	SVP SUPPLY CHAIN &	(1)	454,894	165,586	176,909	16,200	26,991	840,580	59,049
PRESIDENT & CEO, LOYOLA UNIV HITH THR 3/18 (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FIXED ASSET MGMT	(11)	0	0	0	0	0	0	0
HLTH THR 3/18 (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 14R0BERT CASALOU (IV) 650,713 250,058 245,999 12,150 32,759 1,191,679 72 (IV) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(1)	870,178	346,231	398,742	12,150	16,583	1,643,884	183,120
14ROBERT CASALOU CEO, SOUTHEAST CEO, SOUTHEAST CEO, SOUTHEAST CEO, SOUTHEAST CEO, SOUTHEAST CEO, SOUTHEAST CEO, HOLY CROSS HOSPITAL CEO, SOUTHEAST CEO, HOLY CROSS HOSPITAL CEO, HOLY CEO, HO	LU TU TUD O 4 O	(11)	0	0	0	0	0	0	0
Comparison Com		(1)	650,713	250,058	245,999			1,191,679	72,369
PRESIDENT & CEO, HOLY (II) 0 0 0 0 0 0 0 0 0	MICHIGAN REGIONAL	(11)	0	0	0	0	0	0	0
CROSS HOSPITAL (II)	15PATRICK TAYLOR MD		498,598	135,840	509,489	20,250	26,484	1,190,661	0
SVP, CHIEF INFORMATION (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CROSS HOSPITAL	(11)	0	0	0	0	0	0	0
OFFICER	SVP, CHIEF INFORMATION	(1)	669,880	263,783	198,935	12,150	28,920	1,173,668	52,313
PRESIDENT, SAINT FRANCIS HOSPITAL (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OFFICER	(11)	0	0	0	0	0	0	0
18 10 17 18 18 18 18 18 18 18	PRESIDENT, SAINT	(1)	693,657	226,950	177,452	12,150	28,803	1,139,012	0
FORMER OFFICER (II) 0 0 0 0 0 0 0 19PHILIP BOYLE FORMER KEY EMPLOYEE, SVP. MISSION (II) 298,391 113,062 142,420 16,200 20,539 590,612	FRANCIS HOSPITAL	(11)	0	0	0	0	o	0	0
(II) 0 0 0 0 0 0 0 0 0 0 0 0 19PHILIP BOYLE FORMER KEY EMPLOYEE, SVP. MISSION ()		(1)	0	0	488,854	0	383	489,237	0
19PHILIP BOYLE FORMER KEY EMPLOYEE, SVP, MISSION () 298,391 113,062 142,420 16,200 20,539 590,612		(11)	0	 	n		0	0	0
FORMER KEY EMPLOYEE, =	19PHILIP BOYLE	$\overline{}$	298,391	113.062	142.420		20.539	590.612	0
i pri i ui	CVD MICCION	(II)	0		,			0	
		(**/		<u> </u>	0	<u> </u>	ı	U	1 0

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 21MICHAEL FINEGAN (ı) 333,897 128,342 114,821 12,150 30,018 619,228 23,895 FORMER KEY EMP, SVP OPERATIONAL EXC (II) 1NORA TRIOLA RN 498.585 186,737 186.059 16,200 18,466 906,047 FORMER KEY EMP, SVP, CNO THR 4/18 2PAUL CONLON 459,193 174,557 125,393 20,250 30,553 809,946 FORMER KE. SVP. CLIN QUAL THR 6/18 (II)3PAUL HARKAWAY MD 454,992 162,495 123,138 12,150 27,880 780,655 FORMER KE, SVP, CHIEF ACCT CARE OFFCR **4**CYNTHIA FRY 379,400 145,772 163,975 16,200 24,936 730,283 FORMER KEY EMP, SVP, CHIEF REV OFFCR **5**MICHAEL HOLPER 410.338 154,362 174,040 20,250 27,312 786,302 61,811 FORMER KEY EMP, SVP,

655,879

200,452

569,219

7,059

1,180,836

9,566

18,498

897,488

200,452

2,379,213

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

193,351

308,038

INTEG/AUDIT SVCS

6RICHARD O'CONNELL

7CLAYTON FITZHUGH

FORMER KEY EMPLOYEE

8MARK FROIMSON MD

FORMER KEY EMPLOYEE

FORMER KEY EMPLOYEE

l(n)

(II)

31,633

302,622

ef	ile GRAPHIC print	- DO NOT	PROCESS As	Filed Data -									DLN:	93493:	L3402	0629
	hedule K orm 990)				Information o								OMB	No 154	5-0047	
			► Complete if the		wered "Yes" to Form , and any additional i				Provide des	criptions,			4	4U 1	/	
	artment of the Treasury		A Informatio	-	► Attach to Form 990 ((Form 990) and its).			ira gay/far	m,000				en to P		
	rnal Revenue Service energy ne of the organization		Pillorillatio	ii about schedule i	(FOI III 990) and its	ilisti uction	5 15 at <u>n</u>	V VV VV . 1	rs.qov/iori	<u>11990</u> .	Emplo	yer ident		nspecit n numbe		
TRI	NITY HEALTH CORPOR	ATION									35-14	43425				
P	art I Bond Issu	ies														
	(a) Issuer nam	ne	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Descripti	efeased				Pool		
														alf of uer	finai	ncing
											Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE	AUTHORITY	80-0596186	59465HQL3	05-14-2012	115,8	327,509	SEE P	PART VI - 20	12MI		X		X		×
В	MONTGOMERY COUN	ITY	52-6000980	61336PDT5	10-20-2011	64,:	197,005	SEE P	PART VI - 20	11MD		Х		Х		Х
	MICHIGAN FINANCE	AUTHORITY	80-0596186	59447PFX8	10-20-2011	320.9	353 704	SEE B	PART VI - 20	11 MT		X		X		X
				331171176		<u> </u>										
D	COUNTY OF FRANKLI	IN OHIO	31-6400067	353202FJ8	10-20-2011	14,4	485,000	SEE P	PART VI - 20	110H		X		×		X
Pa	Proceeds			•												
							A		E	3	(:			D	
1_							3,940	-								
2						7,205,000					975,000					
3							115,827	27,509 64,197,064			,	320,959,366 1			14,4	185,000
4				· · · · · ·												
5								-								
<u>6</u> 7							1,078			630,237		2 1 4 5	424			157,901
_							1,076	,,039		630,237		3,145,	424			137,901
9								+								
10	<u> </u>		•					+		6,879,633		327,552,	478		14	327,098
11	Other spent procee									0,073,033	•	JZ7,JJZ,	17.0			327,030
12																
13	Year of substantial	completion .				20	012		20	11	20	13			2011	
						Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds iss	ued as part of	a current refunding	gıssue [?]			Х		Х			Х				X
15	Were the bonds iss	ued as part of	an advance refund	ing issue?		X				Х	Х					X
16	Has the final allocation of proceeds been made?				X			X		Х			Х			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X			X		Х			Х			
Pa	rt IIII Private Bu			<u> </u>			1									
							A		E	3	C	:			D	
	W 11					Yes	No	<u> </u>	Yes	No	Yes	No		Yes		No
1	financed by tax-exe	empt bonds? .	<u> </u>	<u> </u>			X			Х		X				X
2		arrangement	s that may result in	private business use			Х			Х		Х				X
For	Paperwork Reduction					Ca	t No 50	1193F				S	hedul	e K (Foi	m 990	1) 2017

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Part IV

Arbitrage

Page 2

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0 050 %

0 050 %

Χ

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No

Х

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Χ

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D

Yes

Х

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Χ

Yes

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Schedule K (Form 990) 2017

C

No

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Yes

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No

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Χ

Х

No

Χ

0 050 %

0 050 %

Χ

Х

Yes

Χ

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

property?.........

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a quaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

7.1. 2.1. a.g. (
		4
	Vac	No

Yes

Yes

Χ

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

Nο

No

Yes

Yes

No

No

Yes

Х

No

Yes

Yes

Page 3

No

Nο

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/19/2 017 ISSUER NAME MONTGOMERY COUNTY MARYLAND DATE THE REBATE COMPUTATION WAS PERFORMED 01/ 19/2017 ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME COUNTY OF FRANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORME D 01/19/2017 ISSUER NAME COLINTY OF FRANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 04/13/2016 ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME INDIANA FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME COUNTY OF FR ANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/16/2015 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/12/2014 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/16/2017 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/16/2017 ISSUER

E COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME NEW JERSEY HEALTH CARE FACILITIES FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/20 15 SSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME DVLPMT AUTHORITY OF THE UNIFIED GOVT OF ATHENS-CLARKE DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MASS HEALTH AND EDU FACILITIES AUT HORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MONTGOMERY COUNT Y HIGHER EDU AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MASS HEALTH AND EDU FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2 014 ISSUER NAME MASS HEALTH AND EDU FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY DA TE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME NEW JERSEY HEALTH CARE FA CILITIES FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME MONTGOMERY
HES SCOPE STANDER

Return Reference	Explanation
PART I, LINE (F)	2012 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITI ONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FA CILITIES REFUND SERIES 2002C PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NO TREQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011MD TO FINANCE, REF INANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND I MPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2011 THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS, 2011CA BONDS, AND 2011 IL BONDS ARE T REATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORT 10N OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2002C THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS, 2011CA BONDS, AND 2011 IL BONDS ARE TREATED AS A SINGLE "ISSUE" FOR C ERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPOR TED IN EACH RESPECTIVE FORM 8038 PART II, LINE 6 - AMOUNTS REPORTED AS "PROCEEDS IN REFUN DING ESCROWS" FOR CERTAIN BOND ISSUES INCLUDE AMOUNTS CONTRIBUTED TO THE REFUNDED ESCROW F ROM GROSS PROCEEDS OF THE PRIOR BONDS OR OTHER EQUITY CONTRIBUTIONS BY THE ORGANIZATION P ART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEST RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENT S TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN OHIO THE 2011MI BOND S, 2011MD BONDS, 2011OH BONDS, 2011OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE COD

Return Reference	Explanation
PART I, LINE (F)	PECTIVE FORM 8038 PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12 /31/2002 2011IL TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED T O ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN ILLINOIS THE 2011MI BONDS, 2011MD BONDS, 20110H BONDS, 2011CA BONDS, AND 2011IL BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 20 10A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILI TIES REFUND SERIES 2000A MICHIGAN AND 2000B IOWA THE 2010A BONDS, 2010B BONDS, 2010B BONDS AND 2010B BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SE CTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRED TO COM PLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2010B TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1998 CALIFORNIA AN D 1998 INDIANA THE 2010A BONDS, 2010B BONDS, 2010B BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTA L PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2010C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1996 OHIO THE 2010A BONDS, 2010B BONDS, 2010B BONDS, 2010B BONDS ARE TREATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN IDAHO T

Return Reference	Explanation
PART I, LINE (F)	REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010F TO FINANCE CERTAIN CAPITAL IMPROVEMENTS TO HEALTH CARE FACILITIES LOCATED AT VARIOUS LOCATIONS IN MICHIGAN THE 2010F BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2009A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIP MENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PARTIALLY REFUND SERIES 1998 INDIANA AND 1998 CALIFORNIA OF PRIOR ISSUES, AND THE CHELSEA REFINANCING OF COMMERCIAL PAPER THE 2009A BONDS AND 2009BC BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTI ONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE F ORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2009BC - CU SIP NUMBERS 59465HMB9 AND 59465HMC7 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPIT ALS AND OTHER HEALTH CARE FACILITIES THE 2009A BONDS AND 2009BC BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2008A TO FINANCE, REFINANCE OR REIMBURS EALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2003A, 2003F, 20 03G, 2004A, 2004D, 2004E, 2004F OF PRIOR ISSUES THE 2008A BONDS AND 2008B BONDS AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2008A TO FINANCE, REFINANCE OR REIMBURS EALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2003A, 2003F, 20 03G, 2004A, 2004D, 2004E, 2004F OF PRIOR IS

Return Reference	Explanation
PART I, LINE (F) -CONTINUED	THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SE CTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY 2008D - CUSIP NUMBERS 455057QM 4 AND 455057QM 2 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED T O ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000F, 2003C1, 2003C2, 2003H, 2004C1 REFINANCING OF COMMER CIAL PAPER, 2004C2 REFINANCING OF COMMER CIAL PAPER, 2004C2 REFINANCING OF COMMERCIAL PAPER, 2004C2 REFINANCING OF COMMERCIAL PAPER, 2004C2 REFINANCING OF COMMERCIAL PAPER, 2004C5 REFUND SERIES SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 1 03 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8 038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2005A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMEN TS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1996 OF PRIOR ISSUE THE 2005A BONDS AND 2005D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN E ACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT RE QUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 PART IV, LINE 1 - A REBATE COMPUTATION DATED JANUARY 19, 2011 WAS PERFORMED FOR THE ORGANIZATION 2005D TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1999X OF PRI OR ISSUE THE 2005A BONDS AND 2005D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURP OSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUI R

Return Reference	Explanation
PART I, LINE (F) -CONTINUED	T EARNINGS PART IV, LINE 5 - TRINITY HEALTH HAD PLANNED TO ALLOCATE PROCEEDS TO QUALIFIED EXPENDITURES IN FY11 - QUALIFIED EXPENDITURES WERE NOT AVAILABLE SO THE MODEST PROCEEDS WERE MOVED BY THE TRUSTEE TO SERVICE THE BONDS, PER OPINION OF BOND COUNSEL 2013 ID TO FIN ANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCT ION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2013 MD TO FINANCE, REFINANCE OR RE IMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CO DE, AS REPORTED IN THE FORM 8038 2013 OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORT ION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PUR PROSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2013 OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORT ION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2008NC TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE

Return Reference	Explanation
PART I, LINE (F) -CONTINUED	MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LINE C, ADDITIONAL CUSIP FOR 2013 MI-3 SERIES - 59447PXR7 SUBSEQUENT TO THE PRIOR TAX YEAR, CERTAIN DUPLICATE EXPENDITURES WERE DISCOVERED, WHICH HAVE BEEN CORRECTED THE ENTRIES FOR PART II, LINE 3 AND PART IV, LINE 6 REFLECT THE CORRECTED ALLOCATION OF EXPENDITURES 2012 GA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS REL ATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITIALS AND OTHER HEALTH CARE FA CILITIES THE 2012 GA CHE BONDS AND THE 2012B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDI NG THE 2012 GA CHE BONDS ISSUED BY GREENE COUNTY DEVELOPMENT AUTHORITY HAS BEEN REPORTED I N FORM 990 SCHEDULE K OF ST MARY HEALTH CARE SYSTEM FOR CERTAIN PRIOR TAX YEARS 2012A PA REFINANCE EXISTING DEBT (1998A & 1998A-3, ISSUED 2/19/98) THE 2012A FL CHE BONDS, 2012A NC CHE BONDS AND 2012A PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE FOR CERTAIN PURPOSES OF S ECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS, THE 2012B PA CHE BONDS SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS INFORMATION REGARDING THE 2009 PA (MONTCO) CHE BONDS, THE 2010A PA CHE BONDS AND THE 2004C CHE BOND S ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2010B PA C HE BONDS AND THE 2012B PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPOR TED IN FORM 990 SCHEDULE K OF PROPERTY OCCURRED WITH PROCEEDS OF THE 2010AB BONDS THE VCAP REQUEST CONCERNS A SALE OF PROPERTY ORI GINALLY FINANCED WITH PROCEEDS OF THE 1998 BONDS THAT WERE REFUNDED WITH PROCEEDS OF THE

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	2012A NC REFUND 1998D BONDS ISSUED FROM 7/15/1998 THE 2012A FL CHE BONDS, 2012A NC CHE BON DS AND 2012A PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A NC CHE BONDS, 2010 N C CHE BONDS AND 2008 NC CHE BONDS ISSUED BY THE NORTH CAROLINA MEDICAL CARE COMMISSION HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST. JOSEPH OF THE PINES FOR CERTAIN PRIOR TAX YEAR RS. 2010 CT TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO AD DITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND PREVIOUS ISSUE (SERIES 1999F) THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS JOLD CT CHE BONDS, 2010 AP CHE BONDS AND 2010B PA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS CONTROL TO THE STATE OF CONNECTICUT HE ALTH AND EDUCATIONAL FACILITIES ALTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERC Y COMMUNITY HEALTH, INC FOR CERTAIN PRIOR TAX YEARS ISSUANCE COSTS FOR THE COMPOSITE BON D ISSUE IS LESS THAN 2% OF PROCEEDS 2010FL TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AN DOTHER HEALTH CARE FACILITIES PARTIAL REFUNDING 1998 CITY OF TAMPA, FLORIDA THE 2010 FL CHE BONDS, 2010 GA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSE S OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS AND THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS AND THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS AND THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS AND THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS AND 141 THROUGH 150 OF THE CODE INFORMATION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITAL, INC FOR CE

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Return Reference	Explanation
PART I, LINE (F) - CONTINUED	REPORTED IN FORM 990 SCHEDULE K OF ST JOSEPH OF THE PINES FOR CERTAIN PRIOR TAX YEARS 2 010NJ TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITION S AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PART I I, LINE 11 OTHER SPENT PROCEEDS INCLUDES \$10,415,583 WHICH WERE USED TO TERMINATE AN INTE GRATED SWAP THE 2010 FIL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BOND S, 2010 CT CHE BONDS AND 2010B PA CHE BONDS AND 141 THROUGH 150 OF THE CODE INFORMATION REG ARDING THE 2010 NJ CHE BONDS ISSUED BY THE NEW JERSEY HEALTH CARE FACILITIES AUTHORITY HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF OUR LADY OF LOURDES MEDICAL CENTER FOR CERTAI N PRIOR TAX YEARS 2010AB PA REFINANCE EXISTING DEBT (1998A, ISSUED 2/19/1998) THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 20 10A PA CHE BONDS AND 2010BP A CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 20 10A PA CHE BONDS AND 2010BP A CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOS ES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A PA CHE BONDS AND THE 2004BP A CHE BONDS, THE 2012A PA CHE BONDS THE 2004BP A CHE BONDS AND THE 2004BP A CHE BONDS THE 2004BP A CHE BONDS THE 2004BP A CHE BONDS AND THE 2004C CHE BONDS ISSUED BY THE STAMPH MOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS ON DECEMBER 6, 2017, THE ORGANIZATION SUBMITTED A VOLUNTARY CLOSING AGREEMENT TO THE IRS RE LATING TO THE 2010AB BONDS AND THE 2012A BONDS THE VCAP REQUEST CONCERNS A SALE OF PROPER TY ORIGINALLY FINANCED WITH PROCEEDS OF THE 1

Return Reference	Explanation								
PART I, LINE (F) - CONTINUED	NDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF S ECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2007C MA CHE, 2009 MA CHE AND 2010MA CHE BONDS ISSUED BY THE MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF SISTERS OF PROVIDENCE HEALTH SYS TEM, INC FOR CERTAIN PRIOR TAX YEARS 2009PA (MONTCO) TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR H OSPITALS AND OTHER HEALTH CARE FACILITIES REFINANCE EXISTING DEBT AND CAPITAL PROJECTS (2 007D, ISSUED 4/19/07) THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 PA (MONTCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE 2009PA (SMHA) PART III, COLUMN C, LINE 11 AMOUNT INCLUDE S \$9,141,670 OF PROCEEDS WHICH WERE USED TO TERMINATE AN INTEGRATED SWAP THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 MA CHE BONDS AND 2009 PA (MONTCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREA TED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2009 PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDI CAL CENTER FOR CERTAIN PRIOR TAX YEARS 2007C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES ADVANCE REFUNDING, 1998B AND 2007 PA CHE BOND S, 2007E NJ CHE BONDS ARE TREATED AS A SINGLE "								

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	2007E PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 PART III, LI NE 8C CERTAIN HOSPITAL ASSETS THAT WERE FINANCED AND REFINANCED WITH PROCEEDS OF THE SERI ES 1998E BONDS, THE SERIES 2007E BONDS AND THE SERIES 2010 BONDS WERE SOLD TO A NON-501(C) (3) ORGANIZATION ON OR ABOUT OCTOBER 5, 2011, BUT THE HOSPITAL DID NOT REMEDIATE THESE ISS UES OF BONDS WITHIN THE PERMITTED TIMEFRAME AS A RESULT, THE HOSPITAL AND CHE FILED A LET TER WITH THE IRS REQUESTING REMEDIATION AND A CLOSING AGREEMENT THROUGH THE IRS VOLUNTARY CLOSING AGREEMENT PROGRAM (VCAP) AS PART OF THE CLOSING AGREEMENT REQUESTED FROM THE IRS, THE HOSPITAL REDEEMED A PORTION OF THE OUTSTANDING PRINCIPAL AMOUNT OF THE 1998E BONDS AN D THE 2007E BONDS IN MAY 2013, AND DEFEASED A PORTION OF THE OUTSTANDING PRINCIPAL AMOUNT OF THE 1998E BONDS AND THE 2007E BONDS IN JUN 2013 ON APRIL 15, 2014, CHE AND THE HOSPITAL EXECUTED A FINAL C LOSING AGREEMENT WITH THE IRS PURSUANT TO ITS VCAP SUBMISSION THE 2007C MA CHE BONDS, 200 7D PA CHE BONDS, 2007E NJ CHE BONDS AND 2007F PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE 2007F PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 THE 2007C MA CHE BONDS, 2007D P A CHE BONDS, 2007E NJ CHE BONDS AND 2007F PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CETAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE 10NFORMATION REGARDING THE 2012A PA CHE BONDS AND THE 2010A PA CHE BONDS AND THE 2009P A CHE BOND S, THE 2012A PA CHE BONDS AND THE 2010A PA CHE BONDS AND THE 2009P A CHE BOND S, THE 2010A PA CHE BONDS AND THE 2009P A CHE BOND S, THE 2010A PA CHE BONDS AND THE 2004B PA CHE BONDS AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2017P A CHE BONDS AND THE 2010A PA CHE BONDS AND THE 2004P PA CHE BONDS AND THE 2010A PA CHE BONDS AND THE 2004P PA CHE BONDS AND THE 2010A PA CHE BONDS AND THE 2004P PA CHE BONDS AND THE CODE INFORMATION REGARDING THE 2007P PA CHE BONDS AND THE CODE INFORMATION REGARDING T

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	VALUE OF PROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON THE REFUNDING ES CROW INVESTMENTS SUBSEQUENT TO THE PRIOR TAX YEAR, CERTAIN DUPLICATE EXPENDITURES WERE DIS COVERED, WHICH HAVE BEEN CORRECTED THE ENTRIES FOR PART II, LINE 3 AND PART II, LINE 12 REFLECT THE CORRECTED ALLOCATION OF EXPENDITURES 2015 ID TO FINANCE, REFINANCE OR REIMBURS E ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2008B ID THE 2015 MI, 2015ID, AND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 THE A MOUNT SHOWN IN PART II, LINE 6 IS THE PRESENT VALUE OF PROCEEDS IN THE REFUNDING ESCROW, P RESENT VALUED AT THE YIELD ON THE REFUNDING ESCROW INVESTMENTS 2015 MD TO FINANCE, REFINAN CE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPRO VEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2015 MI, 2015 ID, AND 2015 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 10 3 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED TO ADDITIONS, CON STRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2005A, 2005D, 2008A-1 MI, SIGHC 2010A, SIGHC 2010B, SIGHC 2010C, SIGHC 2010D, SIGHC 2014A, SIGHC 2014B THE 2016 MI, 2016 ID, 2016 TO ADDITIONS, CON STRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2005A, 2005D, 2008A-1 MI, SIGHC 2010A, SIGHC 2010B, SIGHC 2010C, SIGHC 2014B, SIGHC 2014B THE 2016 MI, 2016 ID, 2016 TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2016 MI, 2016 ID, 2016 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2016 ID TO FINANCE, REFINANCE OR R

03 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2016 MI -1,2,3,4 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDIT IONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE F ACILITIES THE 2016 MI-1, 2016 MI-2, 2016 MI-3 AND 2016 MI-4 BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2017 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PO RTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FO R HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2006A THE 2017 MI, 2017 O H AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 A ND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART 1, LIN E C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 5944TPR8 2017 MD TO FINANCE, REFINANCE OR REIMB URSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2017 MI, 2017 1D, 2017 O H AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 A ND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART AND THE FORM 8038 PART AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2017 MI, 2017 D, 2017 OH AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 A ND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2017 MI, 2017 DO, 2017 OH AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LI NE C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 45129UCD4 2017 ON TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTR	Return Reference	Explanation
THE ROOM ISO OF THE INTERNAL REVENUE CODE, NO REPORTED IN THE FORM CODE	PART I, LINE (F) - CONTINUED	TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDIT IONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE F ACILITIES THE 2016 MI-1, 2016 MI-2, 2016 MI-3 AND 2016 MI-3 MND 2016 MI-4 BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2017 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2006A THE 2017 MI, 2017 ID, 2017 O H AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 A ND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LIN E C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 5944TPR8 2017 MD TO FINANCE, REFINANCE OR REIMB URSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2017 MI, 2017 ID, 2017 O H AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 A ND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LIN E C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 574218745 2017 ID TO FINANCE, REFINANCE OR REIM BURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2017 MI, 2017 OH AND 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LI NE C, ADDITIONAL CUSIP FOR 2017 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LI NE C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 45129UCD4 2017 OH TO FINANCE, REFINANCE OR REI MBURSE ALL OR A PORTION OF THE COSTS RELATED TO

A 2017 ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITION: CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILIT: THE A 2017 MI, A 2017 ID, AND A 2017 OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSE	
OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 803 2017 OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILIT. THE A 2017 MI, A 2017 ID, AND A 2017 OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSI OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 803 OTHER NOTES IN ALL CASES, THE INFORMATION IN PART I (OTHER THAN LINES 14 AND 15) IS PROVIDED ON BASIS OF THE SERIES LISTED IN PART I, BUT THE INFORMATION IN PART I (LINES 14 AND 15) IS PROVIDED ON BASIS OF THE SERIES LISTED IN PART I, BUT THE INFORMATION IN PART I (LINES 14 AND 15 ONLY), PART II, PART III (TO THE EXTENT APPLICABLE), PART IV AND PART V IS PROVIDED ON THE BASIS OF THE "ISSUES" FO CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE WITH RESP TO CERTAIN OF THE BOND ISSUES DESCRIBED IN PART I, THE ORGANIZATION SOLD CERTAIN BOND-FINANCE PROPERTY TO ANOTHER 501(C)(3) ORGANIZATION WITH THE EXPECTATION THAT THE SALE POSSIBLY COULD CAUSE THE RESPECTIVE BOND ISSUES TO VIOLATE THE PRIVATE USE RESTRICTIONS AND OWNERSHIP REQUIREMENT OF SECTION 145(A) OF THE CODE ACCORDINGLY, THE ORGANIZATION HAS TAKEN AN ALTERNATIVE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION PURSUANT TO TREASURY REGULATIONS SECTIONS, THE ORGANIZATION HAS FILED WITH THE SERVICE SUPPLEMENTAL FORMS 8038 WITH RESPECT TO PORTIONS OF BOND ISSUES TREATED AS "REISSUED" WINDER SECTIONS 14, 14, 147, 149 AND 150 OF THE TREASURY REGULATIONS SUCH "REISSUED" WINDER SECTIONS 14, 14, 147, 149 AND 150 OF THE TREASURY REGULATIONS SUCH "REISSUED" PORTIONS OF BOND ISSUES THAT ARE PART NEW MONEY AND PART CURRENT REFUNDING PORT MAY SEPARATELY MEET AN EXCEPTION FROM REBATE IN SUCH CASES, HOWEVER, THE SEPARATE QUALIFICAT FOR A REBATE EXCEPTION FOR THE CURRENT REFUNDING PORTIONS THE CASE OF BONDS REPORTED IN CASES OF BOND ISSUES CONSISTING ONLY OF CURRENT REFUNDING PORTI	TIES IES IES IES IES IES IES IES IES IES

efile	GRAPHIC prin	t - DO NOT	PROCESS As	Filed Data -									DLN: 9	93493	13402	0629			
(Fo	edule K rm 990)	Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990.										OMB No 1545-0047 2017							
	ment of the Treasury al Revenue Service		▶Information		(Form 990) and its		s is at <u>ผ</u>	vww.ir	rs.gov/for	m990.		Open to Public Inspection							
Name	of the organization TY HEALTH CORPO	RATION			•						'	yer iden							
											35-14	43425							
Pai			(I-) T FTN	(c) CUSIP #	(4) Data	(-) T			6 D	ion of purpose	(-) D	.6	(1.)	0	(:)	D I			
	(a) Issuer na	me	(b) Issuer EIN	(6) COSIP #	(d) Date Issued	(e) Issue	price	(r) Descript	ion of purpose	(g) De	efeased	d (h) On behalf of issuer			Pool ncing			
											Yes	No	Yes	No	Yes	No			
A]	LLINOIS FINANCE	AUTHORITY	86-1091967	NONEAVAIL	10-20-2011	100,0	000,000	SEE PA	ART VI - 20	011AB		Х		Х		Х			
(CALIFORNIA STATE COMMUNITIES DEV AUTHORITY		68-0164610	1307954K0	10-20-2011	106,3	300,000	SEE PA	ART VI - 20)11CA		Х		Х		X			
C 1	ILLINOIS FINANCE	AUTHORITY	86-1091967	45203HDQ2	10-20-2011	146,5	570,820	SEE P	ART VI - 20	D11IL	×			Х		Х			
D 1	MICHIGAN FINANCE	AUTHORITY	80-0596186	59447PCF6	10-18-2010	56,6	525,000	SEE PA	ART VI - 20	010F		Х		Х		Х			
Par	Proceeds	<u> </u>		l															
							A	В			C		D						
1											35,120	,000	0 17,010,000						
2									78,800,000			00							
3						100,000,000 106,300,000			146,570,820				56,6	25,061					
4																			
5																			
6																			
7						105,000 1,089,638					1,411,	,707			61,271				
8																			
9																			
10							99,895,000 2,295,362					145,159,11			56,463,791				
11																			
12																			
13	Year of substantia	completion .					011		20	20:				2010					
14	Were the bonds is	sued as part of	f a current refunding	ıssue?		Yes	No X		Yes X	No	Yes	No X		Yes		No			
15				ng issue?			X		^	X		^	_		+-	^			
16						X			X	^	x			X	+				
	Has the final allocation of proceeds been made?													+-					
	proceeds?		<u> </u>			Х			Х		Х			Х	Ш_				
Part	Private B	usiness Use	e																
						Yes	A No		Yes	B No	Yes	No	+	Yes	D	No			
1				member of an LLC,	which owned property	163	X		163	X	163	X		163		X			
2	Are there any leas	e arrangement	s that may result in	private business use			х			×		Х				X			
property?						Ca	<u>I</u> t No 50	193E		<u> </u>		S	chedul	e K (Fo	rm 990) 2017			

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Part IV

Arbitrage

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

property?.........

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

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No

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Schedule K (Form 990) 2017

Page 2

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C Yes Nο Yes No Yes No Yes Are there any management or service contracts that may result in private business use of За Χ Х Х If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Χ Х

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requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

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

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Yes

Yes

No

No

Yes

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Yes

Yes

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Yes

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Schedule K (Form 990) 2017

No

ef	ile GRAPHIC print - D	O NOT PROCES	S As	Filed Data -									DLN:	93493:	L3402	0629
	hedule K orm 990)	▶ Comp			Information o					scriptions.			ОМВ	No 154	5-0047 7	·
		r comp	icte ii tii		, and any additional i	nformation			rovide des	criptions,				4 U 1	. /	
	artment of the Treasury rnal Revenue Service	▶In	formatio	n about Schedule I	► Attach to Form 990 ((Form 990) and its		s is at <u>ผ</u>	vww.ii	irs.gov/for	<u> 11990</u> .				en to P Inspecti		
Nam	ne of the organization NITY HEALTH CORPORATIO	N									Emplo	yer iden	tıficatıo	n numbe	г	
1111	NITT HEALTH CORFORATIO										35-14	43425				
P	art I Bond Issues							,								
	(a) Issuer name	(b) Iss	uer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Descripti	on of purpose	(g) De	efeased		On alf of		Pool ncing
														uer		
_		10000			10.00.0010					101	Yes	No	Yes	No	Yes	No
Α	MICHIGAN FINANCE AUTH	HORITY 80-059	6186	59447PCB5	10-28-2010	141,/	44,110	SEE P.	PART VI - 20	10A		X		×		X
В	INDIANA FINANCE AUTHO	ORITY 35-160	2316	455057F87	10-28-2010	66,9	66,076	SEE P.	PART VI - 20	10B	X			Х		Х
С	COUNTY OF FRANKLIN OF	HIO 31-640	10067	353202FH2	10-28-2010	25,9	18,487	SEE P.	PART VI - 20	10C		Х		Х		Х
D	IDAHO HEALTH FINANCE AUTHORITY	82-605	1863	451295VL0	10-28-2010	28,6	575,233	SEE P	PART VI - 20	10D		Х		×		Х
Pa	Proceeds	l .						·								
1	Amount of bonds retired						A	. 000		3			000		D	
	Amount of bonds legally						50,595	5,000		60,445,000		2,385,000				
	Total proceeds of issue .						141,744				25,918,487				28.	575,233
4	Gross proceeds in reserv						171,/77	,110 00,900,133			23,310,407			20,013,25		
<u>.</u> 5	Capitalized interest from															
6	Proceeds in refunding es															
7	Issuance costs from pro						1,806	6,310 922,023				350	,614			407,805
8	Credit enhancement from									,						
9	Working capital expendi	tures from proceed	s													
10	Capital expenditures from	m proceeds								43,851,990		23,128,	,952		28,	267,428
11	Other spent proceeds .															
12	Other unspent proceeds															
13	Year of substantial comp	oletion				2010			20	2011				2010		
						Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds issued a	<u> </u>				X			Χ		Х					X
15	Were the bonds issued a	s part of an advan	ce refund	ing issue?			Х			Х		Х				X
16	Has the final allocation o	of proceeds been m	ade?.			Х			X		Х			Х		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?					×			×		Х			Х		
Pa	rt IIII Private Busin												ı			
							A			3	C				D	
	Was the organization -	aartnor in a sastee -	robin ===	n mombor of an II C	which owned are seen	Yes	No	·	Yes	No	Yes	No		Yes		No
1	Was the organization a partice of the financed by tax-exempt	bonds?		a member of an LLC,	• • • property		X			Х		X				X
2	Are there any lease arra	ngements that ma	y result ır	n private business use			Х			Х		Х				X
For	Paperwork Reduction A					Ca	t No 50)193F				S	chedul	e K (Fo	m 990)) 2017

property?.........

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

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c

Part IV

Arbitrage

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Page 2

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Schedule K (Form 990) 2017

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If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

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No

Yes

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

Nο

No

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Yes

Yes

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Yes

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Schedule K (Form 990) 2017

No

efile GRAPHIC p	rint - DO NOT	PROCESS As	Filed Data -									DLN: 9	3493:	L3402	20629		
Schedule K		ç	nnlomontol	Information o	n Tay F	'vom	mt E	Dondo				OMB	No 154	5-0047	7		
(Form 990)				Information o					crintions			7	1	7			
		P Complete ii tii		s, and any additional	information			riovide des	criptions,		401/						
Department of the Treas Internal Revenue Service		▶Informatio	n about Schedule I	► Attach to Form 99® K (Form 990) and its		s is at v	ww.i	irs.aov/forn	1990.				en to P nspecti				
Name of the organization	1			,						Emplo	yer ıden						
TRINITY HEALTH COF	RPORATION									35-14	43425						
Part I Bond :	Issues									•							
(a) Issuer	name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Description	(g) De	efeased		On alf of	(i) Pool financing				
											ı	uer	ппа	ncing			
										Yes	No	Yes	No	Yes	No		
A HOSP FIN AUTH OREGON	OF ONTARIO	93-6002229	683213AB8	10-28-2010	21,3	868,626	SEE F	PART VI - 20:	10E	X			X		X		
B INDIANA FINAN	CE AUTHORITY	35-1602316	455057VJ5	11-13-2009	240,0	002,153	SEE F	PART VI - 200)9A	X			Х		Х		
C MICHIGAN STAT	E HOSP FIN	38-2889417	59465HMB9	11-13-2009	102,8	340,000	SEE F	PART VI - 200)9BC		Х		Х		Х		
D MICHIGAN STAT	E HOSP FIN	38-2889417	59465HKK1	11-13-2008	310,7	46,976	SEE F	PART VI - 200)8A		Х		Х		X		
AOTHORITI																	
Part III Proce	eds								Г								
▲ Amount of hon	de retired					Α		В				222		D			
		ed				20.005	- 000		37,900,000		2,230	,000			040,000		
						20,885	. +		04,295,000		102.040	000		· ·	550,000		
		· · · · · · · · · · · · · · · · · · ·				21,368	3,626		40,023,448		102,840,	,000		310,	760,101		
		eds					_										
						281	1,772		2,862,297		1,221	195		4	333,551		
		eds					-,,,,_		2,002,237			, 133		.,.	333,331		
		om proceeds															
10 Capital expend	litures from proce	eds			21,086,8		5,854 195,188,952			101,618,8		805 100,131,203			131,203		
						<u>'</u>	-							<u> </u>			
12 Other unspent	proceeds																
13 Year of substan	ntial completion .				20	010		201	.0	20	10			2009			
					Yes	No	,	Yes	No	Yes	No		Yes		No		
14 Were the bond	s issued as part o	of a current refunding	gıssue [?]	•		Х		Х			Χ		Χ				
15 Were the bond	s issued as part o	of an advance refund	ing issue?			Х			Х		Х				X		
16 Has the final a	llocation of proce	eds been made? .			Х			Х		Х			Х				
		adequate books and		he final allocation of	Х			Х		Х			Х		_		
	e Business Us																
						Α		В		C				D			
1 Was the organ	ization a nartros	in a partnerchin ex-	member of an IIC	which owned property	Yes	No		Yes	No	Yes	No		Yes		No		
financed by tax	x-exempt bonds?	in a partnership, or a	i member of all LLC,	• • •		Х			Х		Х				X		
		nts that may result in		e of bond-financed		×			x		X		Χ				
For Paperwork Red				<u> </u>	Са	t No 50	0193F	Į.			S	chedul	K (For	m 990	0) 2017		

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Part IV

Arbitrage

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Page 2

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Schedule K (Form 990) 2017

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Yes

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Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

property?.........

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Yes

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requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

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No

Yes

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

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Yes

Yes

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Yes

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Yes

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Yes

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Schedule K (Form 990) 2017

No

efile	GRAPHIC prir	nt - DO NOT	PROCESS As	Filed Data -									DLN: 9	93493	13402	20629			
Sch	edule K		9	nnlomontal	Information o	n Tay I	Evom	nt Bo	nde				ОМВ	No 154	5-0047	7			
(For	m 990)			. . e organization ans	Information of wered "Yes" to Form	990, Part	IV, line	24a. Pro		scriptions,			2017						
Denartr	ment of the Treasury			explanations	, and any additional i Attach to Form 990		n in Part	VI.				Open to Public							
Interna	l Revenue Service		▶Informatio	n about Schedule I	K (Form 990) and its	instruction	ıs is at <u>и</u>	vww.irs.	gov/for	<u>m990</u> .	Faranta			nspect	on				
	of the organization TY HEALTH CORPO	RATION									· ·	yer iden	tiricatio	n numbe	г				
Par	t I Bond Iss										35-14	43425							
Par	(a) Issuer na		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	nrice	(f)	Descript	ion of nurnose	(a) D	efeased	(h)	On	/i)	Pool			
	(a) Issuel Ha	iiie	(b) issuer Lin	(6) 60317 #	(d) Date issued	(e) 133ue	(')	(f) Description of purpose				beha	alf of	financing					
											Yes	No	Yes	uer No	Yes	No			
	DAHO HEALTH FIN	IANCE	82-6051863	451295TG4	11-13-2008	174,	671,330	SEE PAR	RT VI - 20	008B	res	X	163	X	163	X			
B N	1ICHIGAN STATE H	HOSD FIN	38-2889417	59465HKR6	11-13-2008	301	470 000	SEE PAR	T \/I = 20	וחפר		X		X		X			
	UTHORITY	1031 111	30 2003417	33403111110	11 13 2000	331,	+70,000	JEE TAN	(VI 2	,000						^			
C I	NDIANA FINANCE	AUTHORITY	35-1602316	455057QM4	11-13-2008	393,	530,000	SEE PAR	RT VI - 20	08D		Х		Х		Х			
D C	COUNTY OF FRANK	LIN OHIO	31-6400067	353202FB5	11-17-2005	45,	451,001	SEE PAR	RT VI - 20	005A		Х		Х		Х			
Part	Proceeds	5									I								
							Α		l	В	(:			D				
1							18,265			95,275,000		54,450	,000			475,000			
							148,340			4,625,000						715,000			
3							174,671	,330		391,470,000		393,533	,259		45,4	451,001			
							2,675	1,909,289			1,915,		5,051			423,927			
				<u> </u>															
9				· · · · · ·			44.047	. 570				04 027	013						
							41,817	,5/0				91,927	,913						
						7	008		20	008	20	00			2005				
						Yes	No	,	Yes	No No	Yes	No		Yes		No			
14	Were the bonds is	sued as part o	f a current refunding	gissue?		X			X		X					X			
15	Were the bonds is	sued as part o	of an advance refund	ing issue?			X			Х		Х		Х					
16	Has the final alloc	ation of procee	eds been made? .			Х			Х		Х			Χ					
				records to support to	he final allocation of	Х			Х		Х			Х					
Part		Business Us					•												
							A			В	(D				
1	Was the organizat	tion a nartner i	in a nartnership, or s	member of an IIC	which owned property	Yes	No		Yes	No	Yes	No		Yes		No			
	financed by tax-e	xempt bonds?	<u></u>	<u></u>			Х			X		X				X			
2			ts that may result in	private business use	e of bond-financed		×		X		X					X			
For Pa	nerwork Reduct	tion Act Notic	e. see the Instruct	tions for Form 990		Ca	t No 50)193F				S	chedul	e K (Fo	rm 990	0) 2017			

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Part IV

Arbitrage

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

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Schedule K (Form 990) 2017

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		Yes	No	Yes	No	Yes	No	Yes
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		×		×		
ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×		×		×		
С	Are there any research agreements that may result in private business use of bond-financed property?		x		X		×	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside							

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No

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Yes

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requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

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No

Yes

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

Nο

No

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Yes

Yes

No

No

Yes

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Yes

Yes

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Yes

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Schedule K (Form 990) 2017

No

efi	le GRAPHIC prin	t - DO NOT	PROCESS As	s Filed Data -									DLN: 9	93493	13402	20629				
	hedule K orm 990)			Ipplemental he organization ans explanations	990, Part	[V, line	24a. Prov		criptions,			омв	No 154	7	7					
	ertment of the Treasury		▶Informati	on about Schedule I	► Attach to Form 996 K (Form 990) and its	990. its instructions is at www.irs.gov/form990.								Open to Public						
Name	nal Revenue Service e of the organization		FINOTHIAL	on about benedule	K (101111 330) dila its	mstruction	3 13 ac <u>v</u>	***************************************	Inspection yer identification number											
TRIN	NITY HEALTH CORPO	RATION									35-14	43425								
Pä	art I Bond Iss	ues									•									
(a) Issuer name		me	(b) Issuer EIN (c) CUSIP # (d) Date issued (price	(f) [Pescripti	on of purpose	(g) De	efeased	behalf of ussuer			Pool ncing				
											Yes	No	Yes	No	Yes	No				
A	MICHIGAN STATE H AUTHORITY	IOSP FIN	38-2889417	59465HBW5	11-17-2005	43,8	311,312	SEE PART	VI - 20	05D		Х		Х		X				
В	MICHIGAN STATE H AUTHORITY	OSP FIN	38-2889417	59465HBX3	11-17-2005	114,0	045,000	SEE PART	VI - 20	05EF		Х		Х		Х				
С	IDAHO HEALTH FIN	ANCE	82-6051863	45129UCB8	10-30-2013	45,	735,000	SEE PART	VI - 20	13ID		Х		Х		Х				
D	MONTGOMERY COU MARYLAND	NTY	52-6000980	61336PES6	10-30-2013	103,	910,000	SEE PART	VI - 20	13MD		X		X		X				
Pa	rt III Proceeds	5																		
							A		Е		C				D					
1_							1,765	· -		97,125,000										
2							41,785	·				45 705	222		400					
3 4							43,811	.,312		L15,720,785		45,735	,000		103,	910,000				
5																				
6																				
-							425	5,197		556,501		612	,913			767,787				
8							723	,,15,		330,301		012	,,,,,,	.5 /6/,/8/						
9		-																		
10	Capital expenditur	es from proce	eds							L15,044,475		45,122	,087		103,	142,213				
11	Other spent proce	eds																		
12	Other unspent pro	ceeds																		
13	Year of substantia	completion .				20	005		20	07	20:	L3			2013					
						Yes	No	, ,	⁄es	No	Yes	No		Yes		No				
14	Were the bonds is:	sued as part o	of a current refundir	ng issue?	•		X		Х			Х				X				
15	Were the bonds is:	sued as part o	of an advance refun	dıng ıssue?		Х				Х		Х				X				
16	Has the final alloca	ation of proce	eds been made? .			Х			Х		Х			Х						
17	proceeds?		<u> </u>	d records to support t		Х			Х		Х			Х						
Pai	rt IIII Private B	Susiness Us	e																	
							A No		/oc		Vac I			Von	D	No.				
1	Was the organizat financed by tax-ex	ion a partner kempt bonds?	ın a partnership, or	a member of an LLC,	which owned property	Yes	No X		/es	No X	Yes	No X		Yes		No X				
2	Are there any leas	e arrangemer		ın prıvate busıness us			х			Х		Х				X				
For				ctions for Form 990	1_	Ca	t No 50	0193E				S	chedul	e K (Fo	rm 990	0) 2017				

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Part IV

Arbitrage

		1	A	В		C			<u> </u>	
		Yes	Yes No		No	Yes	No	Yes	No	
3а	Are there any management or service contracts that may result in private business use of bond-financed property?		х	Х		Х		Х		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			Х		Х		Х		
С	Are there any research agreements that may result in private business use of bond-financed property?		Х		х		Х		×	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									

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Page 2

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Schedule K (Form 990) 2017

property?	
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	
Enter the percentage of financed property used in a private business use by entities other than	

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2017

period?

Part V

No

No

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Yes

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Yes

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Schedule K (Form 990) 2017

No

Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
Name of provider	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Yes

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

No

Yes

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ef	ile GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN:	934931	3402	0629
	hedule K orm 990)	Su	pplemental	Information o	n Tax-E	xem	pt B	Bonds				ОМВ	No 154	5-0047	
•		► Complete if th		wered "Yes" to Form , and any additional i Attach to Form 990	nformation			Provide des	criptions,			2	201	. / 	
Inte	artment of the Treasury rnal Revenue Service	▶Informatio	n about Schedule I	K (Form 990) and its		s is at <u>и</u>	vww.ir	rs.gov/fori	<u>11990</u> .				oen to Pu Inspecti	<u>on</u>	
	ne of the organization NITY HEALTH CORPORATION									'	•	tıficatıo	n numbei	г	
										35-1	443425				
Р	art I Bond Issues	T	T	T						1					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Descripti	on of purpose	e (g) D	efeased) On alf of		Pool ncing
											1	ISS	suer		
A	COUNTY OF FRANKLIN OHIO	31-6400067	353202FK5	10-30-2013	87,2	245,000	SEE P	PART VI - 20	130H	Yes	No X	Yes	No X	Yes	X
В	NORTH CAROLINA MEDICAL	52-1309402	65820PCY9	04-24-2008	30,4	175,000	SEE P	PART VI - 20	08NC		X		X		X
	CARE COMMISSION														
С	ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCW2	01-09-2013	63,6	515,000	SEE P	PART VI - 20	12B PA		Х		Х		Х
D	MICHIGAN FINANCE AUTHORITY	80-0596186	59447PXQ9	10-30-2013	390,0	60,000	SEE P	PART VI - 20	13MI		Х		X		Х
Pa	art III Proceeds	1	I	1			1			I					
	A					A		E			С			D	
1	Amount of bonds retired Amount of bonds legally defeas								11,300,000		9,650	-			
2	Total proceeds of issue										4,765	_			
3	Gross proceeds in reserve fund:					87,245	,000		30,475,000		63,615	,000			068,202
<u>4</u> 5	Capitalized interest from proceed														
	Proceeds in refunding escrows .											-			
- 7	Issuance costs from proceeds .					907	,007		203,569		615	,000			133,206
_	Credit enhancement from proce					097	,007		66,021		013	,000			+33,200
9	Working capital expenditures fr								00,021						
10	Capital expenditures from proce	•				86,347	993				63,000	000		388 f	526,794
11	Other spent proceeds						/					,,,,,,			
12	Other unspent proceeds														
13	Year of substantial completion .				20	013		20	08	20	14			2013	
					Yes	No		Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part	of a current refunding	gıssue [?]			Х		Х			X				X
15	Were the bonds issued as part	of an advance refund	ing issue?			Х			Х		Х				X
16	Has the final allocation of proce	eds been made? .			Х			Х		Х			Х		
17	Does the organization maintain proceeds?				×			Х		Х			Х		
Pa	Private Business Us											.			
						Α		E			С			D	
1	Was the organization a partner	in a nartnership, or s	a member of an IIC	which owned property	Yes	No		Yes	No	Yes	No		Yes		No
_	financed by tax-exempt bonds?	<u></u>				Х			Х		Х			\perp	X
2	Are there any lease arrangement property?			e of bond-financed		×			X		×				X
For	Paperwork Reduction Act Noti			_	Ca	t No 50)193F			1	<u></u>	chedul	e K (For	m 990	1) 2017

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Part IV

Arbitrage

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Page 2

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Yes

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Yes

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Schedule K (Form 990) 2017

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Yes

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No

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C

Enter the percentage of financed property used in a private business use by entities other than

property?.........

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Does the bond issue meet the private security or payment test? . . .

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

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No

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Yes

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Yes

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Yes

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Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2017

period?

Part V

No

No

D

Yes

Х

Yes

Χ

Schedule K (Form 990) 2017

No

В

Nο

No

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Yes

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Yes

No

No

Yes

Х

Yes

Yes

Χ

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Yes

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

No

efil	e GRAPHIC print	- DO NOT	PROCESS As	Filed Data -									DLN: 9	93493	13402	0629
	rm 990)			e organization ans	nformation o wered "Yes" to Form , and any additional	990, Part 1	[V, line	24a. P		scriptions,				No 154		
	tment of the Treasury		► Information		► Attach to Form 996 ((Form 990) and its		e ie at v		ire any/for	m000				en to F		
Name TRIN	al Revenue Service of the organization		Pintormation	n about Schedule R	(FORM 990) and its	instruction	s 15 at <u>v</u>	<u>vww.11</u>	rs.qov/Tor	<u>111990</u> .	-	yer iden 43425		nspaci n numb		
Pa	rt I Bond Issu (a) Issuer nam		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Descripti	on of purpose	(g) De	efeased	beha	On alf of uer		Pool ncing
	GREENE COUNTY DEV	/ELOPMENT	58-2267017	394374AC6	01-09-2013	39,:	191,498	SEE P	PART VI - 20)12 GA	Yes	No X	Yes	No X	Yes	X
В	ST MARY HOSPITAL A	UTHORITY	23-1913910	85230MCX0	06-27-2012	111,3	382,312	SEE P	PART VI - 20)12A PA	X			Х		X
С	CITY OF TAMPA FLORIDA 59-1101138 87515EAW4 06-27-2012					30,:	191,951	SEE P	PART VI - 20)12A FL	X			Х		Х
_	NORTH CAROLINA ME CARE COMMISSION	DICAL	52-1309402	65820PEN1	06-27-2012	18,0	18,037,065 SEE PART VI - 2012A NC							Х		Х
Pai	Proceeds						Α	1		 s					D	
1	Amount of bonds re	tired				,	Α			•		<u> </u>	_		<u> </u>	
<u>-</u>										102,520,000		28,010	.000		8.0	095,000
3	Total proceeds of iss	sue					39,192	2.495		111,382,312		30,191				037,065
4	Gross proceeds in re							,				,				
5	Capitalized interest	from proceed	s													
6	Proceeds in refundir	g escrows .														
7	Issuance costs from	proceeds.					556	5,135		1,312,312		371	951			227,065
8	Credit enhancement	from procee	ds													
9	Working capital exp	enditures fror	m proceeds													
10	Capital expenditures	from procee	ds				38,286	5,128								
11	Other spent proceed	s														
12	Other unspent proce	eds														
13	Year of substantial o	ompletion .				20	017		20	12	20:	12			2012	
						Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds issu	ed as part of	a current refunding	ıssue?			X		X		Х			Х	\perp	
15	Were the bonds issu	ed as part of	an advance refundi	ng issue?			×			Х		Χ				X
16	Has the final allocat	on of proceed	ds been made?			Х			X		Х			Х		
17	Does the organization					Х			Х		Х			Х		
Par	Private Bu	siness Use														
							A			3	C				D	
1	Was the organizatio				which owned property	Yes	No X		Yes	No X	Yes	No X		Yes		No X
2	Are there any lease property?	arrangement • • •	s that may result in	private business use	e of bond-financed		Х			Х		Х				Х
For F	Paperwork Reduction	n Act Notice	. see the Instruct	ions for Form 990.		Ca	t No 50	0193E				S	chedule	e K (Fo	rm 990	0) 2017

c

Part IV

Arbitrage

property?.........

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Does the bond issue meet the private security or payment test? . . . Х

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No

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Page 2

D

Yes

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Yes

Х

Schedule K (Form 990) 2017

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C Yes Nο Yes No Yes No Are there any management or service contracts that may result in private business use of За Χ Х If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Χ Χ Χ counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

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Yes

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No

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Yes

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3 530 %

Yes

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Χ

No

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C

the GIC satisfied?

requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

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No

Yes

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

Nο

No

Х

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Yes

Yes

No

No

Yes

Х

Yes

Yes

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Yes

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Schedule K (Form 990) 2017

No

Yes

efi	le GRAPHIC print	- DO NOT I	PROCESS As	Filed Data -									DLN: 9	93493	13402	20629
	hedule K orm 990)			e organization ans	Information o	990, Part	IV, line	24a. Pro		scriptions,			омв	No 154	7	7
Dena	rtment of the Treasury				, and any additional Attach to Form 99		in Part	t VI.					Op	en to P	ublic	
Inter	e of the organization		▶Informatio	n about Schedule I	K (Form 990) and its	instruction	s is at <u>v</u>	vww.irs.	gov/for	<u> 11990</u> .	Emplo	yer iden		nspect	ion	
	NITY HEALTH CORPORA	TION									1 '	43425	tilicatio	ii iiuiiibe		
Pa	art I Bond Issue	es										13 123				
	(a) Issuer name		(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f)	Descripti	on of purpose	(g) De	efeased	beha	On alf of uer		Pool ncing
											Yes	No	Yes	No	Yes	No
A	STATE OF CONNECTION AND EDU FACILITIES AUTHORITY	CUT HLTH	06-0806186	20774UW35	04-07-2010	19,	216,533	SEE PAR	RT VI - 20	10CT	X			×		X
В	CITY OF TAMPA FLOR	IDA	59-1101138	875231JR4	04-07-2010	26,	329,425	SEE PAR	RT VI - 20	10FL		Х		Х		X
С	MASS HEALTH AND E FACILITIES AUTHORI		04-2456011	57586ESB8	04-07-2010	16,9	901,948	SEE PAR	RT VI - 20	10MA		Х		Х		Х
D	NORTH CAROLINA ME CARE COMMISSION	DICAL	52-1309402	65820PEC5	04-07-2010	15,	773,834	SEE PAR	RT VI - 20	10NC		Х		Х		Х
Pa	rt III Proceeds															
	A						A		E	3					D	
1	Amount of bonds ret						1,510	· +		17,790,000		14,130	,000		10,	505,000
<u>2</u> 3	Total proceeds of iss	· · · · ·					14,355	` 		26 020 425		16 001	049		15	772 024
4	Gross proceeds in re						19,216	5,533		26,829,425		16,901	,946		15,	773,834
-	Capitalized interest i															
6	Proceeds in refundin															
7	Issuance costs from						420),433		377,525		244	,733			191,309
8	Credit enhancement									,						
9	Working capital expe	enditures fron	n proceeds													
10	Capital expenditures	from procee	ds													
11	Other spent proceed															
12	Other unspent proce															
13	Year of substantial c	ompletion .				21	010		20	10	20	10			2010	
						Yes	No	<u> </u>	Yes	No	Yes	No		Yes		No
14	Were the bonds issu	· · · · · · · · · · · · · · · · · · ·				Х			X			X		Х		
15	Were the bonds issu						X			Х	Х					X
16	Has the final allocati	-				Х			X		Х			Χ		
17	Does the organization proceeds?		<u> </u>			Х			X		Х			Χ		
Pa	rt IIII Private Bu	siness Use	l .													
						Yes	A No	+	Yes	No No	Yes	: No	-	Yes	D	No
1	Was the organization financed by tax-exer	n a partner in mpt bonds? -	a partnership, or a	member of an LLC,	which owned property	res	X		162	X	162	X		165		X
2	Are there any lease property?	arrangements	s that may result in	private business use			х			Х		Х				×
For	Paperwork Reductio				_	Ca	t No 50	0193F				S	chedul	e K (Fo	rm 990	0) 2017

Enter the percentage of financed property used in a private business use by entities other than

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

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Part IV

Arbitrage

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			4	В		С		Г	,	
		Yes	No	Yes	No	Yes	No	Yes	No	
a	Are there any management or service contracts that may result in private business use of bond-financed property?	×		×		×		Х		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	X		×		×		Х		

Page 2

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No

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Yes

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Schedule K (Form 990) 2017

b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		×		Х		x	
С	Are there any research agreements that may result in private business use of bond-financed property?		х		X		Х		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								

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Yes

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requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

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No

Yes

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

Nο

No

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Yes

Yes

No

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Yes

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Yes

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Yes

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Schedule K (Form 990) 2017

No

Yes

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	dule K m 990)			he organization ans	Information o	990, Part 1	V, line	24a. Provid				ОМВ	No 154	15-0047 7	7
Danartm	ent of the Treasury			explanations	s, and any additional i ▶ Attach to Form 996		in Part	VI.				On	en to F	ublic.	
Internal	Revenue Service (▶Informati	on about Schedule	K (Form 990) and its	instruction	s is at <u>v</u>	vww.irs.go	<u>//form990</u> .				inspect	ion	
	the organization Y HEALTH CORPO	RATION								-	oyer iden	tificatio	n numbe	er	
Dowl	Dond Too									35-1	443425				
Part	Bond Iss (a) Issuer na		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) De	scription of purpo	se (g) [Defeased	beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
	EW JERSEY HEALT ACILITIES FIN AU		22-1987084	64579FZR7	03-31-2010	131,1	.23,284	SEE PART V	I - 2010NJ	X			х		X
B ST	Γ MARY HOSPITAL	. AUTHORITY	23-1913910	85230MCA0	04-07-2010	164,7	35,960	SEE PART V	I - 2010AB PA	Х			Х		×
UN	VLPMT AUTHORIT NIFIED GOVT OF / LARKE		58-2613761	040759BB5	03-19-2009	16,0	36,560	SEE PART V	I - 2009 GA		Х		Х		X
	ASS HEALTH AND ACILITIES AUTHO		04-2456011	57586EGR6	03-19-2009	30,0	199,842	SEE PART V	I - 2009 MA		X		Х		X
Part	III Proceeds	5										<u> </u>	<u> </u>	l	
						,	A		В		С			D	
							37,530	·	74,985,000	+	2,085	,000		1,	660,000
							2,265	' 	50,000,000	+	16.006	560			200.042
							131,123	3,284	164,735,960)	16,036	,560		30,	099,842
							1,688	124	1,881,63	7	296	,790			538,942
							1,000	,,124	1,001,03	1	230	,,,,,,			330,342
10	Capital expenditur	es from proce	eds						48,138,52	3					
11	Other spent proce	eds					10,415	5,583	<u> </u>		3,442	,770		6,	718,900
12	Other unspent pro	ceeds													-
13 Y	rear of substantia	completion .				20	010		2010	2	009			2009	
						Yes	No	Ye	s No	Yes	No		Yes		No
14 V	Were the bonds is	sued as part o	f a current refundı	ng issue?	•	Х		X		X			Χ		
15 V	Were the bonds is	sued as part o	f an advance refun	ıdıng ıssue?			Х		×		×				X
16	las the final alloc	ation of procee	eds been made? .			Х		X		Х			Х		
				d records to support t		X		Х		Х			Х		
Part 1	Private E	Business Us	е												
							A Na		B		C		V	D	N.
1 V	Was the organizat	ion a partner i	n a partnership, or	a member of an LLC,	which owned property	Yes	No X		s No X	Yes	No X		Yes		No X
2	Are there any leas	e arrangemen		ın prıvate busıness us			Х		×		×				X
				ctions for Form 990		Ca	t No 50)193F			<u> </u>	chedul	e K (Fo	rm 996	0) 2017

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Part IV

Arbitrage

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Page 2

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Schedule K (Form 990) 2017

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No

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C

Yes Are there any management or service contracts that may result in private business use of If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Does the bond issue meet the private security or payment test? . . .

property?.........

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Are there any research agreements that may result in private business use of bond-financed If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

Nο

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1 920 %

Yes

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No

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Yes

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Yes

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No

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No

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1 840 %

Yes

Χ

Were gross proceeds invested in a guaranteed investment contract

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

requirements of section 148? . . .

Schedule K (Form 990) 2017

period?

Part V

D

Yes

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Yes

Χ

No

Yes

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

No

В

Nο

No

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Yes

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Yes

No

No

Yes

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Yes

Yes

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No

efile GRAPHIC pri	nt - DO NOT	PROCESS As	Filed Data -									DLN: 9	3493:	L3402	0629
Schedule K (Form 990)			e organization ans	Information o	990, Part 1	V, line	24a. Pr		criptions,			омв	No 154	5-0047 7	
Department of the Treasury			•	, and any additional i ▶ Attach to Form 990) .							Op	en to P	ublic	
Internal Revenue Service Name of the organization		▶Informatio	n about Schedule I	((Form 990) and its	instruction	s is at <u>u</u>	vww.irs	s.gov/fori	<u>11990</u> .	Emplo	yer ident		nspecti		
TRINITY HEALTH CORP	DRATION									- I	43425	inication	i iiuiiibe	•	
Part I Bond Is	ELIES									33-17	73723				
(a) Issuer n		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	1 Descripti	on of purpose	(a) D	efeased	(h)	On	(i)	Pool
(4) 10000		(=, ===================================	(0, 0000	(.,	(-,	F ••	``	,	э э. ралрага	(3)		beha	If of		ncing
										Yes	No	ıssı Yes	ler No	Yes	No
A MONTGOMERY CO EDU AND HEALTH		23-2447147	613603SH3	03-19-2009	5,3	96,661	SEE PA	ART VI - 20	09 PA (MONTCO	_	X	103	X	103	X
B ST MARY HOSPITA	L AUTHORITY	23-1913910	85230MBM5	03-19-2009	33,8	04,223	SEE PA	NRT VI - 20	09 PA (SMHA)		×		Х		Х
C MASS HEALTH AN		04-2456011	57586CXY6	04-19-2007	51,4	75,000	SEE PA	ART VI - 20	07C	X			Х		Х
D MONTGOMERY CO		23-2447147	613603SA8	04-19-2007	17,1	.35,000	SEE PA	ART VI - 20	07D	X			Х		Х
Part II Proceed	S														
1 Amount of bonds	retired			l		A		E				222		D	250.000
							0,000		2,400,000		665,				250,000
						4,340 5,396	` 		22 804 222		38,795, 51,475,				135,000
						5,390	5,661		33,804,223		31,4/3,	.000		17,.	135,000
	· · · · · · · · · · · · · · · · · · ·						-+								
						107	7,496		540,303		463,	590			163,662
							7.20		0.0,000		,				
10 Capital expenditu	res from proce	eds													
11 Other spent proc	eeds					1,334	1,790		9,141,670						
12 Other unspent pr	oceeds														
13 Year of substanti	al completion .				20	109		20	09	20	07			2007	
					Yes	No	•	Yes	No	Yes	No		Yes		No
14 Were the bonds i	ssued as part o	f a current refunding	jissue?		X			X			Χ				X
15 Were the bonds i	ssued as part o	f an advance refund	ing issue?			Х			Х	Х			Х		
16 Has the final allo	cation of procee	ds been made? .			Х			Х		Х			X		
proceeds?		<u></u>	records to support th	he final allocation of	Х			Х		Х			Х		
Part IIII Private	Business Us	е													
						A		E		<u>v</u>			V-	D	NI -
1 Was the organiza	tion a partner i	n a partnership, or a	member of an LLC,	which owned property	Yes	No X		Yes	No X	Yes	No X		Yes		No
2 Are there any lea	se arrangemen	ts that may result in	private business use			X			x		X				×
For Paperwork Reduce		 e. see the Instruct		_	Ca	l : No 50	1 0193E				Sc	chedule	K (For	m 990)) 2017

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Does the bond issue meet the private security or payment test? . . .

3a b

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9

C

Part IV

Arbitrage

Χ

46 130 %

No

Х

Χ

2160 0000000000 %

Χ

Х

Χ

Х

Χ

Χ

Yes

Х

Χ

Χ

MERRILL LYNCH

Schedule K (Form 990) 2017

ICAPITAL

Х

Х

Х

No

Χ

Χ

Χ

2160 0000000000 %

Χ

Χ

C

		Α		В		c		į r)
		Yes	No	Yes	No	Yes	No	Yes	No
а	Are there any management or service contracts that may result in private business use of bond-financed property?	×		×		Х		Х	
,	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	V		V		V			

bond-financed property?	X		X	Х		
If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		×	X		
Are there any research agreements that may result in private business use of bond-financed property?		X	X		X	

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No

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Yes

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MERRILL LYNCH

CAPITAL

Χ

80 420 %

Yes

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Х

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No

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Χ

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Χ

Х

Α

Yes

Х

Were gross proceeds invested in a guaranteed investment contract

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

requirements of section 148? . . .

Schedule K (Form 990) 2017

period?

Part V

D

Yes

Χ

Yes

Χ

No

Yes

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

No

В

Nο

No

Χ

Х

Yes

Χ

Yes

No

No

Yes

Х

Yes

Yes

Χ

No

efi	le GRAPHIC prin	t - DO NOT	PROCESS As	Filed Data -									DLN: 9	93493	13402	0629	
	nedule K orm 990)			e organization ansv explanations	nformation O wered "Yes" to Form , and any additional	990, Part I	(V, line	24a. P		scriptions,		2017					
	rtment of the Treasury nal Revenue Service		▶Informatio		Attach to Form 990 ((Form 990) and its		s is at w	vww.ii	rs.aov/for	m990.				en to P			
Name TRIN	e of the organization ITY HEALTH CORPO		, inclination	about bonedule	((o m o o o o o o o o o o o o o o o o		<u> </u>		i sique y rori	<u></u> .		yer iden 43425					
Pā	(a) Issuer na		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Descripti	on of purpose	(g) De	efeased	ed (h) On behalf of issuer			Pool ncing	
											Yes	No	Yes	No	Yes	No	
A	NEW JERSEY HEALT FACILITIES FIN AUT		22-1987084	64579FQE6	04-19-2007	101,3	395,000	SEE P	SEE PART VI - 2007E					X		X	
В	ST MARY HOSPITAL	AUTHORITY	23-1913910	85230MBH6	04-19-2007	49,3	350,000	SEE P	SEE PART VI - 2007F					Х		Х	
С	MONTGOMERY COU EDU AND HEALTH A		23-2447147	613603PV5	12-14-2004	18,	533,876	SEE P	SEE PART VI - 2004C					Х		Х	
D	MICHIGAN FINANCE	AUTHORITY	80-0596186	59447P8C8	03-12-2015	100,0	000,000	SEE P	PART VI - 20	15 MI FRN		Х		Х		Х	
Pa	rt III Proceeds			<u>I</u>							<u> </u>		l				
	A						A			3	C				D		
1_							1,920	`		155,000			,000				
		<u> </u>					98,150			45,255,000		18,200					
3							101,395	,000		49,350,000		18,533,			100,0	000,000	
4				· · · · · ·								1,697	,620				
<u>5</u>																	
7							1.005			444 005		264	206				
8							1,005	,646		411,085		261,	,396			391,000	
9				· · · · · ·													
10												16,574	860			521,000	
11								_				10,374,	,800			321,000	
12								-									
13						20	007	_	20	07	200	75			2015	-	
		•				Yes	No	,	Yes	No	Yes	No		Yes		No	
14	Were the bonds is:	sued as part of	f a current refunding	ıssue [?]			Х			Х		Х				X	
15	Were the bonds is:	sued as part of	f an advance refundı	ing issue?		Х			Χ			Х				X	
16	Has the final alloca	ation of procee	ds been made?			Х			Х		Х			Х			
17				records to support th		Х			Х		х			Х			
Pai		usiness Use						'		•							
		<u> </u>					A N.		V		V 1			Vs -	D	N -	
1				member of an LLC,	which owned property	Yes	No X		Yes	No X	Yes	No X		Yes		No X	
2	Are there any leas	e arrangement		private business use			х			х		Х				X	
For				ions for Form 990.		Ca	t No 50)193E			<u> </u>	S	chedul	e K (Fo	rm 990)) 2017	

Part IV

Arbitrage

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Page 2

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No

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	·								
		A		В		c		I)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of	Х		×		x		Х	

Х

1 390 %

Yes

Х

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MERRILL LYNCH

CAPITAL

Χ

No

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2160 0000000000 %

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Yes

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5 670 %

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Yes

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Schedule K (Form 990) 2017

b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	х		×	×		×	
С	Are there any research agreements that may result in private business use of bond-financed property?		Х	Х		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X				

Α

Yes

Х

Χ

Χ

MERRILL LYNCH

requirements of section 148? . . .

Schedule K (Form 990) 2017

period?

Part V

No

D

Yes

Χ

Yes

Χ

Schedule K (Form 990) 2017

No

В

Nο

No

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Yes

Χ

Yes

Χ

No

AIG MATCHED FUNDING

No

180 0000000000 %

Yes

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Yes

Yes

Χ

Yes

Χ

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

No

Page 3

Were gross proceeds invested in a guaranteed investment contract (GIC)?

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

efi	le GRAPHIC prin	t - DO NOT	PROCESS As	Filed Data -									DLN: 9	93493	13402	0629		
	nedule K orm 990)			e organization ans	Information o wered "Yes" to Form , and any additional	990, Part	IV, line	24a. P		scriptions,		2017						
	rtment of the Treasury		N Information	•	► Attach to Form 99	D.			nc any /for	m000				en to F				
Name	nal Revenue Service e of the organization IITY HEALTH CORPO	RATION	Piniormation	n about Schedule R	((Form 990) and its	instruction	<u>s is at <u>u</u></u>	<u>vvvv.11</u>	rs.gov/10F	<u>111990</u> .	· ·	yer iden 43425		mspeoi n numb				
Pa	rt I Bond Iss	ues		_														
	(a) Issuer na	me	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Descript	ion of purpose	(g) De	efeased	d (h) On behalf of issuer			Pool ncing		
											Yes	No	Yes	No	Yes	No		
A	MICHIGAN FINANC	E AUTHORITY	80-0596186	59447P7A3	02-26-2015	641,	315,083	SEE P.	PART VI - 20	015 MI		X		X		X		
В	IDAHO HEALTH FIN AUTHORITY	ANCE	82-6051863	451295WZ8	02-26-2015	198,	740,466	SEE P.	SEE PART VI - 2015 ID			×		Х		Х		
С	MONTGOMERY COU MARYLAND	INTY	52-6000980	61336PEU1	02-26-2015	172,	864,507	SEE P	SEE PART VI - 2015 MD			×		Х		Х		
D	MICHIGAN FINANC	E AUTHORITY	80-0596186	59447THB2	01-26-2016	309,0	066,409	SEE P.	PART VI - 20	D16MI		X		Х		X		
Pa	rt III Proceeds																	
	1100000	•					Α		ı	В	C	:			D			
1	Amount of bonds	retired			'		27,940	,000		1,745,000					2,4	160,000		
2	Amount of bonds	legally defease	d															
3	Total proceeds of	ıssue					641,323	3,932		198,740,466	1	172,864	,507		309,0	066,409		
4	Gross proceeds in	reserve funds														-		
5	Capitalized interes	st from proceed	ds															
6	Proceeds in refund	ding escrows .					168,605	5,446		152,135,882					22,6	529,778		
7	Issuance costs fro	m proceeds .					3,439	9,918		1,051,583		950	,375		2,2	264,528		
8	Credit enhanceme	nt from procee	eds							İ								
9	Working capital ex	penditures fro	m proceeds															
10	Capital expenditur	es from procee	eds				206,331	1,193		22,889,858	1	171,914	,132		227,0	27,955		
11	Other spent proce	eds																
12	Other unspent pro	ceeds																
13	Year of substantia	l completion .				20	015		20	15	20:	15			2016			
						Yes	No)	Yes	No	Yes	No		Yes		No		
14				gıssue ⁷		Х				Х		Х		Х				
15	Were the bonds is	sued as part of	f an advance refundı	ing issue?		Х			X			Χ		Χ				
16	Has the final alloc	ation of procee	ds been made? .			Х			X		Х			Х				
17				records to support th		Х			×		х			Х				
Par		Business Use																
							A			В	Ç				D			
	\\\\			, mambar of U.C.		Yes	No)	Yes	No	Yes	No		Yes		No		
1				member of an LLC,	which owned property		Х			Х		X				X		
2	Are there any leas	se arrangement		private business use			Х			Х		Х				X		
For				tions for Form 990.		Ca	t No 50	0193E				S	chedul	e K (Fo	rm 990) 2017		

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Part IV

Arbitrage

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Page 2

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Schedule K (Form 990) 2017

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No

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C D Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of За Χ Х Х

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Χ Χ Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Х Χ Χ property?......... If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

Enter the percentage of financed property used in a private business use by entities other than

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

No rebate due?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

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No

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Yes

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Yes

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requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

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No

Yes

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

Nο

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Yes

Yes

No

No

Yes

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Yes

Yes

Χ



Yes

Χ

Schedule K (Form 990) 2017

No

Yes

ef	ile GRAPHIC print	- DO NOT	PROCESS As	Filed Data -									DLN: 9	3493	L3402	20629
	hedule K orm 990)			e organization ans	Information o	990, Part 1	V, line	24a. Prov		scriptions,			омв	No 154	5-0047 7	
Depa	artment of the Treasury			-	, and any additional i ▶ Attach to Form 990	D.							Op	en to P	ublic	
	rnal Revenue Service		▶Informatio	n about Schedule I	((Form 990) and its	instruction	s is at <u>v</u>	vww.irs.g	ov/for	<u>11990</u> .	Fmpl	oyer iden		nspecii numbe		
	NITY HEALTH CORPORA	ATION									1 -	143425	ciricació	mambe	•	
Ð	art I Bond Issu	es									133 1	173723				
	(a) Issuer nam		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) D	escripti	on of purpose	(a) D	efeased	(h)	On	(i)	Pool
	. ,		. ,			. ,	•		•		(3)		beha	alf of		ncing
											Yes	No	Yes	uer No	Yes	No
A	IDAHO HEALTH FINAL	NCE	82-6051863	451295YC7	01-26-2016	25,2	287,426	SEE PART	VI - 20	16ID	1.55	X		X		X
В	MONTGOMERY COUN	TY	52-6000980	61336PEV9	01-26-2016	48,2	224,317	SEE PART	SEE PART VI - 2016MD			X		Х		X
	CONNECTICUT HEALT	FU AND FOU	06.0006106	2077404.5	01.26.2016	240	760 534	CEE DART	\/T 20	1.CCT		<u> </u>		V		
С	CONNECTICUT HEALT FACILITIES AUTHORI		06-0806186	20774YYL5	01-26-2016	249,,	/60,524	SEE PART	VI - 20	1601		×		X		X
D	MICHIGAN FINANCE	AUTHORITY	80-0596186	59447THG1	02-11-2016	263,7	795,000	SEE PART	VI - 20	16MI - 1,2,3,4	1	Х		Х		Х
Pä	Proceeds			'				1								
	Amount of bonds retired					Α			3		C			D		
												1,960	,000			
2										40.004.045						
<u>3</u>				· · · · · ·			25,287	7,426		48,224,317		249,760	,524		263,	795,000
- -																
	<u> </u>	<u> </u>														
- 7							283	3,297		180,047		1,757	514			619,951
<u></u>							203	1,237		100,047		1,737	,514			313,331
9																
10							25,004	.129		48,044,270		248,003	.010		263.	175,049
11	Other spent proceed							,		,,			,			
12	Other unspent proce	eeds														
13	Year of substantial o	completion .				20	016		20	16	20	16			2016	
						Yes	No	, у	es	No	Yes	No		Yes		No
14	Were the bonds issu	ued as part of	a current refunding	ıssue ⁷			Х			Х		Х				X
15	Were the bonds issu	ued as part of	an advance refund	ing issue?			Х			Х		Х				X
16	Has the final allocat	on of procee	ds been made? .			X			X		X			Х		
17	Does the organization	on maintain a	dequate books and	records to support t	he final allocation of	Х			X		Х			Х		
Pa	rt IIII Private Bu	ısiness Use	e				•	•		•		•	•		•	
							A		E			С			D	
	Was the every retire	n a nartner :	a a nartnovekin er -	mambarefanlle	which owned areas	Yes	No	·	es	No	Yes	No		Yes		No
<u> </u>	financed by tax-exe	mpt bonds? .	<u> </u>	<u> </u>			Х			Х		Х				X
2	Are there any lease property?				e of bond-financed		×			x		×				X
For	Paperwork Reduction					Ca	t No 50)193F				S	chedul	K (Fo	m 990	0) 2017

property?.........

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Page 2

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Yes

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No

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Yes

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Schedule K (Form 990) 2017

No

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Yes

Χ

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations and 1 145-2?	sections 1 141-12								
9	Has the organization established written procedures to ensure that all nonc the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?.	qualified bonds of	Х		×		X		X	
Par	Part IV Arbitrage									
		Δ		В			С		D	-

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Yes

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No

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Yes

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requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Schedule K (Form 990) 2017

period?

Part V

No

No

D

Yes

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Schedule K (Form 990) 2017

Yes

No

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax

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No

Yes

No

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Yes

Yes

No

No

Yes

Yes

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requirements are timely identified and corrected through the voluntary closing agreement program Χ Х Χ if self-remediation is not available under applicable regulations? **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Yes

Nο

efile (GRAPHIC print	t - DO NOT	PROCESS As	Filed Data -									DLN: 9	93493	L3402	0629
	dule K n 990)			 e organization ans	Information o wered "Yes" to Form and any additional	990, Part 1	V, line	24a.	Provide des	criptions,			омв	No 154	5-0047 7	
	ent of the Treasury			•	► Attach to Form 990	0.								en to P		
	Revenue Service the organization		▶Informatio	n about Schedule I	K (Form 990) and its	instruction	s is at <u>v</u>	ww.	.irs.gov/torn	<u>1990</u> .	Emple	oyer iden		nspeci n numbe		
	HEALTH CORPOR	RATION										143425				
Part	I Bond Issu	ues									1 - 1					
	(a) Issuer nan		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(f) Description	n of purpose	(g) D	efeased	(h)	On	(i)	Pool
													1	alf of uer	fınar	ncing
											Yes	No	Yes	No	Yes	No
A MI	CHIGAN FINANCE	AUTHORITY	80-0596186	59447TPQ0	01-19-2017	181,3	377,952	SEE	PART VI - 20:	L7MI		Х		Х		Х
HI	ARYLAND HEALTH GHER EDU FACILI JTHORITY		52-0936091	574218T52	01-19-2017	32,6	516,932	SEE	PART VI - 20:	L7MD		X		Х		Х
C ID	AHO HEALTH FINA	ANCE	82-6051863	45129UCC6	01-19-2017	60.2	26 757	SFF	PART VI - 20:	17TD		 x		X		X
	JTHORITY					55,-								''		``
D CO	OUNTY OF FRANKL	IN OHIO	31-6400067	353202FM1	01-19-2017	96,0	71,211	SEE	PART VI - 20:	170H		X		Х		X
Part :	• Proceeds			ı								ı				
							A		В		(С			D	
							181,377	7,952		32,616,932		60,226	,757		96,0	071,615
							1,711	1,045		402,142		674	,801		ġ	970,231
							113,121	906,		32,214,790		59,551	,956		95,:	100,979
							66,545	5,000								
13 Y	ear of substantial	completion .					17		201			17			2017	
						Yes	No	•	Yes	No	Yes	No		Yes	_	No
				gıssue [?]		Х				Х		X				X
		•		ing issue?			Х			Х		X				X
16 H	las the final alloca	tion of procee	ds been made? .			Х			X		Х			Χ		
17 D	roceeds?		<u> </u>	records to support t	he final allocation of	Х			×		Х			Χ		
Part I	III Private B	usiness Us	е													
							Α		В			C		.,	D	
1 W	Vas the organization	on a nartner u	n a nartnership or :	member of an IIC	which owned property	Yes	No		Yes	No	Yes	No		Yes		No
fı	nanced by tax-ex	empt bonds? .	<u></u>	<u>.</u>			Х			Х		X				X
			ts that may result in	private business us	e of bond-financed		×			×		×				X
				tions for Form 990		Ca	t No 50	0193F	<u> </u>			S	chedul	e K (Fo	m 990)) 2017

C

Part IV

Arbitrage

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Enter the percentage of financed property used in a private business use by entities other than

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No

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Yes

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Schedule K (Form 990) 2017

Page 2

			A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	×		×		×		Х	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×		×		×		×	
С	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								

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В

Yes

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No

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No

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Yes

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Yes

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No

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requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

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No

Yes

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

Nο

No

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Х

Yes

Yes

No

No

Yes

Х

Yes

Yes

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Yes

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Schedule K (Form 990) 2017

No

Yes

ef	ile GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 9	93493	13402	0629
Sc	hedule K	C		lufo um otion o	. Том Г	'aa	4 D) a .a al a				OMB	No 154	5-0047	,
(Form 990) Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,								7	1	7					
		r Complete ii tii		, and any additional i	nformation			TOVIGE GES	criptions,			_	4 U 1	. /	
	artment of the Treasury rnal Revenue Service	▶ Informatio	n about Schedule I	► Attach to Form 990 K (Form 990) and its		sisatu	vww.ir	rs.aov/fori	n990.				en to P		
Nam	e of the organization	,				<u> </u>		,,	. <u></u> .	Emplo	yer iden		n numbe		
TRI	NITY HEALTH CORPORATION									35-14	43425				
Р	art I Bond Issues														-
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1	f) Description	on of purpose	(g) De	feased		On		Pool
													alf of uer	finar	ncing
										Yes	No	Yes	No	Yes	No
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59447TQV8	12-21-2017	952,6	28,773	SEE PA	ART VI - 20	17MI		Х		Х		×
В	IDAHO HEALTH FINANCE	82-6051863	45129UCF9	12-21-2017	49.3	02.119	SEE PA	ART VI - 20	17ID		Х		X		×
	AUTHORITY				,	,									
<u></u>	COUNTY OF FRANKLIN OHIO	31-6400067	353202FP4	12-21-2017	121 1	76 734	SEE PA	ART VI - 20	170H		X		X		X
_	COOKITY OF THOUSENED THE	31 0100007	333202111	12 21 2017	121,1	70,731	JEE 17	711(1 11 20	17011		^		^		
Pā	art III Proceeds														
_	A			Į		Α		Е		C				D	
1	Amount of bonds retired Amount of bonds legally defease														-
2	Total proceeds of issue					050 475			40.000.440		24.176	724			
<u>3</u>	Gross proceeds in reserve funds					953,475	5,004		49,302,119	1	.21,176	,/34			
-4 -5	Capitalized interest from proceed														
<u>-5</u>	Proceeds in refunding escrows					538,949	020								
- 7	Issuance costs from proceeds .					•	,491		724			703			
_	Credit enhancement from procee						1,491		724			703			
	Working capital expenditures fro														-
10	Capital expenditures from procee					330,951	.255		49,301,395	1	.21,176	.031			
11	Other spent proceeds					,	,		,			,,,,,,			
12	Other unspent proceeds					12,844	,103								
13	Year of substantial completion .				20	18		20	17	20:	L7				
					Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part of	f a current refunding	ıssue [?]			Х			Х		Х				
15	Were the bonds issued as part of	f an advance refundi	ing issue?		Х				Х		X				
16	Has the final allocation of procee	ds been made? .				Х			Х		X				
17		adequate books and	records to support t	he final allocation of	×			Х		х					
Pa	rt IIII Private Business Use														
						A		Е		C	l I			D	
	Was the supplies to a second				Yes	No	,	Yes	No	Yes	No		Yes		No
1	Was the organization a partner in financed by tax-exempt bonds? .	n a partnership, or a	member of an LLC,	wnich owned property		X			Х		X				
2	Are there any lease arrangement	ts that may result in	private business use	e of bond-financed		Х			х		Х				
F	property?		· · · · ·		C-	No. 50			• •				14.45		1) 2017

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Part IV

Arbitrage

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Does the bond issue meet the private security or payment test? . . .

Enter the percentage of financed property used in a private business use by entities other than

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

			Α		В	(С	Г	5
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		×		×			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	х		×		x			

Are there any research agreements that may result in private business use of bond-financed

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Yes

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No

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Yes

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Yes

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Yes

Schedule K (Form 990) 2017

No

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No

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Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2017

period?

Part V

5a

No

No

D

Yes

Schedule K (Form 990) 2017

Yes

Were gross proceeds invested in a guaranteed investment contract (GIC)?	X
Name of provider	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

No

Yes

Χ

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

Nο

Yes

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Yes

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Yes

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No

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Yes

No

No

Yes

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No

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SCHEDUL (Form 990 or EZ)	990- Complete to pro Form 990 c	on to Form 990 or 9 responses to specific questi ide any additional information 990 or 990-EZ, and its instrucy/form990.	ons on n.	OMB No 1545-0047 2017 Open to Public Inspection	
Name of the org TRINITY HEALTH C		n		Employer iden 35-1443425	tification number
Return Reference			Explanation		
FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH CORPORATION A BOARD OF DIRECTORS WITH C CATHOLIC HEALTH MINISTRIES, ONS WHO ARE MEMBERS OF CA PORATION EACH DIRECTOR SHA HIS OR HER RESIGNATION OR RI	ONE CLASS OF DIRE A PUBLIC JURIDIC P THOLIC HEALTH MIN ALL HOLD OFFICE U	CTORS TRINITY HEALTH COP ERSON OF THE ROMAN CATH NISTRIES SHALL BE DIRECTO	RPORATION'S S HOLIC CHURCH RS OF TRINITY I	PONSOR IS ALL PERS HEALTH COR

Return Reference	Explanation
'	ACTION BY CATHOLIC HEALTH MINISTRIES (CHM) IS REQUIRED FOR THE FOLLOWING MATTERS - ADOPT
•	AND AMEND THE ARTICLES OF INCORPORATION OF TRINITY HEALTH CORPORATION (THC) - ADOPT AND AP
SECTION A,	PROVE ANY AMENDMENTS TO THE BYLAWS OF THC - ADOPT AND APPROVE ANY CHANGES TO THE MISSION A
LINE 7B	ND CORE VALUES OF THC AND THE FOUNDING PRINCIPLES OF CHM AND APPROVE MATTERS THAT AFFECT T
	HE CATHOLIC IDENTITY OF THC - APPROVE THE SALE OR TRANSFER OF ANY PROPERTY OF THC, THE ALI
	ENATION OF WHICH WOULD REQUIRE APPROVAL UNDER THE CANON LAW OF THE ROMAN CATHOLIC CHURCH -
	APPROVE THE MERGER, CONSOLIDATION, LIQUIDATION, OR DISSOLUTION OF THC - APPROVE THE SALE
	OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THC - RATIFY THE APPOINTMENT AND REMOVAL OF T
	HE CEO OF THC - RATIFY THE ELECTION OF THE CHAIR OF THE BOARD OF DIRECTORS

Return Explanation
Reference

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TRINITY HEALTH CORPORATION HAS ADOPTED A GOVERNANCE POLICY WHICH SETS FORTH THE ORGANIZATI ON'S CONFLICT OF INTEREST POLICY AND PROCESSES IT APPLIES TO ALL "INTERESTED PERSONS" OF TRINITY HEALTH CORPORATION, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, A ND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS INTERESTED PERSONS ARE EXPECTED TO D ISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERES TO FIRINITY HEALTH CORPORATION AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DI SCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIA NCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY THE ANNUAL DISCLOSURES ARE PROVIDED TO I NTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL P REPARES A REPORT FOR THE BOARD CHAIR AND COO A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF TRINITY HEALTH CORPORATION (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO TRINITY HEALTH CORPORATION OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST THE BOARD OF TRINITY HEALTH CORPORATION (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIO NS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIO OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF TRINITY HEALTH CORPORATION INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSIO N AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE POLICY HE POLICY IS AVAILABLE TO THE PU

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

Return Explanation
Reference

FORM 990,	TRINITY HEALTH CORPORATION MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON I
PART VI,	TS WEBSITE, WWW TRINITY-HEALTH ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE CONSOL
SECTION C,	IDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE IN ADDITION, TRINITY HEALTH CO
LINE 19	RPORATION'S WEBSITE INCLUDES COPIES OF THE MOST RECENTLY FILED SCHEDULE H FORMS FILED BY A
	LL OF ITS HOSPITAL SUBSIDIARIES TRINITY HEALTH CORPORATION'S GOVERNING DOCUMENTS AND CONF
	LICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1	MARY FANNING, RSM, IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY HAVING TAKEN A VOW OF PO VERTY, MARY FANNING, RSM DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRI NITY HEALTH CORPORATION INSTEAD, A TOTAL OF \$35,000 WAS PAID BY TRINITY HEALTH CORPORATIO N DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR MARY FANNING, RSM'S SERVICES KATHLEEN PO PKO, SP, IS A MEMBER OF THE SISTERS OF PROVIDENCE HAVING TAKEN A VOW OF POVERTY, KATHLEEN POPKO, SP DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CO RPORATION INSTEAD, A TOTAL OF \$55,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE SISTERS OF PROVIDENCE FOR KATHLEEN POPKO, SP'S SERVICES JOAN MARIE STEADMAN, CSC, IS A MEMBER OF THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS HAVING TAKEN A VOW OF POVER TY, JOAN MARIE STEADMAN, CSC DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF \$8,750 WAS PAID BY TRINITY HEALTH CORPORA TION DIRECTLY TO THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS FOR JOAN MARIE STEADMAN, CSC'S SERVICES LINDA WERTHMAN, RSM, IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY HAVING TAKEN A VOW OF POVERTY, LINDA WERTHMAN, RSM DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR LINDA WERTHMAN, RSM 'S SERVICES

Return Explanation
Reference

,	EQUITY TRANSFERS FROM AFFILIATES 263,127,678 CHANGE IN DEFERRED RETIREMENT COSTS 346,763, 330 OTHER TRANSACTIONS -8,888,880 INCOME/LOSS FROM DISCONTINUED OPERATIONS -2,949,282 G
LINE 9	AIN/LOSS ON DISPOSAL OF DISCONTINUED OPERATIONS -189,845 EQUITY GAIN/LOSS IN UNCONSOLIDAT
	ED AFFILIATES -6,214,603 ASSET IMPAIRMENT -115,863,553 LOSS FROM EXTINGUISHMENT OF DEBT
	-39,824,325

Return Explanation Reference

FORM 990. THE AUDITED FINANCIAL STATEMENTS OF TRINITY HEALTH INCLUDE THE PARENT ORGANIZATION AND ITS

PART XII. SUBSIDIARIES THE FY18 CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT P LINE 2 UBLIC ACCOUNTING FIRM

Return Explanation
Reference

FORM 990,
PAGE 1,
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BUSINESS
AS NAMES

TRINITY HEALTH TRINITY INFORMATION SERVICES HOLY CROSS SHARED SERVICES CHE TRINITY HEALTH
CATHOLIC HEALTH EAST CHE TRINITY, INC HOLY CROSS HEALTH SYSTEM CORPORATION
CATHOLIC HEALTH EAST CHE TRINITY, INC HOLY CROSS HEALTH SYSTEM CORPORATION
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CATHOLIC HEALTH TRINITY INFORMATION SERVICES HOLY CROSS SHARED SERVICES CHE TRINITY HEALTH
CATHOLIC HEALTH EAST CHE TRINITY, INC HOLY CROSS HEALTH SYSTEM CORPORATION

BUSINESS
AS NAMES

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134020629 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. Open to Public ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** TRINITY HEALTH CORPORATION 35-1443425 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity 21,639,006 TRINITY HEALTH CORPORATION (1) TRINITY HEALTH PARTNERS LLC POPULATION HEALTH DE 1,002,502 20555 VICTOR PARKWAY MANAGEMENT LIVONIA, MI 48152 47-2798085 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 (b) (c) (d) (e) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No

 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. See Additional Data Table (b) (c) (d) (i) (k) (e) (f) (g) (1) Name, address, and EIN of Primary Legal Direct Predominant Share of Share of Disproprtionate Code V-UBI General or Percentage related organization controlling income(related, total income end-of-year allocations? amount in box ownership activity domicile managing unrelated, 20 of (state entity assets Schedule K-1 excluded from or tax under (Form 1065) foreign country) sections 512-514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (e) (f) (h) (ı) (g) Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Section 512(b) Primary activity Percentage domicile (C corp, S corp, ownership (13) controlled related organization entity ıncome vear (state or foreign or trust) assets entity? country) Yes No See Additional Data Table

Schedule R (Form 990) 2017			Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	6.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a	Yes	Г
b Gift, grant, or capital contribution to related organization(s)		1b	Yes	
c Gift, grant, or capital contribution from related organization(s)		1c	Yes	
d Loans or loan guarantees to or for related organization(s)		1d	Yes	
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		1 g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	•	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)		11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	•	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		No
o Sharing of paid employees with related organization(s)		10		No

·	1	1 1	
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No

p Reimbursement paid to related organization(s) for expenses Yes 1q Yes **q** Reimbursement paid by related organization(s) for expenses . . . r Other transfer of cash or property to related organization(s). 1r No 1s Yes 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) (b) (d) (c) Name of related organization Method of determining amount involved Transaction Amount involved type (a-s)

See Additional Data Table

Schedule R (Form 990) 2017

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

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

- See man actions regarding exclusion		, countries p	a. c., c., 5,, p.s										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017 Software ID: Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code **(f)** Direct controlling (e) Public charity (g) Section 512 (a)
Name, address, and EIN of related organization (b) (c) Legal domicile Primary activity (b)(13)(state section status entity (if section 501(c) or foreign country) controlled entity? (3)) Yes No TRINITY HEALTH-HEALTH CARE SERVICES ΜI 501(C)(3) LINE 10 Yes MICHIGAN 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974 GRANT MAKING 501(C)(3) TRINITY HEALTH FL LINE 12A, I Yes CORPORATION 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325 HEALTH CARE SERVICES 501(C)(3) LINE 3 TRINITY HEALTH OF NEW CT Yes ENGLAND CORP INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450170 HEALTH CARE AND IΑ 501(C)(3) LINE 3 MERCY HEALTH Yes HOSPITAL SERVICES SERVICES-IOWA CORP 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277 FOUNDATION IΑ 501(C)(3) LINE 12A, I BAUM HARMON MERCY Yes HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307 501(C)(2) LTC (EDDY) INC TITLE HOLDING NY N/A Yes COMPANY 2212 BURDETT AVE TROY, NY 12180 14-1651563 HOMELESS SHELTER PITTSBURGH MERCY PΑ 501(C)(3) LINE 7 Yes HEALTH SYSTEM INC 905 WATSON STREET PITTSBURGH, PA 15219 25-1436685 LINE 10 LTC (EDDY) INC SENTOR LIVING 501(C)(3) Yes NY COMMUNITY 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028 THE MERCY HOSPITAL HEALTH CARE SERVICES MA 501(C)(3) LINE 10 Yes INC 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395 501(C)(3) LONG TERM CARE LINE 10 LTC (EDDY) INC NY Yes 421 WEST COLUMBIA STREET COHOES, NY 12047 14-1701597 HOME HEALTH SERVICES ΜI 501(C)(3) LINE 10 GLACIER HILLS INC Yes 1200 EARHART RD ANN ARBOR, MI 48105 20-1681131 HEALTH CARE SERVICES ΜI 501(C)(3) LINE 3 TRINITY HEALTH-Yes MICHIGAN PO BOX 995 ANN ARBOR, MI 48106 38-2507173 GOVERNANCE AND VT 501(C)(3) LINE 1 N/A No MANAGEMENT OF 20555 VICTOR PARKWAY TRINITY HEALTH SYSTEM LIVONIA, MI 48152 INACTIVE ENTITY NJ 501(C)(3) LINE 10 SAINT MICHAEL'S Yes MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342 HEALTH CARE AND ОН 501(C)(3) LINE 3 MOUNT CARMEL HEALTH Yes HOSPITAL SERVICES SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340 LINE 12A, I FOUNDATION IΑ 501(C)(3) MERCY HEALTH Yes SERVICES-IOWA CORP 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941 FOUNDATION LINE 12A, I MERCY HEALTH IΑ 501(C)(3) Yes SERVICES-IOWA CORP 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271 MERCY PHYSICIAN 501(C)(3) LINE 3 HEALTH CARE SERVICES PA Yes NETWORK ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999 HOME HEALTH SERVICES NY 501(C)(3) LINE 3 LTC (EDDY) INC Yes 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568 ST JOSEPH'S HEALTH INC Yes PACE PROGRAM 501(C)(3) LINE 10 NY 333 BUTTERNUT DRIVE DEWITT, NY 13214 46-1051881

Form 990, Schedule R, Part II - Identification of Relate (a)	(b)	tions (c)	(d)	(e)	(f)	(9	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section (b)(contr	n 512 (13)
						Yes	No
10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	HOME AIDE SERVICE OF EASTERN NEW YORK INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
04-2501711	LONG TERM CARE	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
PO BOX 2500 WILMINGTON, DE 19805 22-3008680	(INACTIVE)						
1200 EARHART RD ANN ARBOR, MI 48105 20-8072723	FOUNDATION	MI	501(C)(3)	LINE 12A, I	GLACIER HILLS INC	Yes	
1200 EARHART RD ANN ARBOR, MI 48105 38-1891500	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1 GLEN EDDY DRIVE NISKAYUNA, NY 12309	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
14-1794150 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
42-1253527 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
701 W NORTH AVE MELROSE PARK, IL 60160	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	GOTTLIEB MEMORIAL HOSPITAL	Yes	
36-3332852 701 WEST NORTH AVENUE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
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	
945 OTTAWA AVE NW GRAND RAPIDS, MI 49503	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH- MICHIGAN	Yes	
23-7270669 125 E SOUTHERN AVENUE MUSKEGON, MI 49442	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
38-1386362 30 COMMUNITY WAY EAST GREENBUSH, NY 12061	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 2153 WATERBURY, CT 06722	MANAGEMENT	СТ	501(C)(3)	LINE 12A, I	N/A		No
2920 TIBBITS AVE TROY, NY 12180	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
14-1725101 PO BOX 9184 FARMINGTON HILLS, MI 48152	LONG TERM CARE	MD	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
52-1945054 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
20-8428450 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	HEALTH CARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
52-0738041 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	

Martin selections, and P11 of remaind organization Private State Private	Form 990, Schedule R, Part II - Identification of Rela (a)	(b)	(c)	(d)	(e)	(f)	(<u>c</u>	
Part Part		Primary activity	Legal domicile (state	Exempt Code	Public charity status	Direct controlling	Sectio (b)(n 512 13)
MALTH CARE SERVICES 14. MINESSES					(if section 501(c)	,	contr	olled
### PERMANDER JOSEPH MATERIAN JOSEPH MATERIA							Yes	No
F LACESTED LESS AND L		HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10		Yes	
MACHINI CARE SERVICES F.	4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308							
100 100	46-5421068	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL	Yes	
THE ADMINISTRATE PRODUCTION FOR THE ADMINISTRATE OF THE NEW YORK PRODUCTION OF THE ADMINISTRATE OF THE ADMINISTRATE	4725 NORTH FEDERAL HIGHWAY							
1.4 MODELAND STREET	FT LAUDERDALE, FL 33308 81-2531495							
1.4 MODOLAND STREET		HOME HEALTH SERVICES	СТ	501(C)(3)	LINE 10		Yes	
11-07-12991 MONE REALTH SERVICES NY 2014(CIG) 2016 12 170 (REALTH SERVICES NY 2014(CIG) 2016 12 170 (REALTH SERVICES NY 2014(CIG) 2016 12 170 (REALTH SERVICES NY 2014(CIG) 2016 12 20	114 WOODLAND STREET HARTFORD, CT 06105							
123 - PARKET ST SUITE 200 124 - PARKET SAND 124 - PARKET SAND 125	81-0723591	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Vec	
RECY, FOR 1989 A	433 RIVER ST SUITE 3000	HOME HEALTH SERVICES	N	301(0)(3)	LINE TO	LIC (LDDI) INC	163	
123 SACOUB STREET SE 124 SOLICIO 125	TROY, NY 12180							
233 SECOLO STREET SE 42 STATUTO STREET SE 42 STATUTO		HOSPICE SERVICES	IA	501(C)(3)	LINE 10		Yes	
142-1127099 162-1	232 SECOND STREET SE					SERVICES-IOWA CORP		
### ### ##############################	42-1173708							
SIGNER CTIT, 16 B 10 04 #EA_TH CARE SERVICES #EA_TH CARE SERVICE	4300 HAMILTON BLVD	HOSPICE SERVICES	IA IA	DOT(C)(3)	LINE 12A, I	IN/A		No
HEA.TH CARR SERVICES ME SELC(1/3) LINE 10 TRIVITY HEALTH Ves MICHIGAN AREAS (LINY WILDING THE ALTH OF REW Ves MICHIGAN AREA (LINY WILDING THE ALTH OF REW Ves LINE 1915/1559 MICHIGAN AREA (LINY WILDING THE ALTH OF REW Ves LINE 1915/1559 MICHIGAN CORP. RICK MICHIGAN C	SIOUX CITY, IA 51104							
24 FRANK LEOTO WILGHT DR LOSSY 3 MA ASSOCIAL VIS. MA SADOL WILD STREET MOSPITAL SERVICES PACE PROGRAM NO SOL(C)(3) LINE 3 TRINITY HEALTH OR REW YES ENGLAND CORP INC. PRICE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL VES CONTEST PACE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL VES CONTEST PACE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL VES CONTEST PACE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL VES CONTEST PACE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL VES CONTEST PACE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL VES CONTEST PACE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL VES CONTEST PACE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL VES CONTEST PACE PROGRAM NO SOL(C)(3) LINE 10 ST FRANCIS MEDICAL VES CONTEST TRENTON NO CONTEST TRENTO	38-3320/10	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10		Yes	
18-3315599	24 FRANK LLOYD WRIGHT DR LOBBY J					MICHIGAN		
NOSPITAL SERVICES PACE PROGRAM NO SOL(C)(3) LINE 10 ST MARY MEDICAL Yes	ANN ARBOR, MI 48106 38-3316559							
HARTFORD, CT 06 105		I	СТ	501(C)(3)	LINE 3	1	Yes	
HALTH CARE SERVICES PA SOL(C)(3) LINE 10 CENTER	114 WOODLAND STREET HARTFORD, CT 06105							
CENTER C	47-5676956	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL	Yes	
ARAGHORME, PA 19047 2201 LANGHORME, PA 19047 2202 LANGHORME, PA 19047 2203 LANGHORME, PA 19047 2204 STIGNEY PACE PROGRAM NO SOI(C)(3) LINE 10 ST KARRY MEDICAL Yes WEALTH CARE SERVICES PACE PROGRAM NO SOI(C)(3) LINE 3 OUR LADY OF LOURDIS YES WEALTH CARE SERVICES WEALTH CARE SERVICES WEALTH CARE SERVICES PACE PROGRAM NO SOI(C)(3) LINE 10 ST FRANCIS HOSPITAL YES WILDINGTON, DE 19005 ST FRANCIS MEDICAL YES WEALTH CARE SERVICES WILDINGTON, DE 19005 ST FRANCIS MEDICAL YES WEALTH CARE SERVICES WEALTH CARE SERVICES NO SOI(C)(3) LINE 10 ST FRANCIS MEDICAL YES WEALTH CARE SERVICES WEALTH CAR	1201 LANGHORNE-NEWTOWN ROAD							
201 LIANGHORNE-NEWTOWN ROAD ANGEROGRAM NJ S01(C)(3) LINE 3 OUR LADY OF LOURDES Ves	LANGHORNE, PA 19047 23-2519529							
1301 LANGHORME-NEWTOWN ROAD		HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10		Yes	
PACE PROGRAM NI S01(C(3) LINE 3 OUR LADY OF LOURDES Yee	1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047					JERNEIN.		
HEALTH CARE SERVICES PACE PROGRAM DE SDI(C)(3) LINE 10 ST FRANCIS HOSPITAL Yes	23-2571699	PACE PROGRAM	N1	501(C)(3)	LINE 3	OUR LADY OF LOURDES	Yes	
PACE PROGRAM DE 501(C)(3) LINE 10 ST FRANCIS HOSPITAL Yes WILLINGTON, DE 19805 45.2569214 PACE PROGRAM NJ 501(C)(3) LINE 10 ST FRANCIS MODICAL Yes CENTER TRENTON NJ SOLOCHY, ST FRANCIS MEDICAL Yes INC. 100 GOSSMAN DRIVE SOLOCHY, ST FRANCIS MEDICAL Yes INC. 1010 GOSSMAN DRIVE SOLOCHY, ST FRANCIS MEDICAL Yes INC. 1020 COSSMAN DRIVE SOLOCHY, ST FRANCIS MEDICAL Yes INC. 1030 LINE 10 ST MARY MEDICAL Yes CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL CENTER SOLOCHY, ST FRANCIS MEDICAL CENTER SOLOCHY, ST FRANCIS MEDICAL CENTER SOLOCHY, ST FRANCIS MEDICAL YES CORPORATION SERVICES SOLOCHY, ST FRANCIS MEDICAL CENTER SOLOCHY, ST FRANCIS MEDICAL YES CENTER SOLOCHY, ST FRANCIS MEDICAL CENTER SOLOCHY, ST FRANCIS MEDICAL CENTER SOLOCHY, ST FRANCIS MEDICAL YES CONTENT AND SOLOCHY, ST FRANCIS MEDICAL YES SOLOCHY, ST FRANCIS MEDICAL YES SOLOCHY, ST FRANCIS MEDICAL YES CONTENT AND SOLOCHY, ST FRANCIS MEDICAL YES CONTENT AND SOLOCHY, ST FRANCIS MEDICAL YES CONTENT AND SOLOCHY, ST FRANCIS MEDICAL YES CONTENT AND SO	2475 MCCLELLAN AVENUE	TAGE TROOMAT					103	
PACE PROGRAM DE SOI(C)(3) LINE 10 ST FRANCIS HOSPITAL Yes WILLINGTON, DE 19805 15-2595214 PACE PROGRAM NJ SOI(C)(3) LINE 10 ST FRANCIS MEDICAL Yes CENTER TRENTON NJ SOI(C)(3) LINE 10 ST FRANCIS MEDICAL Yes CENTER TRENTON NJ SOI(C)(3) LINE 10 ST FRANCIS MEDICAL Yes CENTER TRENTON NJ SOI(C)(3) LINE 3 ST JOSEPH OF THE PINES Yes INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 PACE PROGRAM PACE PROGRAM NC SOI(C)(3) LINE 3 ST JOSEPH OF THE PINES Yes INC SOUTHERN PINES, NC 28387 PACE PROGRAM PA SOI(C)(3) LINE 10 ST MARY MEDICAL Yes CENTER LINE 10 ST MARY MEDICAL Yes CENTER LINE 10 ST MARY MEDICAL YES CENTER LINE 10 OUR LADY OF LOURDES YES HEALTH CARE SERVICES NJ SOI(C)(3) LINE 12B, II OUR LADY OF LOURDES YES HEALTH CARE SERVICES Y	PENNSAUKEN, NJ 08109							
### PACE PROGRAM NJ \$01(C)(3) LINE 10 ST FRANCIS MEDICAL YES CENTER TRENTON NJ \$022-2797382 PACE PROGRAM NC \$01(C)(3) LINE 3 ST JOSEPH OF THE PINES YES INC SOUTHERN PINES, NC 28387 PACE PROGRAM PACE PROGRAM PA \$01(C)(3) LINE 3 ST JOSEPH OF THE PINES YES INC \$000000000000000000000000000000000000		PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
15-2569214 PACE PROGRAM NJ 501(C)(3) LINE 10 ST FRANCIS MEDICAL Yes	7TH AND CLAYTON STREETS WILMINGTON DE 19805							
CENTER TRENTON NJ CENTER TRENTON NJ	45-2569214	DACE DROCRAM	NI	E01(C)(3)	LINE 10	CT EDANICIS MEDICAL	V	
BORDENTOWN, NJ 08505 22-2797282 22-279	7500 K JOHNSON BOULEVARD	PACE PROGRAM	CN	SUI(C)(3)	LINE 10	1	res	
PACE PROGRAM NC S01(C)(3) LINE 3 ST JOSEPH OF THE PINES VES INC PACE PROGRAM PAC	BORDENTOWN, NJ 08505							
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847 PACE PROGRAM PA 501(C)(3) LINE 10 ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184 VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICES NJ 501(C)(3) LINE 12B, II OUR LADY OF LOURDES HEALTH CARE SERVICES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES HEALTH CARE SERVICES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES HEALTH CARE SERVICES PERMITTER OUR LADY OF LOURDES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES HEALTH CARE SERVICES PERMITTER NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES HEALTH CARE SERVICES NJ 501(C)(3) LINE 10 LINE 10 LOYOLA UNIVERSITY MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER MANAGEMENT AND SUPPORT MANAGEMENT AND SUPPORT MANAGEMENT AND SUPPORT	22 2737202	PACE PROGRAM	NC	501(C)(3)	LINE 3		Yes	
PACE PROGRAM PA 501(C)(3) LINE 10 ST MARY MEDICAL YES CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184 VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE NJ 501(C)(3) LINE 12B, II OUR LADY OF LOURDES HEALTH CARE SERVICES HEALTH CARE SERVICES HEALTH CARE SERVICES HEALTH CARE SERVICES HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES JULIE 10 LOYOLA UNIVERSITY MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER TO OUR LADY OF LOURDES YES HEALTH CARE SERVICES MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER TRANSPORATION SUPPORT JULIE 12B, II TRINITY HEALTH CORPORATION CORPORATION SUPPORT	100 GOSSMAN DRIVE					INC		
1201 LANGHORNE-NEWTOWN ROAD LANCHORNE, PA 19047 VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE NJ 501(C)(3) LINE 12B, II OUR LADY OF LOURDES YES HEALTH CARE SERVICES HEALTH CARE SERVICES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES WILLINGBORO, NJ 08046 22-3612265 TRANSPORATION SERVICES MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER MANAGEMENT AND SUPPORT IL 501(C)(3) LINE 12B, II TRINITY HEALTH YES CORPORATION SERVICES WE CORPORATION SUPPORT MANAGEMENT AND SUPPORT	27-2159847	PAGE BROGRAM		504(6)(3)	1705.40	CT MARY MEDICAL		
LANGHORNE, PA 19047 26-2976184 VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICES NJ 501(C)(3) LINE 12B, II OUR LADY OF LOURDES HEALTH CARE SERVICES HEALTH CARE SERVICES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES Yes HEALTH CARE SERVICES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES Yes HEALTH CARE SERVICES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES Yes HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER MEDICAL CENTER MANAGEMENT AND SUPPORT MANAGEMENT AND SUPPORT MAYWOOD, IL 60153	4204 LANGUARNE NEWTOWN ROAD	PACE PROGRAM	PA	[501(C)(3)	LINE 10		Yes	
VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICE AUXILIARY VOLUNTEER SERVICES VES HEALTH CARE SERVICES NJ 501(C)(3) LINE 12B, II OUR LADY OF LOURDES YES HEALTH CARE SERVICES VES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES VES LANGHORNE, PA 19047								
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525 HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES HEALTH CARE SERVICES PERMITTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES OUR LADY OF LOURDES YES HEALTH CARE SERVICES TRANSPORATION SIL 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES DIA 10 LOYOLA UNIVERSITY YES MEDICAL CENTER MEDICAL CENTER HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT LINE 10 LOYOLA UNIVERSITY YES MEDICAL CENTER TRINITY HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	20-23/010 4		NJ	501(C)(3)	LINE 12B, II		Yes	
HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES HEALTH CARE AND HOSPITAL SERVICES NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES YES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT LINE 10 LOYOLA UNIVERSITY YES MEDICAL CENTER MEDICAL CENTER TRINITY HEALTH CARE SYSTEM CORPORATION SUPPORT HEALTH CARE SERVICES	1600 HADDON AVENUE	AUXILIARY				HEALTH CARE SERVICES		
1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794 HEALTH CARE SERVICES HEALTH CARE AND NJ 501(C)(3) LINE 3 OUR LADY OF LOURDES Yes HEALTH CARE SERVICES WILLINGBORO, NJ 08046 22-3612265 TRANSPORATION SERVICES TRANSPORATIO	CAMDEN, NJ 08103 22-2568525							
CAMDEN, NJ 08103 27-4357794 HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SYSTEM MAD SUPPORT HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT LIL 501(C)(3) LINE 10 LOYOLA UNIVERSITY Yes MEDICAL CENTER TRINITY HEALTH CARE SYSTEM CORPORATION SUPPORT LIL 501(C)(3) LINE 12B, II TRINITY HEALTH CORPORATION Yes CORPORATION	4600 HADDON AUGUS	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3		Yes	
HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES IL 501(C)(3) LINE 10 LOYOLA UNIVERSITY MEDICAL CENTER HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT LINE 12B, II TRINITY HEALTH CORPORATION SUPPORT	CAMDEN, NJ 08103							
HOSPITAL SERVICES HOSPITAL SERVICES HEALTH CARE SERVICES HEALTH CARE SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES MEDICAL CENTER MEDICAL CENTER TRANSPORATION MEDICAL CENTER TRANSPORATION SERVICES MEDICAL CENTER TRANSPORATION SUPPORT TRANSPORATION MEDICAL CENTER TRANSPORATION SUPPORT TRANSPORATION MEDICAL CENTER TRANSPORATION SERVICES	2/-435//94		NJ	501(C)(3)	LINE 3	1	Yes	
TRANSPORATION SERVICES TRANSPORATION SERVICES TRANSPORATION SERVICES IL 501(C)(3) LINE 10 LOYOLA UNIVERSITY Yes MEDICAL CENTER HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT TRINITY HEALTH CORPORATION TRINITY HEALTH CORPORATION TRINITY HEALTH CORPORATION Yes CORPORATION	218 SUNSET ROAD	HOSPITAL SERVICES				HEALTH CARE SERVICES		
TRANSPORATION SERVICES TRANSPORATION SERVICES IL 501(C)(3) LINE 10 LOYOLA UNIVERSITY Yes MEDICAL CENTER MEDICAL CENTER HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT MANAGEMENT AND SUPPORT TRANSPORATION IL 501(C)(3) LINE 12B, II TRINITY HEALTH CORPORATION TRANSPORATION MEDICAL CENTER MEDICAL CENT	WILLINGBORO, NJ 08046 22-3612265							
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171 HEALTH CARE SYSTEM IL 501(C)(3) LINE 12B, II TRINITY HEALTH Yes CORPORATION MANAGEMENT AND SUPPORT MAYWOOD, IL 60153			IL	501(C)(3)	LINE 10		Yes	
47-4147171 HEALTH CARE SYSTEM IL 501(C)(3) LINE 12B, II TRINITY HEALTH YES CORPORATION 2160 SOUTH FIRST AVENUE SUPPORT SUPPORT	905 W NORTH AVE MELROSE PARK, IL 60160					Service Services		
MANAGEMENT AND 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 MANAGEMENT AND SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT	47-4147171	LIEALTH CARE SYSTEM	TI	501(C)(2)	I THE 12P TT	TDINITY HEALTH	Vac	
MAYWOOD, IL 60153	2160 SOUTH FIRST AVENUE	MANAGEMENT AND	1	301(C)(3)	LINE 12B, II		t es	
I I I I I I I I I I I I I I I I I I I	MAYWOOD, IL 60153 36-3342448	SUFFURI						

Form 990, Schedule R, Part II - Identification of Related (a)	l Tax-Exempt Organiza (b)	ntions (c)	(d)	(e)	(f)	(9	1)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Sectio (b)(n 512 13)
		or foreign country)		(if section 501(c) (3))		contr ent	
						Yes	No
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
36-4015560	MANAGEMENT SERVICES	NY	501(C)(3)	LINE 12B, II	ST PETER'S HEALTH	Yes	
2212 BURDETT AVE TROY, NY 12180 22-2564710	FOR LONG TERM CARE				PARTNERS		
	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES- IOWA CORP	Yes	
801 5TH STREET SIOUX CITY, IA 51101 38-3320705	(INACTIVE)						
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	
275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	СТ	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
PO BOX 992 ANN ARBOR, MI 48106	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
38-2561013 3333 FIFTH AVENUE PITTSBURGH, PA 15213	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
94-3436142	HEALTH CARE AND	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH	Yes	
600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HOSPITAL SERVICES				PARTNERS		
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
38-3320698 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
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	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ст	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	РА	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
23-2325059 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
36-3227350 888 TERRACE STREET MUSKEGON, MI 49440	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	FOUNDATION	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
23-2829864 1111 6TH AVENUE DES MOINES, IA 50314	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12B, II	N/A		No
42-1478417 1500 E SHERMAN BLVD MUSKEGON, MI 49444	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH- MICHIGAN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
22-2483605	HEALTH CARE AND	DE	501(C)(3)	LINE 3	TRINITY HEALTH	Yes	_
1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HOSPITAL SERVICES				CORPORATION		

Form 990, Schedule R, Part II - Identification of Relate (a)	(b)	tions (c)	(d)	(e)	(f)		g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	status	Direct controlling entity	(b)(on 512 (13)
		or foreign country)		(if section 501(c) (3))		contr ent	rolled ity?
	USALTH CARE GVOTEM		504 (0) (2)	1705 400 77	TO ANTE CHE ALTER	Yes	No
2525 SOUTH MICHIGAN AVENUE	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	CORPORATION	Yes	
CHICAGO, IL 60616 36-3163327							
	HEALTH CARE SYSTEM MANAGEMENT AND	PA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	SUPPORT						
23-2212638	HEALTH CARE AND	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH	Yes	
114 WAWBEEK AVENUE	(INACTIVE)				CORPORATION		
TUPPER LAKE, NY 12986 15-0532211	TOURIS ATTOM	ļ	504 (0) (2)	1	21/2		<u> </u>
1410 N 4TH ST	FOUNDATION	IA	501(C)(3)	LINE /	N/A		No
CLINTON, IA 52732 42-1316126							
	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064					SERVICES		
23-1352099	MANAGEMENT SERVICES	PA	501(C)(3)	LINE 12B. II	MERCY HEALTH SYSTEM	Yes	_
1001 BALTIMORE PIKE SUITE 310	FOR HOME HEALTH		301(0)(0)		OF SOUTHEASTERN PENNSYLVANIA	100	
SPRINGFIELD, PA 19064 23-2325058				Public charty status (if section 501(c) (3)) LINE 12B, II TRINITY HEALTH CORPORATION LINE 12C, III-FI TRINITY HEALTH CORPORATION LINE 3 MERCY UIHLEIN HEALTH CORPORATION LINE 10 MERCY HOME HEALTH SERVICES LINE 12B, II MERCY HOME HEALTH OF SOUTHEASTERN PENNSYLVANIA LINE 3 MERCY HEALTH SYSTEM OF CHICAGO LINE 10 PITTSBURGH MERCY HEALTH SYSTEM INC LINE 3 TRINITY HEALTH MICHIGAN LINE 3 TRINITY HEALTH MICHIGAN LINE 3 TRINITY HEALTH MICHIGAN LINE 3 SISTERS OF PROVIDENCE CARE CENTERS INC LINE 3 MERCY PHYSICIAN MERCY HEALTH SERVICES-IOWA CORP LINE 3 MERCY HEALTH SERVICES-IOWA CORP LINE 7 MERCY HEALTH SERVICES-IOWA CORP LINE 7 MERCY HEALTH SERVICES-IOWA CORP LINE 7 MERCY HEALTH SERVICES-IOWA CORP LINE 10 TRINITY HEALTH MERCY HEALTH SERVICES-IOWA CORP LINE 10 TRINITY HEALTH SERVICES-IOWA CORP LINE 11 MERCY HEALTH SERVICES-IOWA CORP LINE 12B, II MERCY HEALTH SERVICES-IOWA CORP LINE 10 TRINITY HEALTH SERVICES-IOWA CORP LINE 11 MERCY HEALTH SERVICES-IOWA CORP LINE 12B, II MERCY HEALTH SERVICES-IOWA CORP LINE 12B, II MERCY HEALTH SERVICES-IOWA CORP LINE 12B, II MERCY HEALTH SERVICES-IOWA CORP LINE 17 SAINT JOSEPH'S HEALTH SYSTEM INC			
	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3		Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616							
36-2170152	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-	Yes	
1820 44TH ST SE					MICHIGAN		
KENTWOOD, MI 49508 20-3357131							
	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10		Yes	
1200 REEDSDALE STREET PITTSBURGH, PA 15233							
25-1604115	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	_
PO BOX 7957							
MOBILE, AL 36670 27-3163002							
1221 MAIN CIRET CUITE 212	PACE PROGRAM	MA	501(C)(3)	LINE 3		Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711							
45 5000711	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3		Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428					NET WORK		
23-2627944	HEALTH CARE AND	DE	501(C)(3)	LINE 3	MERCY HEALTH	Yes	
1410 NORTH 4TH ST	HOSPITAL SERVICES		301(0)(3)	LINE 3		163	
CLINTON, IA 52732 42-1336618							
	FOUNDATION	IA	501(C)(3)	LINE 7		Yes	
801 5TH STREET SIOUX CITY, IA 51102							
14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH	Yes	
1000 4TH STREET SW					SERVICES-IOWA CORP		
MASON CITY, IA 50401 42-1229151							
DO DOY 7057	PACE PROGRAM	AL	501(C)(3)	LINE 10		Yes	
PO BOX 7957 MOBILE, AL 36670 63-6002215							
	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040							
45-4884805	MANAGEMENT SERVICES	PA	501(C)(3)	LINE 12P II	MERCY HEALTH SYSTEM	Yes	
ONE WEST ELM STREET SUITE 100	FOR PHYSICIAN SERVICE ORGANIZATIONS				OF SOUTHEASTERN	163	
CONSHOHOCKEN, PA 19428 46-1187365							
	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7		Yes	
424 DECATUR STREET ATLANTA, GA 30312							
58-1366508	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 12R II	SAINT JOSEPH'S HEALTH	Yes	
424 DECATUR STREET	THE HOLDING COMPANY		301(3)			165	
ATLANTA, GA 30312 27-2046353							

December Prince of the Content Prince of the Con	Form 990, Schedule R, Part II - Identification of Relate (a)	ed Tax-Exempt Organiza		(d)	(e)	(f)	(g)
A CAME OF THE PARTY NAME	Name, address, and EIN of related organization		Legal domicile	Exempt Code	Public charity	Direct controlling	Section	on 512
ONE TURN COME COME TURN COME COME COME COME TURN COME C				333.3	(if section 501(c)	S.Harry	conti	rolled
COLORADE COLORADE								·—
Pack Pack		LONG TERM CARE	MI	501(C)(3)	LINE 10		Yes	
## 27,000 Mary Case Services PO BOX 9184 FARMINGTON HILLS, MI 48333								
123 MART PRETECT AUTHOR 124 MART PRETECT	38-2719605	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC.	Yes	<u> </u>
## CHAST AND AND AND AND AND AND AND AND AND AND	1221 MAIN STREET SUITE 213			(-)(-)				
DECEMBER 1992 199	HOLYOKE, MA 01040 26-4033168							
PRINCE P			PA	501(C)(3)	LINE 3		Yes	
PRINCES PRIN	ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428							
AND PRINTED RESIDENCE OF THE COMPONENT AND SOURCE PARTY OF S	23-1396763	HEALTH CARE SYSTEM	NY	501(C)(3)	LINE 12B II	TRINITY HEALTH	Yes	
### WOODLAND STREET **COMMEND OF 1922 **COMMEND	3805 WEST CHESTER PIKE SUITE 100	MANAGEMENT AND				1	. 55	
SECOND S	NEWTOWN SQUARE, PA 19073 16-1535133	,						
17955 SEPT MILE ROAD			DE	501(C)(3)	LINE 12A, I	N/A		No
19-319-1572 COLLEGE OF NUMBERS OF SELECT COLLEGE OF SELECT COLLEGE OF SELECT COLLEGE OF NUMBERS OF SELECT COLLEGE OF SEL	37595 SEVEN MILE ROAD LIVONIA. MI 48152	SERVICES						
SYSTEM S	38-3181557	COLLEGE OF NUBSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH	Vec	<u> </u>
SOLINGING DIRECT STATE SOLICION SOLICION STATE SOLICION STATE SOLICION STATE SOLICION STATE SOLICION SOLI	6150 FAST RROAD STREET	COLLEGE OF NORSING	011	301(0)(3)	LINE 2		165	
### ### ### ### ### ### ### ### ### ##	COLUMBUS, OH 43213	### ACT OF TRANSPORT OF TRANSPO						
1300 PAST BROADS STREET	22 2333333	HEALTH INSURANCE	ОН	501(C)(4)	N/A		Yes	
NEDICARE HMO	6150 EAST BROAD STREET					STSTEM		
SISTEM S	25-1912781	MEDICARE LIMO		E01(C)(4)	NI/A	MOUNT CARMEL LIEALTH	V	
COUMBING OF 45213	61EA EAST BROAD STREET	MEDICARE HMO	OH	501(C)(4)	IN/A		res	
MEALTH CARE AND OH SOL(C)(3) LINE 3 TRINTY HEALTH Yes	COLUMBUS, OH 43213							
1.50 EAST BROAD STREET	51-14/1227		ОН	501(C)(3)	LINE 3		Yes	
1-1439334 FOUNDATION	6150 EAST BROAD STREET	HOSPITAL SERVICES				CORPORATION		
STATEM S	31-1439334		<u> </u>					
TOUNDATION CT SOI(C)(3) LINE 12C, III-FL N/A No	CATO FACT PROAD CIRCLE	FOUNDATION	ОН	501(C)(3)	LINE 12A, I		Yes	
FOUNDATION CT SOI(CX3) LINE 12C, III-FI N/A No	COLUMBUS, OH 43213							
HARTFORD, CT 06105 HALTH CARE AND CT S01(C)(3) LINE 3 TRINITY HEALTH OF NEW Yes ENGLAND CORP INC	31-1113900	FOUNDATION	ст	501(C)(3)	LINE 12C, III-FI	N/A		No
HEALTH CARE AND HOSPITAL SERVICES	114 WOODLAND STREET							
HOSPITAL SERVICES	22-2584082	UEALTH CARE AND		504(6)(2)	1.115.3	TRINITE / LIEAL TU OF NEW		<u> </u>
ARTRORD, CT 06105	114 WOOD, AND STREET			501(C)(3)	LINE 3		Yes	
LONG TERM CARE ME S01(C)(3) LINE 3 MERCY COMMUNITY Yes	HARTFORD, CT 06105							
PHIGHTOWER STREET MI 10274998 HEALTH CARE SERVICES MI S01(C)(3) LINE 10 TRINITY HEALTH- Yes	00 1422373	LONG TERM CARE	ME	501(C)(3)	LINE 3	1	Yes	
11-0274998 HEALTH CARE SERVICES MI S01(C)(3) LINE 10 TRINITY HEALTH YES	7 HIGHTOWER STREET					HEALTH INC		
REALTH CARE SERVICES PA SO1(C)(3) LINE 3 MERCY PHYSICIAN Yes MERCY PHALTH STRENGEN Yes MERCY PHALTH CARE SERVICES PA SO1(C)(3) LINE 3 MERCY PHYSICIAN Yes MERCY PHYSICIAN Yes MERCY PHALTH CARE AND MERCY PHYSICIAN Yes MERCY PHYSICIA	01-0274998	UEALTH CARE CERVICES		504(6)(2)	1705 40	TRINITRAL TIL		<u> </u>
MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH PARTNERS MERCY HEALTH SYSTEM MERCY HEALTH STRUCKS MERCY HEALTH SERVICES MER	1920 AATH STREET		MI	501(C)(3)	LINE 10	1	res	
COMMUNITY OUTREACH MI 501(C)(3) LINE 7 MERCY HEALTH PARTNERS Yes ### SO1(C)(3) LINE 7 MERCY HEALTH PARTNERS Yes ### FOUNDATION PA 501(C)(3) LINE 12A, I NAZARETH HOSPITAL Yes ### PAULITY OUTREACH PARTNERS Yes ### FOUNDATION PA 501(C)(3) LINE 12A, I NAZARETH HOSPITAL Yes ### PAULITY OUTREACH PARTNERS Yes ### FOUNDATION PA 501(C)(3) LINE 12A, I NAZARETH HOSPITAL Yes ### PAULITY OUTREACH PARTNERS Yes ### PAULITY OUTREACH PAULITY OUTREACH PAULITY OUTREACH ### PAULITY OUTREACH PAULITY OUTREACH ### PAULITY OUTREACH PAULITY OUTREACH ### PAUL	KENTWOOD, MI 49508							
### ### ### ### ### ### ### ### ### ##	30 30/3/ 13	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
P1-1932918 FOUNDATION PA 501(C)(3) LINE 12A, I NAZARETH HOSPITAL Yes PA 501(C)(3) LINE 12A, I NAZARETH HOSPITAL Yes PA 501(C)(3) LINE 3 MERCY HEALTH SYSTEM Yes OF SOUTHEASTERN PENNSYLVANIA HEALTH CARE AND HOSPITAL SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN PENNSYLVANIA PENNSYLVANIA Yes NETWORK PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK PA FOUNDATION Yes NETWORK PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK PA FOUNDATION NETWORK PA FOUNDATION FOUNDATION PA FOUNDATION PA FOUNDATION FOUNDATION PA FOUNDATION FOUNDATION PA FOUNDATION FOUNDATION PA FOUNDATION FOU	565 W WESTERN AVENUE							
2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951 HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES PA 501(C)(3) LINE 3 MERCY HEALTH SYSTEM Yes OF SOUTHEASTERN PENNSYLVANIA PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK NETWORK PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK NETWORK PENNSYLVANIA NETWORK NETWORK NETWORK PA 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK NETWORK NETWORK PENNSYLVANIA NETWORK NETWO	91-1932918	FOUNDATION	PΛ	501(C)(3)	LINE 12A T	NAZADETH HOSDITAL	Voc	<u> </u>
HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE SERVICES HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY HEALTH SYSTEM Yes OF SOUTHEASTERN PENNSYLVANIA MERCY PHYSICIAN Yes OF SOUTHEASTERN PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK NETWORK DIVERSE LIM STREET SUITE 100 CONSHOHOCKEN, PA 19428 DIVE	2701 HOLME AVENUF	CONDATION		501(0)(3)	127, 1	MAZAKETII HOSFITAL	165	
HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK DIVIDING WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 DIVIDING WEST ELM STREE	PHILADELPHIA, PA 19152 23-2300951							
PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA PENNSYLVANIA HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK DNE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 CONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 CONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 CONSTRUCTIVE) HEALTH CARE SERVICES (INACTIVE) HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES OIL EAST 2ND STREET DAKLAND, NE 68045			PA	501(C)(3)	LINE 3		Yes	
HEALTH CARE SERVICES PA 501(C)(3) LINE 3 MERCY PHYSICIAN NETWORK YES DIVIDING WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266 HEALTH CARE SERVICES (INACTIVE) HEALTH CARE SERVICES (INACTIVE) HEALTH CARE AND HOSPITAL SERVICES DIVIDING WEST ELM STREET DAKLAND, NE 68045	2601 HOLME AVENUE PHILADELPHIA. PA 19152							
DNE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266 HEALTH CARE SERVICES (INACTIVE) PA 501(C)(3) LINE 3 MERCY PHYSICIAN YES (INACTIVE) NETWORK HEALTH CARE AND HOSPITAL SERVICES DAKLAND, NE 68045	23-2794121	HEALTH CARE SERVICES	DΛ	501(C)(3)	LINE 3	MERCY PHYSICIAN	Ver	
CONSHOHOCKEN, PA 19428 20-3261266 HEALTH CARE SERVICES (INACTIVE) PA 501(C)(3) LINE 3 MERCY PHYSICIAN YES (INACTIVE) DIVIDING WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355 HEALTH CARE AND HOSPITAL SERVICES DAKLAND, NE 68045	ONE WEST FLM STREET SUITE 100	HEVELLI CAKE SEKVICES	FA	301(0)(3)	LINE J		1 65	
HEALTH CARE SERVICES (INACTIVE) DIVIDING WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355 HEALTH CARE AND HEALTH CARE AND HOSPITAL SERVICES DAKLAND, NE 68045 HEALTH CARE SERVICES NE 501(C)(3) LINE 3 MERCY PHYSICIAN Yes NETWORK NETWORK NE 501(C)(3) LINE 3 MERCY HEALTH SERVICES- Yes IOWA CORP	CONSHOHOCKEN, PA 19428							
DNE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355 HEALTH CARE AND NE 501(C)(3) LINE 3 MERCY HEALTH SERVICES- Yes IOWA CORP DAKLAND, NE 68045			PA	501(C)(3)	LINE 3		Yes	
HEALTH CARE AND HOSPITAL SERVICES HOSPITAL SERVI	ONE WEST ELM STREET SUITE 100	(TIVACITVE)				INC. I AA OLK		
HOSPITAL SERVICES I IOWA CORP 501 EAST 2ND STREET DAKLAND, NE 68045	23-2497355	HEALTH CASE AND	NIE -	E01(C\/2\	LINE 2	MEDCY LIEALTH CED TOES	V -	<u> </u>
DAKLAND, NE 68045	601 EAST 2ND STREET		NE NE	201(C)(3)	LINE 3		res	
1 I I I I I I I I I I I I I I I I I I I	OAKLAND, NE 68045 20-8072234							

Form 990, Schedule R, Part II - Identification of Related (a)	(b)	(c)	(d)	(e)	(f)	(9	J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section (b)(contraction contraction)	13) folled ity?
	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY	Yes Yes	No
601 E 2ND STREET OAKLAND, NE 68045 31-1678345					HOSPITAL		
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	ОН	501(C)(3)	LINE 12A, I	N/A		No
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	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
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	
2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	HEALTH CARE SERVICES	МА	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
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	
2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH- MICHIGAN	Yes	
965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
271 CAREW ST SPRINGFIELD, MA 01104 81-1807730	HEALTH CARE SERVICES	МА	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
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	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTH CARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTH CARE SERVICES	CA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	Yes	
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	
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	
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
351 SW 9TH STREET ONTARIO, OR 97914	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER- ONTARIO	Yes	
20-2683560 1055 N CURTIS ROAD BOISE, ID 83706 27 1030503	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
27-1929502 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER- ONTARIO	Yes	

Form 990, Schedule R, Part II - Identification of Related (a)	(b)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)	Direct controlling entity	Section (b)(1 contro	n 512 13)
		or for eight country)	ry) (If section (3))				ty?
	HEALTH CARE AND	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS	Yes Yes	No
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HOSPITAL SERVICES				HEALTH SYSTEM INC		
4300 E ELAMANCO AVENUE	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256							
	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 82-0200896							
32 323055	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
351 SW 9TH STREET ONTARIO, OR 97914							
27-1789847	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HOSFITAL SERVICES				HEALTH STSTEM INC		
	HEALTH CARE SERVICES	СТ	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-1994612							
	HEALTH CARE AND HOSPITAL SERVICES	СТ	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105							
06-0646813	FOUNDATION	ст	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL	Yes	
114 WOODLAND STREET HARTFORD, CT 06105					CENTER		
06-1008255	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S MEDICAL CENTER	Yes	
111 CENTRAL AVENUE NEWARK, NJ 07102					MEDICAL CENTER		
26-2616230	PACE PROGRAM	IN	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127							
	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
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	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157							
33-0000137	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER -	Yes	
1915 LAKE AVENUE PLYMOUTH, IN 46563					PLYMOUTH CAMPUS INC		
35-6043563	HEALTH CARE SYSTEM MANAGEMENT AND	IN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	SUPPORT				CONTON TON		
35-1568821	HEALTH CARE SYSTEM	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH	Yes	
424 DECATUR STREET ATLANTA, GA 30312	MANAGEMENT AND SUPPORT				CORPORATION		
58-1744848	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH	Yes	
424 DECATUR STREET ATLANTA, GA 30312					SYSTEM INC		
58-1752700	SENIOR LIVING	IN	501(C)(3)	LINE 10	TRINITY CONTINUING	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333	COMMUNITY				CARE SERVICES - INDIANA INC		
31-1040468	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH	Yes	
1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505	The second secon				SERVICES	. 55	
38-3320700	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-	Yes	
200 JEFFERSON ST SE GRAND RAPIDS, MI 49503					MICHIGAN		
38-1779602	FOUNDATION	ст	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400					IIVC		

Form 990, Schedule R, Part II - Identification of Related (a)	Tax-Exempt Organiza (b)	ntions (c)	(d)	(e)	(f)	(g)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section 51 (b)(13)	
		or foreign country)		(if section 501(c) (3))		controlled entity?	
	LUEALTH GARE AND		504 (5) (2)	l me a	TRANSPOLIFACE NEW		o
414 WOODLAND STREET	HEALTH CARE AND HOSPITAL SERVICES	СТ	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646844							
00-00-00	HEALTH CARE AND	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	_
111 CENTRAL AVENUE NEWARK, NJ 07102	HOSPITAL SERVICES						
26-2616046	CHILD CARE CERVICES	NV	504(6)(2)	LIME 10	CT DETERIC LIEALTH		_
2215 BURDETT AVE	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
TROY, NY 12180 14-1710225							
14-1/10223	HEALTH CARE AND	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	_
2215 BURDETT AVE TROY, NY 12180	HOSPITAL SERVICES				PARTNERS		
14-1338544	DACE DDOCDAM	NY	E01(C)(2)	LINE 10	LTC (EDDY) INC	Yes	
504 STATE STREET	PACE PROGRAM	IN Y	501(C)(3)	LINE 10	LIC (EDDY) INC	res	
504 STATE STREET SCHENECTADY, NY 12305 14-1708754							
	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180	NONILIAN (
14-1505031	LONG TERM CARE	NIV	E01(C)(2)	LINE 10	SETON HEALTH SYSTEM	Ves	_
ONE ABELE BLVD	LONG TERM CARE	NY	501(C)(3)	LINE 10	INC	Yes	
CLIFTON PARK, NY 12065 14-1756230							
11,30230	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SETON HEALTH SYSTEM INC	Yes	_
310 S MANNING BLVD ALBANY, NY 12208					INC		
22-2345416	HEALTH CARE AND	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH	Yes	_
1300 MASSACHUSETTS AVENUE	HOSPITAL SERVICES	N1	301(0)(3)	LINE 3	PARTNERS	res	
TROY, NY 12180 14-1776186							
	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	_
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040							
22-2541103	HEALTH CARE SYSTEM	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH	Yes	—
424 DECATUR STREET	SUPPORT				SYSTEM INC		
ATLANTA, GA 30312 47-2299757							
	PACE PROGRAM	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428					PENNSYLVANIA		
23-2840137	FOUNDATION	PA	501(C)(3)	LINE 12A, I	ST AGNES CONTINUING	Yes	_
ONE WEST ELM STREET SUITE 100					CARE CENTER		
CONSHOHOCKEN, PA 19428 23-2415137							
	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL	Yes	
PO BOX 2500 WILMINGTON, DE 19805							
51-0374158	HEALTH CARE AND	DE	501(C)(3)	LINE 3	TRINITY HEALTH	Yes	—
PO BOX 2500	HOSPITAL SERVICES				CORPORATION		
WILMINGTON, DE 19805 51-0064326	FOUNDATION	A17	E01(C)(2)	LINE 7	CT EDANGIO MEDICI		
601 HAMILTON AVENUE	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476							
JE 1023770	HEALTH CARE AND	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629	HOSPITAL SERVICES						
22-3431049	HEALTH CARE SYSTEM	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH	Yes	
411 CANISTEO STREET	MANAGEMENT AND SUPPORT (INACTIVE)	INT	201(C)(3)	LINE 12A, I	CORPORATION	162	
HORNELL, NY 14843 22-3127184	SOLI ONI (INACIIVE)						
	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	—
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387					CARE SERVICES		
56-0694200	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL	Yes	
206 PROSPECT AVENUE	COLLEGE OF NURSING	INT	201(C)(2)	LIINE 2	HEALTH CENTER	162	
200-2497520							

Form 990, Schedule R, Part II - Identification of Relate (a)	(b)	tions (c)	(d)	(e)	(f)	(g)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section 512 (b)(13) controlled entity?	
				<u> </u>		Yes No	
301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
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	
301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 12B, II	ST JOSEPH'S HEALTH INC	Yes	
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	
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	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	СТ	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 12A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
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	
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	
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	
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	
315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTH CARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
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	

Person years Pers	Form 990, Schedule R, Part II - Identification of Relat (a)	(b)	(c)	(d)	(e)	(f)	(g)
AND CONTINUES AND CONTINUES	Name, address, and EÌN of related organization		Legal domicile (state	Exempt Code	Public charity status	Direct controlling	Section (b)	on 512 (13)
PARTICIPATION PARTICIPATIO			or foreign country)				controlle	
ATTHESE ATTRESE ATTRIBUTE AT		FOLING 4-7-2-1	• • • • • • • • • • • • • • • • • • • •	E04 (0) (5)	LTNIE 2	CT DETERMS		No
MAJESTANDER MAJESTANDER	210 COLITH MANNING BLVD	FOUNDATION	NY	501(C)(3)	LINE 7		Yes	
## PROPERTY OF A STATE	ALBANY, NY 12208							
275 BELLOCAT AND ALE 175 BELLOCATION 175 B	22-2202302		NY	501(C)(3)	LINE 3		Yes	
Management Man	1270 BELMONT AVENUE	HOSPITAL SERVICES				PARTNERS		
2006 PROPERTY OF CONTROL PROPERTY OF C	14-1338386	EQUIND ATTOM	No.	504/03/23	1705 424 7	CUNING (TEM LIGGERTAL		
COMPATION TO THE COMMINENT HOSPICE TWEE	1270 RELMONT AVE	FOUNDATION	NY	[501(C)(3)	LINE 12A, I	AND REHABILITATION	Yes	
## POWORNER NO POW	SCHENECTADY, NY 12308					CENTER		
## SEACH MARKER BY ## ACKNOWN STEWLOOD ## ACKN	22-2303127	FOUNDATION	NY	501(C)(3)	LINE 7	I .	Yes	
## 252-267300 ***POSPLOSE SERVICES*** ***POSPLOSE SER	445 NEW KARNER RD					INC		
MATERIANS PARTICIPATE MATERIAL MATER	22-2692940						.,	
2.54W, Pr. 12395	445 NEW KARNER DR	HOSPICE SERVICES	NY	501(C)(3)	LINE 3		Yes	
FOUNDATION IN SOLIC)(3) UNE 7 SARNY JOSEPH REGIONAL Yes	ALBANY, NY 12205							
### DOTS MADE (CEARS STREET STE 175 ### DOTS MADE (MIN 1971) ### DOTS M	14-1000321	FOUNDATION	IN	501(C)(3)	LINE 7	I .	Yes	
Design D	707 EAST CEDAR STREET STE 175					MEDICAL CENTER INC		
	SOUTH BEND, IN 46617 35-1654543							<u> </u>
TROY, YY 12180 242 WEST COLUMBIA ST 242 WEST COLUMBIA ST 243 WEST COLUMBIA ST 244 WEST COLUMBIA ST 245 WEST COLUMBIA ST 245 WEST COLUMBIA ST 246 WEST COLUMBIA ST 246 WEST COLUMBIA ST 247 WEST COLUMBIA ST 248 WEST COLUM		LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
22 WEST COLUMBIA ST COMES, IN 12047 41-1798855 1-12-17 CORE ST, IN 12047 41-17 CORE ST, IN 120	2256 BURDETT AVE TROY, NY 12180							
121 WEST COLUMBIA ST	22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	-
HALTH CAME AND MA	421 WEST COLUMBIA ST							
HOSPITAL SERVICES HOSPITAL SERVICES HOSPITAL SERVICES	COHOES, NY 12047 14-1793885							
1221 MAIN STREET SLITE 2.13			MA	501(C)(3)	LINE 3		Yes	
POUNDATION NY 501(C/3) LINE 7 ST PETER'S HEALTH YES HARRINES 10.0 SOUTH MAINTING BLD ALBRAMY, NY 1208 20.2279478	1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040							
210 SOUTH MAINING BLUD 22 - 2743478 VOLUNTEER SERVICE 23 - 2743478 VOLUNTEER SERVICE 24 - 2743478 VOLUNTEER SERVICE 25 - 2743478 VOLUNTEER SERVICE 26 - 501(C)(3) LINE 128, II N/A NO AUXILIARY HOSPICE SERVICES WI	04-3398280	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH	Yes	-
ALBANY, NY 12208	310 SOUTH MANNING BLVD				,			
AUXILIARY AUXILIARY HOSPICE SERVICES MI 501(C)(3) LINE 10 TRINITY HOME HEALTH Yes SERVICES (INACTIVE) 17410 COLLEGE PARKWAY STE 150 LUVONIA, MI 49152 81-320-699 HEALTH CARE SERVICES MI 501(C)(3) LINE 10 TRINITY HOME HEALTH Yes SERVICES (INACTIVE) 100 GRAND RIVER PORT HUNDIN, MI 49509 LONG TERM CARE MI 501(C)(3) LINE 10 TRINITY HEALTH Yes CORPORATION POR BOX 9184 FRAMILISTON HILLS, MI 48333 82-2599055 LONG TERM CARE IN 501(C)(3) LINE 10 TRINITY CONTINUING Yes CARE SERVICES POR BOX 9184 FRAMINISTON HILLS, MI 48333 100 CORPORATION LONG TERM CARE MI 501(C)(3) LINE 10 TRINITY CONTINUING Yes CARE SERVICES POR BOX 9184 FRAMINISTON HILLS, MI 48333 100 CORPORATION LONG TERM CARE MI 501(C)(3) LINE 10 TRINITY CONTINUING Yes CARE SERVICES POR BOX 9184 FRAMINISTON HILLS, MI 48333 100 CORPORATION FRAMINISTRIES FRAMINISTRIES FRAMINISTRIES FRAMINISTRIES FRAMINISTRIES PACE PROGRAM PA 501(C)(3) LINE 10 TRINITY HEALTH PACE Yes CORPORATION MINISTRIES FRAMINISTRIES F	ALBANY, NY 12208 22-2743478							
1.1 WOODLAND STREET			СТ	501(C)(3)	LINE 12B, II	N/A		No
HOSPICE SERVICES MI S01(C)(3) LINE 10 TEINITY HOME HEALTH Yes	114 WOODLAND STREET HARTFORD, CT 06105							
ITACTIVE	06-0660403	HOSPICE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH	Yes	_
LIVONIA, MI 48152 S01(C)(3) LINE 12A, I N/A	17410 COLLEGE PARKWAY STE 150			301(0)(3)			103	
Comparison Com	LIVONIA, MI 48152 38-3320699							
PORT HURON, MI 48060 38-2485700 LONG TERM CARE MI 501(C)(3) LINE 10 TRINITY HEALTH Yes CORPORATION PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656 LONG TERM CARE IN 501(C)(3) LINE 10 TRINITY CONTINUING Yes CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 39-0907047 LONG TERM CARE MI 501(C)(3) LINE 10 TRINITY CONTINUING Yes CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 39-0907047 LONG TERM CARE MI 501(C)(3) LINE 10 TRINITY CONTINUING Yes CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 39-0907047 LONG TERM CARE MI 501(C)(3) LINE 10 TRINITY CONTINUING Yes CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 39-0907047 LONG TERM CARE MI 501(C)(3) LINE 10 TRINITY HEALTH Yes CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 39-0907047 HEALTH CARE AND HOSPITAL SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 39-0907047 HEALTH CARE AND MI 501(C)(3) LINE 3 TRINITY HEALTH Yes CORPORATION CORPORATION POSSESS VICTOR PARKWAY LIVONIA, MI 48152 35-1443425 PACE PROGRAM PA 501(C)(3) LINE 10 TRINITY HEALTH PACE Yes 20555S VICTOR PARKWAY LIVONIA, MI 48152 35-1443425 PACE PROGRAM PA 501(C)(3) LINE 10 TRINITY HEALTH PACE Yes 2055S VICTOR PARKWAY LIVONIA, MI 48152 41-44425 PACE PROGRAM PA 501(C)(3) LINE 10 TRINITY HEALTH Yes CORPORATION LIVE 10 TRINITY HEALTH PACE YES AND AND AND AND AND AND AND AND AND AND		HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
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PARMINGTON HILLS, MI 48333 82-4005577 HEALTH CARE AND HOSPITAL SERVICES HEALTH CARE AND HOSPITAL SERVICES MI 501(C)(3) LINE 3 TRINITY HEALTH CORPORATION CORPORATION No MANAGEMENT AND SUPPORT HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT PACE PROGRAM PA 501(C)(3) LINE 12B, II CATHOLIC HEALTH MINISTRIES No MINISTRIES PACE PROGRAM PA 501(C)(3) LINE 10 TRINITY HEALTH PACE Yes HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT LIVONIA, MI 48152 HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT SUPPORT LINE 10 TRINITY HEALTH PACE Yes CORPORATION NO MINISTRIES	PO BOX 9184	LONG TENT CARE	1714	301(0)(3)			163	
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38-2113393 HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT LIVONIA, MI 48152 35-1443425 PACE PROGRAM PA 501(C)(3) LINE 12B, II CATHOLIC HEALTH MINISTRIES No 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984 HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT CT 501(C)(3) LINE 10 TRINITY HEALTH PACE YES LIVONIA, MI 48152 47-5244984 HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT SUPPORT LIVE 12C, III-FI TRINITY HEALTH CORPORATION SUPPORT	20555 VICTOR PARKWAY LIVONIA. MI 48152					2014 010112014		
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LIVONIA, MI 48152 35-1443425 PACE PROGRAM PA 501(C)(3) LINE 10 TRINITY HEALTH PACE Yes 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984 HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT CT 501(C)(3) LINE 12C, III-FI TRINITY HEALTH CORPORATION CORPORATION TRINITY HEALTH CORPORATION	20555 VICTOR PARKWAY	MANAGEMENT AND	TIA	301(0)(3)	LINE 120, II			""
PACE PROGRAM PA 501(C)(3) LINE 10 TRINITY HEALTH PACE Yes 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984 HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT PA 501(C)(3) LINE 10 TRINITY HEALTH PACE Yes TRINITY HEALTH CARE YES CORPORATION CORPORATION	LIVONIA, MI 48152	55.1 510						
LIVONIA, MI 48152 47-5244984 HEALTH CARE SYSTEM CT 501(C)(3) LINE 12C, III-FI TRINITY HEALTH Yes MANAGEMENT AND SUPPORT HARTFORD, CT 06105	20 2.10120	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
47-5244984 HEALTH CARE SYSTEM CT 501(C)(3) LINE 12C, III-FI TRINITY HEALTH Yes MANAGEMENT AND SUPPORT HARTFORD, CT 06105	20555 VICTOR PARKWAY							
MANAGEMENT AND CORPORATION 114 WOODLAND STREET HARTFORD, CT 06105 MANAGEMENT AND SUPPORT HARTFORD, CT 06105	47-5244984	LIFALTU GASS SVICES		E04/63/53		TRINITALISM		<u> </u>
HARTFORD, CT 06105	44.4 WOODLAND STOFFT	MANAGEMENT AND	СТ	501(C)(3)	LINE 12C, III-FI		Yes	
	114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	SUPPORT						

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (state section status entity (b)(13) (if section 501(c) or foreign country) controlled (3)) entity? Yes No СТ HEALTH CARE SERVICES 501(C)(3) LINE 3 TRINITY HEALTH OF NEW Yes ENGLAND CORP INC. 114 WOODLAND STREET HARTFORD, CT 06105 06-1450168 PACE PROGRAM ΜI 501(C)(3) LINE 12B. II TRINITY HEALTH Yes CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124 ΜI 501(C)(9) N/A TRINITY HEALTH RETIREE MEDICAL AND Yes RETIREE LIFE CORPORATION INSURANCE MANAGEMENT SERVICES ΜI 501(C)(3) LINE 10 TRINITY HEALTH Yes FOR HOME HEALTH CORPORATION SYSTEM LIVONIA, MI 48152 38-2621935

NY

NY

ΜI

501(C)(3)

501(C)(3)

501(C)(4)

LINE 3

LINE 3

N/A

MERCY UIHLEIN HEALTH

ST PETER'S HOSPITAL

ICORPORATION .

MERCY HEALTH

PARTNERS

Yes

Yes

Yes

HEALTH CARE SERVICES

(INACTIVE)

LONG TERM CARE

HEALTH NETWORK

47-30/3124	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	R R II
17410 COLLEGE PARKWAY STE 150	M F S

3805 WEST CHESTER PIKE SUITE 100 **NEWTOWN SQUARE, PA 19073**

15-0532190

301 HACKETT BLVD ALBANY, NY 12208 14-1438749

1820 44TH STREET KENTWOOD, MI 49508

38-3280200

Form 990, Schedule R, Part	III - Identification of	Relate	d Organizatio	ns Taxable as	a Partnersh	jp						
(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	Dispropi	Box 20 of Scher		de V-UBI amount in or or Managing		(k) Percentage ownership
ADVENT REHABILITATION LLC	REHABILITATION	MI	N/A	312 311)			Yes	No		Yes	No	
607 DEWEY AVENUE SUITE 300 GRAND RAPIDS, MI 49504 38-3306673	THERAPY SERVICES											
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP	MEDICAL OFFICE BUILDING RENTAL	ОН	N/A									
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1608125												
	PROPERTY MANAGEMENT	MA	N/A									
1221 MAIN STREET SUITE 105 HOLYOKE, MA 01040 04-2723429												
CENTENNIAL SURGUNIT LLC	HEALTH CARE SERVICES	NJ	N/A									
502 CENTENNIAL BLVD SUITE 1 VOORHEES, NJ 08043 22-3580847												
CENTER FOR DIGESTIVE CARE LLC 5300 ELLIOTT DRIVE	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A									
YPSILANTI, MI 48197 03-0447062												
CENTRAL NEW JERSEY HEART SERVICES LLC	CARDIAC PROGRAM	NJ	N/A									
45 SAPPHIRE DRIVE PRINCETON, NJ 08550 20-8525458												
CLINTON IMAGING SERVICES LLC	MRI DIAGNOSTIC SERVICES	IA	N/A									
615 VALLEY VIEW DR STE 202 MOLINE, IL 61265 41-2044739												
DIAGNOSTIC IMAGING OF SOUTHBURY LLC	IMAGING CENTER	СТ	N/A									
385 MAIN STREET SOUTH SOUTHBURY, CT 06488 06-1487582												
FOREST PARK IMAGING LLC	X-RAY AND MAMMOGRAPHY	IA	N/A									
1000 4TH STREET SW MASON CITY, IA 50401 13-4365966	SERVICES											
FRANCES WARDE MEDICAL LABORATORY	LABORATORY	MI	N/A									
300 WEST TEXTILE ROAD ANN ARBOR, MI 48104 38-2648446												
GATEWAY HEALTH PLAN LP 444 LIBERTY AVE SUITE 2100 PITTSBURGH, PA 15222	MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE ORGANIZATION	PA	N/A									
25-1691945 GREATER HARTFORD LITHOTRIPSY LLC	LITHOTRIPSY SERVICES	СТ	N/A									
114 WOODLAND ST HARTFORD, CT 06105 06-1578891												
HAWARDEN REGIONAL HEALTH CLINICS LLC	MEDICAL CLINIC	IA	N/A									
1122 AVENUE L HAWARDEN, IA 51023 20-1444339												
HEART INSITUTE OF ST MARY LLC	CARDIOVASCULAR SERVICES	PA	N/A									
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 45-4903701												
IDAHO ASC HOLDINGS LLC	HOLDING COMPANY FOR AMBULATORY SURGERY	ID	N/A									
1055 N CURTIS ROAD BOISE, ID 83706 36-4729605												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Lègal (g) Disproprtionate (k) Predominant (b) Domicile Direct Share of total Share of endor allocations? Percentage Name, address, and EIN of income(related) Code V-UBI amount in Primary activity Managing Controlling (State ıncome of-year assets Box 20 of Schedule K-1 ownership related organization unrelated. Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes Yes No No INNOVATIVE HEALTH ALLIANCE ACCOUNTABLE CARE NY N/A ORGANIZATION OF NEW YORK LLC 14 COLUMBIA CIRCLE DRIVE ALBANY, NY 12203 46-5676066 LOYOLA AMBULATORY SURGERY SURGICAL SERVICES ΙL N/A CENTER AT OAKBROOK LP 569 BROOKWOOD VILLAGE **SUITE 901** BIRMINGHAM, AL 35209 36-4119522 MAGNETIC RESONANCE MRI SERVICES IΑ N/A SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388 MASON CITY AMBULATORY SURGERY-SAME DAY IΑ N/A SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA 50401 20-1960348 MCE MOB IV LIMITED MEDICAL OFFICE ОН N/A **PARTNERSHIP** BUILDING RENTAL 6150 EAST BROAD STREET COLUMBUS, OH 43213 42-1544707 MDRMRI TECHNICAL SERVICES MRI SERVICES NY N/A 5640 EAST TAFT ROAD 3770 SYRACUSE, NY 13220 16-1590982 MEDILUCENT MOB I MEDICAL OFFICE ОН N/A BUILDING RENTAL 6150 EAST BROAD STREET COLUMBUS, OH 43213 20-4911370 REHABILITATION СТ N/A MEDWORKS LLC SERVICES 375 EAST CEDAR STREET NEWINGTON, CT 06111 06-1490483 MERCY ADVANCED MRI LLC SUBLEASE MRI ΙL N/A EQUIPMENT 2525 SOUTH MICHIGAN AVE CHICAGO, IL 60616 26-2116721 MERCY HEART CTR OP SERVICES CARDIOVASCULAR IΑ N/A 1000 4TH STREET SW MASON CITY, IA 50401 13-4237594 MERCYMANOR PARTNERSHIP NURSING HOME PA N/A PO BOX 10086 TOLEDO, OH 43699 52-1931012 MERCYUSP HEALTH VENTURES OUTPATIENT SURGERY IΑ N/A 15305 DALLAS PARKWAY STE 1600 LB 28 ADDISON, TX 75001 47-1290300 MOUNT CARMEL EAST POB III MEDICAL OFFICE ОН N/A LIMITED PARTNERSHIP BUILDING RENTAL 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1369473 NAUGATUCK VALLEY MRI LLC IMAGING CENTER СТ N/A 385 MAIN STREET SOUTH SOUTHBURY, CT 06488 06-1239526 MEDICAL OFFICE NAZARETH MEDICAL OFFICE PΑ N/A BUILDING BUILDING ASSOCIATES LP C/O NAZARETH HOSP 2601 HOLME AVE PHILADELPHIA, PA 19152 23-2388040

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (g) Predominant Disproprtionate (k) (b) Domicile Direct Share of total Share of endor allocations? Percentage Name, address, and EIN of Code V-UBI amount in Primary activity income(related Managing Controlling (State ıncome of-year assets ownership Box 20 of Schedule K-1 related organization unrelated. Entity Partner? excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes Yes No No OSWEGO HEALTH HOME CARE LLC HOME HEALTH CARE NY N/A 113 SCHUYLER STREET FULTON, NY 13069 47-2463736 PHYSICIANS OUTPATIENT AMBULATORY SURGERY FL N/A SURGERY CENTER LLC CENTER 1000 NE 56TH STREET OAKLAND PARK, FL 33334 35-2325646 PRIMARY CARE PHYSICIAN OFFICE BUILDING N/A ΙL CENTER LLC RENTAL 1445 ROSS AVENUE SUITE 1400 DALLAS, TX 75202 36-4038505 RADISSON SJH PROPERTIES LLC MEDICAL OFFICE NY N/A BUILDING 5000 CAMPUSWOOD DRIVE SUITE EAST SYRACUSE, NY 13057 46-1892799 SARMED OUTPATIENT PHARMACY PHARMACY ID N/A 999 N CURTIS RD STE 102 BOISE, ID 83706 51-0483218 SIXTY FOURTH STREET LLC PROVIDE OUTPATIENT ΜI N/A SURGICAL CARE 2373 64TH ST STE 2200 BYRON CENTER, MI 49315 20-2443646 SJLS LLC DIALYSIS SERVICES NY N/A 7650 SE 27TH ST STE 200 MERCER ISLAND, WA 98040 20-1796650 SJV MANAGEMENT LLC RADIOLOGY NJ N/A 200 CENTURY PKWY STE 200E MOUNT LAUREL, NJ 08054 20-2273476 SMMC MOB II LP INVESTMENT AND PΑ N/A OPERATION OF A 1201 LANGHORNE-NEWTOWN MEDICAL BUILDING ROAD LANGHORNE, PA 19047 36-4559869 ST AGNES LONG-TERM INTENSIVE LONG TERM INTENSIVE PA N/A CARE LLP CARE C/O MHS ONE WEST ELM ST STE CONSHOHOCKEN, PA 19428 20-0984882 ST ALPHONSUS CALDWELL HEALTH CARE N/A ID CANCER CTR LLC SERVICES 3123 MEDICAL DR CALDWELL, ID 83605 82-0526861 ST ANN'S MEDICAL OFFICE BLDG MEDICAL OFFICE ОН N/A II LIMITED PARTNERSHIP BUILDING RENTAL 6150 FAST BROAD STREET COLUMBUS, OH 43213 31-1603660 ST JOSEPH'S IMAGING RADIOLOGY SERVICES NY N/A ASSOCIATES PLLC 104 UNION AVE SUITE 905 SYRACUSE, NY 13203 16-1104293 ST MARY REHABILITATION HEALTH CARE DE N/A HOSPITAL LLP SERVICES 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 27-3938747 ST PETER'S AMBULATORY **OUTPATIENT SURGERY** NY N/A SURGERY CENTER LLC 1375 WASHINGTON AVENUE STE ALBANY, NY 12206 46-0463892

(c) (h) (e) Legal (d) (g) Disproprtionate (b) (a) Predominant Direct Share of total Share of end-Domicile allocations? Name, address, and EIN of income(related, Primary activity (State Controlling income of-year assets related organization unrelated. Entity

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

or

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RADIOLOGY/ IMAGING

IN/A

TAMARACK MEDICAL CLINIC LLC	OUTPATIENT MEDICA

1203 LANGHORNE-NEWTOWN

WOODLAND IMAGING CENTER

LANGHORNE, PA 19047

5301 E HURON RIVER DR ANN ARBOR, MI 48106

ROAD

LLC

27-2871206

76-0820959

excluded from (Form 1065) Foreign tax under (Country sections 512-514) No Yes No Yes N/A CAL ID SERVICES 402 LAKE CASCADE PARKWAY CASCADE, ID 83611 20-1637921 OUTPATIENT SURGERY PA IN/A THE AMBULATORY SURGERY CENTER AT ST MARY LLC

(j)

General

or

Managing

Partner?

Code V-UBI amount in

Box 20 of Schedule K-1

(k)

Percentage

ownership

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (f) (h) (i) (a) (e) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, year entity ıncome ownership (b)(13)controlled (state or foreign or trust) assets country) entity? Yes No c AFFILIATED MANAGEMENT SERVICES N/A REAL ESTATE NY Yes CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024 CATHERINE HORAN BUILDING CORPORATION BUILDING MANAGEMENT MA N/A С Yes 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160 CHESTNUT RISK SERVICES LTD INSURANCE BD N/A С Yes 11 VICTORIA STREET **HAMILTON** DIVERSIFIED COMMUNITY SERVICES INC N/A С MEDICAL SERVICES MA Yes 1233 MAIN STREET HOLYOKE, MA 01040 04-3128890 FHS SERVICES INC MEDICAL SERVICES NY N/A C Yes 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699 С FRANCISCAN ASSOCIATES INC MEDICAL SERVICES NY N/A Yes 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688 FRANCISCAN HEALTH SUPPORT INC MEDICAL SERVICES c NY N/A Yes 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354 FRANCISCAN MANAGEMENT SERVICES INC MANAGEMENT SERVICES N/A С NY Yes 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193 FRANKLIN MEDICAL GROUP PC PHYSICIAN OFFICE CT N/A Yes 56 FRANKLIN ST WATERBURY, CT 06706 06-1470493 GOTTLIEB MANAGEMENT SERVICES INC MANAGEMENT SERVICES ΙL N/A С Yes 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529 HEF INC OFFICE STAFFING ΜI N/A Yes 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401 HACKLEY HEALTH MANAGEMENT CENTER WEIGHT MANAGEMENT ΜI N/A lc Yes 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814 С HACKLEY HEALTH VENTURES INC OTHER MEDICAL ΜI N/A Yes 1820 44TH STREET SE SERVICES KENTWOOD, MI 49508 38-2589959 HACKLEY HEALTHCARE EQUIPMENT HOME MEDICAL ΜI N/A lc Yes 1820 44TH STREET SE EQUIPMENT KENTWOOD, MI 49508 38-2578569 HACKLEY PROFESSIONAL PHARMACY PHARMACY ΜI N/A Yes 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (h) (i) (a) (d) (e) (f) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)ıncome ownership entity year controlled (state or foreign or trust) assets country) entity? Yes No HEALTH CARE MANAGEMENT HEALTH CARE N/A NY Yes 333 BUTTERNUT DRIVE SUITE 100 MANAGEMENT DEWITT, NY 13214 16-1450960 HEALTH MANAGEMENT SERVICES ORG INC MEDICAL NJ N/A Yes 500 GROVE STREET SUITE 100 ADMINISTRATION HADDON HEIGHTS, NJ 08035 22-3366580 HOME CARE SERVICES N/A HOLY CROSS PRIVATE HOME SERVICES CORP MD Yes 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562 lc HURON ARBOR CORPORATION PROVIDES OFFICE ΜI N/A Yes 5301 EAST HURON RIVER DR RENTAL SPACE ANN ARBOR, MI 48106 38-2475644 IHA AFFILIATION CORPORATION MEDICAL MANAGEMENT ΜI N/A Yes 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895 PΑ LANGHORNE SERVICES II INC GENERAL PARTNER OF N/A Yes 1201 LANGHORNE-NEWTOWN ROAD LMOB PARTNERS, II LANGHORNE, PA 19047 26-3795549 GENERAL PARTNER OF LANGHORNE SERVICES INC PΑ N/A Yes 1201 LANGHORNE-NEWTOWN ROAD LMOB PARTNERS LANGHORNE, PA 19047 23-2625981 LOURDES MEDICAL ASSOCIATES PA MEDICAL SERVICES NJ N/A Yes 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862 N/A LOURDES URGENT CARE SERVICES PC URGENT CARE CENTER NJ Yes 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202 MACNEAL HEALTH PROVIDERS INC MEDICAL SERVICES ΙL N/A Yes 750 PASQUINELLI DR SUITE 216 WESTMONT, IL 60559 36-3361297 MARYLAND CARE GROUP INC HEALTH CARE HOLDING MD N/A Yes 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313 MEDICAL OFFICE PΑ N/A MCMC EASTWICK INC Yes C/O MHS ONE WEST ELM STREET STE 100 BUILDINGS CONSHOHOCKEN, PA 19428 23-2184261 MEDNOW INC MEDICAL SERVICES ID N/A lc Yes 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927 MERCY HOME CARE INC HEALTH CARE SERVICES MA N/A Yes 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426 MERCY INPATIENT MEDICAL ASSOCIATES INC MEDICAL SERVICES MA N/A Yes 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (i) (a) (b) (c) (d) (e) (f) (g) (h) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 ownership related organization domicile entity (C corp, S corp, ıncome (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No PRIMARY CARE N/A С MERCY MEDICAL SERVICES IΑ Yes 801 5TH STREET PHYSICIANS SIOUX CITY, IA 51101 42-1283849 MERCY SERVICES CORPORATION DORMANT ΙL N/A Yes 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348 MOUNT CARMEL HEALTH PROVIDERS INC MEDICAL SERVICES ОН N/A С Yes 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442 NURSING NETWORK INC MEDICAL SERVICES FL N/A С Yes 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192 SAINT ALPHONSUS HEALTH ALLIANCE INC ACCOUNTABLE CARE ID N/A Yes 1055 NORTH CURTIS ROAD ORGANIZATION BOISE, ID 83706 82-0524649 SAINT ALPHONSUS PHYSICIANS PA HEALTH CARE SERVICES ID N/A С Yes 1055 NORTH CURTIS ROAD (INACTIVE) BOISE, ID 83706 33-1078261 C SAINT FRANCIS BEHAVIORAL HEALTH GROUP MEDICAL SERVICES CT N/A Yes PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686 SAINT FRANCIS CARE MEDICAL GROUP PC СТ N/A MEDICAL SERVICES Yes 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373 SAMARITAN MEDICAL OFFICE BUILDING INC REAL ESTATE NY N/A С Yes 2212 BURDETT AVENUE TROY, NY 12180 14-1607244 SJM PROPERTIES INC PROPERTY HOLDINGS N/A С NY Yes 411 CANISTEO STREET HORNELL, NY 14843 16-1294991 MANAGEMENT SERVICES SJPE PRACTICE MANAGEMENT SERVICES INC NY N/A Yes 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964 SJRMC HOLDINGS INC PROPERTY HOLDINGS IN N/A С Yes **5215 HOLY CROSS PARKWAY** MISHAWAKA, IN 46545 47-4763735 ST ELIZABETH HEALTH SUPPORT SERVICES MEDICAL SERVICES NY N/A Yes INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486 ST MARY'S HIGHLAND HILLS VILLAGE INC ASSISTED LIVING GΑ N/A Yes 1230 BAXTER STREET ATHENS, GA 30606 58-2276801 SYSTEM COORDINATED SERVICES INC LAB SERVICES MΑ N/A С Yes 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161

(b) (c) (d) (e) (f) (q) (h) (i) (a) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-year Percentage Section 512 related organization domicile entity (C corp, S corp, (b)(13)income assets ownership (state or foreign controlled or trust) country) entity? Yes No N/A THRE SERVICES LLC REAL ESTATE ΜI Yes BROKERAGE SERVICES 20555 VICTOR PARKWAY LIVONIA. MI 48152 45-2603654 TRI-HOSPITAL MRI CENTER HEALTH CARE SERVICES ΜI N/A Yes 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297 TRINITY ASSURANCE LTD SELF-INSURANCE C1 N/A Yes

TRINITY HEALTH

TRINITY HEALTH

CORPORATION

N/A

N/A

CORPORATION

-6.654.921

20,682,172

100 000 %

100 000 %

Yes

Yes

Yes

Yes

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

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PO BOX 1159 GRAND CAYMAN

TRINITY HEALTH ACO INC.

20555 VICTOR PARKWAY

20555 VICTOR PARKWAY

1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035

FARMINGTON HILLS, MI 48333

TRINITY SENIOR SERVICES MANAGEMENT

LIVONIA, MI 48152 47-3794666

LIVONIA, MI 48152 38-3410377 98-0453602

TRINITY HEALTH EMPLOYEE BENEFIT TRUST GRANTOR TRUST

WORKPLACE HEALTH OF GRAND HAVEN INCLOCUPATIONAL HEALTH

ACCOUNTABLE CARE

ORGANIZATION

SENIOR SERVICES

GRAND CAYMAN

CJ

INC PO BOX 9184

37-1572595

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP Ρ 134,335 PER BOOKS ALLEGANY FRANCISCAN MINISTRIES INC С 1,000,000 PER BOOKS ALLEGANY FRANCISCAN MINISTRIES INC Q 793,436 PER BOOKS DILEY RIDGE MEDICAL CENTER L 398,914 PER BOOKS DILEY RIDGE MEDICAL CENTER Q 168,452 PER BOOKS FRANCES WARDE MEDICAL LABORATORY С 150,628 PER BOOKS GLOBAL HEALTH MINISTRY В 506,000 PER BOOKS GLOBAL HEALTH MINISTRY L 55,464 PER BOOKS GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION D 313,500,000 PER BOOKS GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION L 831,672 PER BOOKS GOTTLIEB MEMORIAL HOSPITAL Α 619,647 PER BOOKS С GOTTLIEB MEMORIAL HOSPITAL 2,243,475 PER BOOKS GOTTLIEB MEMORIAL HOSPITAL L 2,400,710 PER BOOKS GOTTLIEB MEMORIAL HOSPITAL М 271,770 PER BOOKS Ρ GOTTLIEB MEMORIAL HOSPITAL 2,444,739 PER BOOKS GOTTLIEB MEMORIAL HOSPITAL Q 4,717,665 PER BOOKS S GOTTLIEB MEMORIAL HOSPITAL 52,360 PER BOOKS HEALTH MANAGEMENT SERVICES ORG INC L 829,668 PER BOOKS HOLY CROSS HEALTH INC Α 15,363,414 PER BOOKS В HOLY CROSS HEALTH INC 391,596 PER BOOKS HOLY CROSS HEALTH INC С 13,696,784 PER BOOKS HOLY CROSS HEALTH INC L 40,634,893 PER BOOKS Р HOLY CROSS HEALTH INC 3,862,020 PER BOOKS

13,631,670

1,298,158

Q

S

PER BOOKS

PER BOOKS

HOLY CROSS HEALTH INC

HOLY CROSS HEALTH INC

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) HOLY CROSS HOSPITAL INC Α 5,806,755 PER BOOKS HOLY CROSS HOSPITAL INC В 788,875 PER BOOKS C HOLY CROSS HOSPITAL INC 10,614,181 PER BOOKS HOLY CROSS HOSPITAL INC L 29,124,746 PER BOOKS HOLY CROSS HOSPITAL INC М 586.923 PER BOOKS HOLY CROSS HOSPITAL INC Р 4,834,098 PER BOOKS HOLY CROSS HOSPITAL INC Q 11,711,935 PER BOOKS HOLY CROSS HOSPITAL INC S PER BOOKS 490,652 IHA HEALTH SERVICES CORPORATION С 99,000 PER BOOKS IHA HEALTH SERVICES CORPORATION Р 676,535 PER BOOKS JOHNSON MEMORIAL HOSPITAL INC 713,976 PER BOOKS Q LOURDES MEDICAL CENTER OF BURLINGTON COUNTY Α 8,902,524 PER BOOKS LOURDES MEDICAL CENTER OF BURLINGTON COUNTY S 752,230 PER BOOKS LOYOLA UNIVERSITY HEALTH SYSTEM Α 21,572,949 PER BOOKS LOYOLA UNIVERSITY HEALTH SYSTEM 540,670 PER BOOKS S LOYOLA UNIVERSITY HEALTH SYSTEM 1,761,618 PER BOOKS В LOYOLA UNIVERSITY MEDICAL CENTER 56,743 PER BOOKS LOYOLA UNIVERSITY MEDICAL CENTER С 20,300,597 PER BOOKS LOYOLA UNIVERSITY MEDICAL CENTER L 61.729.407 PER BOOKS LOYOLA UNIVERSITY MEDICAL CENTER М 2,018,038 PER BOOKS LOYOLA UNIVERSITY MEDICAL CENTER Ρ 5,171,026 PER BOOKS LOYOLA UNIVERSITY MEDICAL CENTER Q 44,048,859 PER BOOKS MAXIS HEALTH SYSTEM Α 229,640 PER BOOKS

В

L

49,750,613

64,030

PER BOOKS

PER BOOKS

MAXIS HEALTH SYSTEM

MERCY CARE FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA Р 1,478,608 PER BOOKS MERCY COMMUNITY HEALTH INC Α 1,152,964 PER BOOKS MERCY COMMUNITY HEALTH INC L 72,805 PER BOOKS MERCY COMMUNITY HEALTH INC Q 67,925 PER BOOKS MERCY COMMUNITY HEALTH INC S 97.417 PER BOOKS MERCY HEALTH PARTNERS Α 5,787,452 PER BOOKS MERCY HEALTH PARTNERS В 199,080 PER BOOKS MERCY HEALTH PARTNERS С PER BOOKS 11,459,150 MERCY HEALTH PARTNERS D 50,000,000 PER BOOKS MERCY HEALTH PARTNERS L 51,263,761 PER BOOKS MERCY HEALTH PARTNERS М 1,244,860 PER BOOKS MERCY HEALTH PARTNERS Р 4,041,997 PER BOOKS MERCY HEALTH PARTNERS Q 11,274,196 PER BOOKS MERCY HEALTH PARTNERS S 483,536 PER BOOKS MERCY HEALTH SERVICES - IOWA CORP Α 7,777,861 PER BOOKS В MERCY HEALTH SERVICES - IOWA CORP 153,956 PER BOOKS С MERCY HEALTH SERVICES - IOWA CORP 25,316,866 PER BOOKS MERCY HEALTH SERVICES - IOWA CORP D 4,300,000 PER BOOKS MERCY HEALTH SERVICES - IOWA CORP L 71.881.063 PER BOOKS

MERCY HEALTH SERVICES - IOWA CORP

MERCY HEALTH SERVICES - IOWA CORP

MERCY HEALTH SERVICES - IOWA CORP

MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA

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7,581,687

17,790,056

656,997

4,320,853

13,627,132

37,604,632

PER BOOKS

PER BOOKS

PER BOOKS

PER BOOKS

PER BOOKS

PER BOOKS

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA Μ 100,136 PER BOOKS MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA Ρ 2,373,671 PER BOOKS MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA Q 24,024,482 PER BOOKS S MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA 365,100 PER BOOKS MERCY HOSPITAL AND MEDICAL CENTER Α 1,095,013 PER BOOKS MERCY HOSPITAL AND MEDICAL CENTER В 62,800 PER BOOKS MERCY HOSPITAL AND MEDICAL CENTER 17,126,149 PER BOOKS MERCY HOSPITAL AND MEDICAL CENTER Ρ 615,972 PER BOOKS MERCY HOSPITAL AND MEDICAL CENTER Q 10,934,825 PER BOOKS MERCY HOSPITAL AND MEDICAL CENTER S 92,526 PER BOOKS MERCY MEDICAL CENTER - CLINTON INC Α PER BOOKS 648,427 MERCY MEDICAL CENTER - CLINTON INC С 3,043,936 PER BOOKS MERCY MEDICAL CENTER - CLINTON INC L 10,635,731 PER BOOKS MERCY MEDICAL CENTER - CLINTON INC Р 998,727 PER BOOKS MERCY MEDICAL CENTER - CLINTON INC Q 3,166,661 PER BOOKS S MERCY MEDICAL CENTER - CLINTON INC 54,792 PER BOOKS MOUNT CARMEL HEALTH SYSTEM Α 25,241,331 PER BOOKS С MOUNT CARMEL HEALTH SYSTEM 38,124,116 PER BOOKS MOUNT CARMEL HEALTH SYSTEM D 50,000,000 PER BOOKS MOUNT CARMEL HEALTH SYSTEM L 108,853,331 PER BOOKS MOUNT CARMEL HEALTH SYSTEM М 182,306 PER BOOKS MOUNT CARMEL HEALTH SYSTEM Ρ 12,443,298 PER BOOKS MOUNT CARMEL HEALTH SYSTEM Q 27,488,223 PER BOOKS

S

L

2,127,322

121,024

PER BOOKS

PER BOOKS

MOUNT CARMEL HEALTH SYSTEM

MOUNT CARMEL HEALTH SYSTEM FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved OUR LADY OF LOURDES HEALTH CARE SERVICES INC С 845,294 PER BOOKS OUR LADY OF LOURDES HEALTH CARE SERVICES INC. L 27,644,229 PER BOOKS Р OUR LADY OF LOURDES HEALTH CARE SERVICES INC 2,436,300 PER BOOKS OUR LADY OF LOURDES HEALTH CARE SERVICES INC. Q 10,915,813 PER BOOKS PITTSBURGH MERCY HEALTH SYSTEM INC С 881,288 PER BOOKS PITTSBURGH MERCY HEALTH SYSTEM INC L 434,592 PER BOOKS Р PITTSBURGH MERCY HEALTH SYSTEM INC 135,383 PER BOOKS PITTSBURGH MERCY HEALTH SYSTEM INC Q 3,791,729 PER BOOKS RIVERBEND MEDICAL GROUP INC Ρ 896,436 PER BOOKS SAINT AGNES MEDICAL CENTER Α 3,556,272 PER BOOKS SAINT AGNES MEDICAL CENTER В 87,652 PER BOOKS С SAINT AGNES MEDICAL CENTER 15,890,988 PER BOOKS SAINT AGNES MEDICAL CENTER L 39,212,340 PER BOOKS SAINT AGNES MEDICAL CENTER Р 5,590,342 PER BOOKS SAINT AGNES MEDICAL CENTER Q 10,257,313 PER BOOKS S SAINT AGNES MEDICAL CENTER 300,495 PER BOOKS SAINT ALPHONSUS HEALTH SYSTEM INC L 51,882,042 PER BOOKS SAINT ALPHONSUS HEALTH SYSTEM INC М 93,336 PER BOOKS SAINT ALPHONSUS HEALTH SYSTEM INC Q 10.138.261 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC Α 403,733 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC С 70.452 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC L 728,020 PER BOOKS

SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC

SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC

SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC

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100,510

638,441

1,900,283

PER BOOKS

PER BOOKS

PER BOOKS

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved С SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC. 289,136 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC. L 3,551,868 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC. Ρ 403,821 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC. Q 1,154,795 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC S 160,574 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC Α 776,027 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC С 119,218 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC L PER BOOKS 2,256,610 SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC Ρ 214,697 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC Q 827,537 PER BOOKS SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC S 65,568 PER BOOKS SAINT ALPHONSUS REGIONAL MEDICAL CENTER Α 6,967,796 PER BOOKS SAINT ALPHONSUS REGIONAL MEDICAL CENTER В 572,199 PER BOOKS С SAINT ALPHONSUS REGIONAL MEDICAL CENTER 15,726,548 PER BOOKS SAINT ALPHONSUS REGIONAL MEDICAL CENTER 17,671,524 PER BOOKS М SAINT ALPHONSUS REGIONAL MEDICAL CENTER 201,611 PER BOOKS Р SAINT ALPHONSUS REGIONAL MEDICAL CENTER 5,643,402 PER BOOKS SAINT ALPHONSUS REGIONAL MEDICAL CENTER Q 7,041,449 PER BOOKS SAINT ALPHONSUS REGIONAL MEDICAL CENTER S 588.751 PER BOOKS С SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 16,621,532 PER BOOKS SAINT FRANCIS HOSPITAL AND MEDICAL CENTER L 51.959.712 PER BOOKS

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612,162

1,248,123

30,442,532

226,186

PER BOOKS

PER BOOKS

PER BOOKS

PER BOOKS

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC L 63,616 PER BOOKS SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC. Α 11,099,829 PER BOOKS SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC. L 50,222 PER BOOKS S SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC. 937.899 PER BOOKS SAINT JOSEPH REGIONAL MEDICAL CENTER INC В 60.336 PER BOOKS SAINT JOSEPH REGIONAL MEDICAL CENTER INC С 12,019,116 PER BOOKS SAINT JOSEPH REGIONAL MEDICAL CENTER INC 33,949,649 PER BOOKS SAINT JOSEPH REGIONAL MEDICAL CENTER INC М PER BOOKS 149,921 SAINT JOSEPH REGIONAL MEDICAL CENTER INC Ρ 6,185,738 PER BOOKS SAINT JOSEPH REGIONAL MEDICAL CENTER INC Q 9,650,313 PER BOOKS SAINT JOSEPH'S HEALTH SYSTEM INC С 168,312 PER BOOKS L SAINT JOSEPH'S HEALTH SYSTEM INC 240,863 PER BOOKS SAINT JOSEPH'S HEALTH SYSTEM INC Q 1,221,102 PER BOOKS SAINT MARY'S HOSPITAL INC Р 230,186 PER BOOKS ST AGNES CONTINUING CARE CENTER 352,998 PER BOOKS ST FRANCIS HOSPITAL INC Α 4,193,157 PER BOOKS С ST FRANCIS HOSPITAL INC 2,225,698 PER BOOKS ST FRANCIS HOSPITAL INC L 12,752,339 PER BOOKS ST FRANCIS HOSPITAL INC Ρ 1.046.727 PER BOOKS ST FRANCIS HOSPITAL INC Q 5,563,635 PER BOOKS ST FRANCIS HOSPITAL INC S 354,308 PER BOOKS ST FRANCIS MEDICAL CENTER TRENTON NJ Α 2,885,708 PER BOOKS В ST FRANCIS MEDICAL CENTER TRENTON NJ 605,315 PER BOOKS ST FRANCIS MEDICAL CENTER TRENTON NJ С PER BOOKS 870,668

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8,639,679

PER BOOKS

ST FRANCIS MEDICAL CENTER TRENTON NJ

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved ST FRANCIS MEDICAL CENTER TRENTON NJ 1,152,856 PER BOOKS ST FRANCIS MEDICAL CENTER TRENTON NJ Q 3,023,178 PER BOOKS ST FRANCIS MEDICAL CENTER TRENTON NJ S 243,833 PER BOOKS ST JOSEPH OF THE PINES INC. Α 1,829,980 PER BOOKS ST JOSEPH OF THE PINES INC L 60,526 PER BOOKS ST JOSEPH OF THE PINES INC Q 552,010 PER BOOKS ST JOSEPH OF THE PINES INC S 154,629 PER BOOKS ST JOSEPH'S HEALTH CENTER PROPERTIES INC Α PER BOOKS 1,295,272 ST JOSEPH'S HEALTH CENTER PROPERTIES INC S 109,446 PER BOOKS ST JOSEPH'S HOSPITAL HEALTH CENTER Α 9,382,171 PER BOOKS ST JOSEPH'S HOSPITAL HEALTH CENTER В 4,894,941 PER BOOKS D ST JOSEPH'S HOSPITAL HEALTH CENTER 28,000,000 PER BOOKS ST JOSEPH'S HOSPITAL HEALTH CENTER L 26,705,963 PER BOOKS ST JOSEPH'S HOSPITAL HEALTH CENTER М 911,809 PER BOOKS Ρ ST JOSEPH'S HOSPITAL HEALTH CENTER 2,254,636 PER BOOKS ST JOSEPH'S HOSPITAL HEALTH CENTER Q 12,557,621 PER BOOKS S ST JOSEPH'S HOSPITAL HEALTH CENTER 789,096 PER BOOKS ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC. В 477,772 PER BOOKS ST JOSEPH'S MEDICAL PC Α 46.871 PER BOOKS ST MARY MEDICAL CENTER Α 4,636,805 PER BOOKS ST MARY MEDICAL CENTER С 7,233,671 PER BOOKS

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30,520,521

86,880

3,638,963

18,125,144

PER BOOKS

PER BOOKS

PER BOOKS

PER BOOKS

ST MARY MEDICAL CENTER

ST MARY MEDICAL CENTER

ST MARY MEDICAL CENTER

ST MARY MEDICAL CENTER

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) ST MARY MEDICAL CENTER S 391,795 PER BOOKS ST MARY'S HEALTH CARE SYSTEM INC Α 2,485,743 PER BOOKS C ST MARY'S HEALTH CARE SYSTEM INC 3,501,127 PER BOOKS ST MARY'S HEALTH CARE SYSTEM INC L 13,161,332 PER BOOKS Р ST MARY'S HEALTH CARE SYSTEM INC 752.010 PER BOOKS ST MARY'S HEALTH CARE SYSTEM INC Q 5,862,322 PER BOOKS ST MARY'S HEALTH CARE SYSTEM INC S 209,834 PER BOOKS ST PETER'S HEALTH PARTNERS С 824,232 PER BOOKS ST PETER'S HEALTH PARTNERS L 74,879,414 PER BOOKS ST PETER'S HEALTH PARTNERS М 1,523,260 PER BOOKS ST PETER'S HEALTH PARTNERS Ρ 5,322,919 PER BOOKS ST PETER'S HEALTH PARTNERS Q 31,355,148 PER BOOKS ST PETER'S HOSPITAL Α 10,492,168 PER BOOKS ST PETER'S HOSPITAL В 161,392 PER BOOKS ST PETER'S HOSPITAL С 7,531,000 PER BOOKS ST PETER'S HOSPITAL Ρ 7,531,000 PER BOOKS S ST PETER'S HOSPITAL 437,412 PER BOOKS THE MERCY HOSPITAL INC Α 4,416,873 PER BOOKS

В

С

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THE MERCY HOSPITAL INC

PER BOOKS

451.496

1,460,389

24,436,745

572,951

1,441,937

12,979,182

373,208

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) TRINITY ASSURANCE LTD С 619,737 PER BOOKS TRINITY ASSURANCE LTD L 957,547 PER BOOKS Р TRINITY ASSURANCE LTD 71,803,347 PER BOOKS TRINITY CONTINUING CARE SERVICES Α 5,352,926 PER BOOKS С TRINITY CONTINUING CARE SERVICES 4,983,237 PER BOOKS TRINITY CONTINUING CARE SERVICES L 7,629,759 PER BOOKS TRINITY CONTINUING CARE SERVICES Ρ 1,628,097 PER BOOKS TRINITY CONTINUING CARE SERVICES Q 9,884,946 PER BOOKS TRINITY CONTINUING CARE SERVICES S 452,307 PER BOOKS TRINITY HEALTH - MICHIGAN Α 30,547,533 PER BOOKS TRINITY HEALTH - MICHIGAN С 81,492,647 PER BOOKS TRINITY HEALTH - MICHIGAN L PER BOOKS 205,617,547 TRINITY HEALTH - MICHIGAN Μ 454,302 PER BOOKS TRINITY HEALTH - MICHIGAN Р 20,266,930 PER BOOKS TRINITY HEALTH - MICHIGAN Q 52,836,153 PER BOOKS s TRINITY HEALTH - MICHIGAN 2,581,158 PER BOOKS TRINITY HEALTH OF NEW ENGLAND CORPORATION INC Α 10,951,090 PER BOOKS TRINITY HEALTH OF NEW ENGLAND CORPORATION INC. В 52,166 PER BOOKS TRINITY HEALTH OF NEW ENGLAND CORPORATION INC. С 87,735 PER BOOKS D TRINITY HEALTH OF NEW ENGLAND CORPORATION INC 45,000,000 PER BOOKS TRINITY HEALTH OF NEW ENGLAND CORPORATION INC. L 410.616 PER BOOKS TRINITY HEALTH OF NEW ENGLAND CORPORATION INC Ρ 87,735 PER BOOKS S TRINITY HEALTH OF NEW ENGLAND CORPORATION INC 922,388 PER BOOKS

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С

843,356

261,840

PER BOOKS

PER BOOKS

TRINITY HEALTH PACE

TRINITY HEALTH PACE

(a) (b) (c) Name of related organization Amount Involved (d) Transaction type(a-s) Method of determining amount involved TRINITY HEALTH PACE 869,540 PER BOOKS TRINITY HEALTH PACE Ρ 144,347 PER BOOKS TRINITY HEALTH PACE Q 2,003,118 PER BOOKS 71 261 DED DOOKS TRINITY HEALTH BACE

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

TRINITY HOME HEALTH SERVICES

TRINITY HOME HEALTH SERVICES

TRINITY HOME HEALTH SERVICES

TRINITY HEALTH PACE	5	/1,261	PER BOOKS
TRINITY HOME HEALTH SERVICES	А	20,374	PER BOOKS
TRINITY HOME HEALTH SERVICES	С	3,759,576	PER BOOKS

4,188,642

2,241,867

4,055,567

Q

PER BOOKS

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PER BOOKS