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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

TRINITY HEALTH CORPORATION

Doing business as

SEE SCHEDULE O

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

20555 VICTOR PARKWAY

Room/suite

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

LIVONIA, MI 481527018

F Name and address of principal officer

RICHARD GILFILLAN MD

20555 VICTOR PARKWAY

LIVONIA, MI 481527018

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶ WWW TRINITY-HEALTH ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1978

M State of legal domicile IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

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)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

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)

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

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2019-05-14

Date

BENJAMIN CARTER EVP, CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,747,670,679 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 Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,747,670,679

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Yes	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	Yes	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,341
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,784
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: IN, CA, OR

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► BENJAMIN CARTER 20555 VICTOR PARKWAY LIVONIA, MI 481527018 (734) 343-0817

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,258

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORPORATION 10200 ABILITIES WAY KANSAS CITY, KS 66111	SOFTWARE SERVICES	57,550,754
HURON CONSULTING SERVICES LLC 900 WILSHIRE DRIVE TROY, MI 48084	CONSULTING SERVICES	30,171,466
STRATEGIC STAFFING SOLUTIONS 645 GRISWOLD ST DETROIT, MI 48226	TEMPORARY SERVICES	27,862,022
PRESIDIO NETWORKED SOLUTIONS 48325 ALPHA DR WIXOM, MI 48393	SOFTWARE SERVICES	21,534,194
ACCENTURE LLP 3000 TOWN CENTER 2400 SOUTHFIELD, MI 48075	CONSULTING SERVICES	18,666,854

Form 990 (2017)

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	1,000,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,810			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		1,004,810			
Program Service Revenue		Business Code				
	2a SUBSIDIARY FEES	551114	1,400,977,002	1,400,977,002		
	b INTERCOMPANY PURCHASED SERVICES	551114	67,221,157	67,221,157		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		1,468,198,159			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		254,236,034		-1,562,458	255,798,492
	4 Income from investment of tax-exempt bond proceeds ▶		917,639			917,639
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	54,108,767			
	b Less cost or other basis and sales expenses		0			
	c Gain or (loss)		54,108,767			
	d Net gain or (loss) ▶		54,108,767			54,108,767
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . . ▶					
10a Gross sales of inventory, less returns and allowances . . . a						
b Less cost of goods sold . . . b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	Business Code					
11a OTHER RELATED REVENUE	900099	29,255,082	29,255,082			
b SVCS TO UNRELATED ORGS	541519	1,284		1,284		
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		29,256,366				
12 Total revenue. See Instructions ▶		1,807,721,775	1,497,453,241	-1,561,174	310,824,898	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	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 Management.	3,479,720		3,479,720	
b 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 O).	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		
15 Royalties.				
16 Occupancy.	27,219,203	27,219,203		
17 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				
25 Total functional expenses. Add lines 1 through 24e.	1,789,136,844	1,747,670,679	41,466,165	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		50,288	1	73,223
	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	
	7	Notes and loans receivable, net		5,702,918,506	7	6,052,978,712
	8	Inventories for sale or use		13,676,970	8	23,567,075
	9	Prepaid expenses and deferred charges		98,597,362	9	116,297,908
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,288,251,534		
	b	Less: accumulated depreciation	10b	732,239,470		
				565,884,231	10c	556,012,064
	11	Investments—publicly traded securities		1,532,340,999	11	1,841,602,501
	12	Investments—other securities. See Part IV, line 11		1,029,165,435	12	973,407,439
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		354,514,411	15	422,174,028	
16	Total assets. Add lines 1 through 15 (must equal line 34)		9,360,629,660	16	10,015,990,318	
Liabilities	17	Accounts payable and accrued expenses		1,898,199,334	17	1,448,641,473
	18	Grants payable			18	
	19	Deferred revenue		150,129	19	843,825
	20	Tax-exempt bond liabilities		5,834,839,752	20	6,202,536,611
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		5,908,645	23	2,890,630
	24	Unsecured notes and loans payable to unrelated third parties		99,860,979	24	99,904,381
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,672,461,067	25	1,885,964,503
	26	Total liabilities. Add lines 17 through 25		9,511,419,906	26	9,640,781,423
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-150,801,467	27	375,192,178
	28	Temporarily restricted net assets		11,221	28	16,717
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-150,790,246	33	375,208,895
	34	Total liabilities and net assets/fund balances		9,360,629,660	34	10,015,990,318

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,807,721,775
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,789,136,844
3	Revenue less expenses Subtract line 2 from line 1	3	18,584,931
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-150,790,246
5	Net unrealized gains (losses) on investments	5	71,453,690
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	435,960,520
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	375,208,895

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

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

Additional Data

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

Form 990 (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 USE; 2. REDUCE OBESITY PREVALENCE; 3. ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT; 4. ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH. TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. TCI 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD GILFILLAN MD CHIEF EXECUTIVE OFFICER	54 00 1 00	X		X				2,676,564	0	48,664
JAMES BENTLEY PHD DIRECTOR, CHAIR	8 00 1 00	X		X				65,133	0	0
MARY CATHERINE KARL CPA DIRECTOR, VICE CHAIR	8 00 1 00	X		X				35,000	0	0
KEVIN BARNETT DRPH DIRECTOR	4 00 1 00	X						35,000	0	0
JOSEPH BETANCOURT MD DIRECTOR	4 00 1 00	X						35,000	0	0
MELANIE DREHER PHD RN DIRECTOR	4 00 1 00	X						55,353	0	0
MARY FANNING RSM DIRECTOR	4 00 1 00	X						0	0	0
GEORGE PHILIP JD DIRECTOR	4 00 1 00	X						55,000	0	0
KATHLEEN POPKO SP PHD DIRECTOR	4 00 1 00	X						0	0	0
DAVID SOUTHWELL DIRECTOR	4 00 1 00	X						55,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOAN MARIE STEADMAN CSC DIRECTOR AS OF 12/17	4 00 1 00	X						0	0	0
STANLEY URBAN DIRECTOR THROUGH 11/17	4 00 1 00	X						26,250	0	0
ROBERTA WAITE EDD DIRECTOR	4 00 1 00	X						55,000	0	0
LARRY WARREN DIRECTOR	4 00 1 00	X						55,000	0	0
LINDA WERTHMAN RSM PHD DIRECTOR	4 00 1 00	X						0	0	0
PAUL NEUMANN SECRETARY, EVP, CHIEF LEGAL OFFICER	54 00 1 00			X				1,313,002	0	45,218
MICHAEL HEMSLEY ASSISTANT SECRETARY, DEP GEN CSL	45 00 5 00			X				883,090	0	58,885
JOSHUA MOORE ASSISTANT SECRETARY, ASSOC COUNSEL	49 00 1 00			X				223,681	0	36,447
BENJAMIN CARTER TREASURER, EVP, CFO	50 00 5 00			X				1,622,886	0	50,779
CYNTHIA CLEMENCE ASST TREAS, SVP, OPERATIONS CFO	50 00 5 00			X				913,132	0	48,428

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SALLY JEFFCOAT EVP, GROWTH, STRATEGY & INNOVATION	50 00 5 00				X			1,517,657	0	43,445
MICHAEL SLUBOWSKI PRESIDENT & CHIEF OPERATING OFFICER	55 00 0 00				X			957,720	0	28,910
BARBARA WALTERS DO EVP, CHIEF POP HEALTH OFFCR THR 5/18	55 00 0 00				X			954,626	0	31,664
JOHN CAPASSO EVP, CONTINUING CARE	50 00 5 00				X			915,022	0	57,429
DANIEL ROTH MD EVP, CHIEF CLINICAL OFFICER	50 00 5 00				X			869,036	0	38,580
EDMUND HODGE EVP, CHIEF HUMAN RESOURCES OFFICER	55 00 0 00				X			822,210	0	178,008
LOUIS FIERENS II SVP, SUPPLY CHAIN & FIXED ASSET MGMT	49 00 1 00				X			797,389	0	43,191
LARRY GOLDBERG PRES/CEO, LOYOLA UNIV HLTH THR 3/18	0 00 55 00					X		1,615,151	0	28,733
ROBERT CASALOU CEO, SOUTHEAST MICHIGAN REGIONAL	0 00 55 00					X		1,146,770	0	44,909
PATRICK TAYLOR MD PRESIDENT & CEO, HOLY CROSS HOSPITAL	0 00 55 00					X		1,143,927	0	46,734

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARCUS SHIPLEY SVP, CHIEF INFORMATION OFFICER	49 00 1 00					X		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 0 00						X	488,854	0	383
PHILIP BOYLE FORMER KEY EMPLOYEE, SVP, MISSION	50 00 0 00						X	553,873	0	36,739
MICHAEL FINEGAN FORMER KEY EMP, SVP OPERATIONAL EXC	48 00 2 00						X	577,060	0	42,168
NORA TRIOLA RN FORMER KEY EMP, SVP, CNO THR 4/18	49 00 1 00						X	871,381	0	34,666
PAUL CONLON FORMER KE, SVP, CLIN QUAL THR 6/18	49 00 1 00						X	759,143	0	50,803
PAUL HARKAWAY MD FORMER KE,SVP, CHIEF ACCT CARE OFFCR	50 00 0 00						X	740,625	0	40,030
CYNTHIA FRY FORMER KEY EMP, SVP, CHIEF REV OFFCR	49 00 1 00						X	689,147	0	41,136
MICHAEL HOLPER FORMER KEY EMP,SVP, INTEG/AUDIT SVCS	45 00 5 00						X	738,740	0	47,562

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD O'CONNELL FORMER KEY EMPLOYEE	0 00 0 00						X	880,863	0	16,625
CLAYTON FITZHUGH FORMER KEY EMPLOYEE	0 00 0 00						X	200,452	0	0
MARK FROIMSON MD FORMER KEY EMPLOYEE	0 00 0 00						X	1,179,879	0	1,199,334

SCHEDULE A (Form 990 or 990EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization TRINITY HEALTH CORPORATION	Employer identification number 35-1443425	

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☒

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

22
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	22				6,547,998	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)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 income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
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 and stop here. The organization qualifies as a publicly supported organization ► ☐	
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 instructions ► ☐	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2	Yes	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a	Yes	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b	Yes	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6	Yes	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	No

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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			
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			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
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 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I, LINE 12G (II), EIN	CATHOLIC HEALTH MINISTRIES IS AN INSTRUMENTALITY OF THE ROMAN CATHOLIC CHURCH AND AS SUCH DOES NOT HAVE A FEDERAL EIN

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 1	CATHOLIC HEALTH MINISTRIES IS LISTED BY NAME IN TRINITY HEALTH CORPORATION'S GOVERNING DOCUMENTS 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 CORPORATION 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 AFFILIATES, 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 MINISTRIES SUCH ACTIVITIES INCLUDE THE SUPPORT AND ASSISTANCE OF AFFILIATES TO ACCOMPLISH THE FOREGOING 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 EXEMPT PURPOSES OF TRINITY HEALTH CORPORATION

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 5A	SAINT MICHAEL'S MEDICAL CENTER, EIN 26-2616046, WAS REMOVED AS A SUPPORTED ORGANIZATION SUBSTANTIALLY ALL OF THE HOSPITAL'S ASSETS WERE SOLD ON MAY 1, 2016 EFFECTIVE APRIL 17, 2017, ITS REMAINING ASSETS WERE TRANSFERRED TO A LIQUIDATING TRUSTEE IN ACCORDANCE WITH A CHAPTER 11 PLAN OF ORDERLY LIQUIDATION

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION C, LINE 1	CATHOLIC HEALTH MINISTRIES AND TRINITY HEALTH CORPORATION SHARE THE SAME BOARD TRINITY HEALTH 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 THE APPOINTMENT AND REMOVAL OF THE BOARD CHAIR, AND APPOINT AND REMOVE THE PRESIDENT OF EACH SUPPORTED ORGANIZATION

Additional Data

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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) CATHOLIC HEALTH MINISTRIES	000000000	1	Yes		0	0
(A) 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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) ST MARY MEDICAL CENTER	231913910	3		No	0	0
(A) HOSP SUBS OF MERCY HLTH SYS OF SE PA	232212638	3		No	59,953	0
(B) HOSP SUBS OF ST PETER'S HEALTH PTRS	453570715	3		No	161,392	0
(C) ST FRANCIS MEDICAL CENTER TRENTON NJ	223431049	3		No	605,315	0
(D) ST FRANCIS HOSPITAL	510064326	3		No	14,980	0
(E) HOSP SUBS TRINITY HLTH OF NEW ENGLAND	061491191	3		No	514,037	0
(F) ST JOSEPH'S HOSP HEALTH CENTER	150532254	3		No	673,841	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization TRINITY HEALTH CORPORATION	Employer identification number 35-1443425
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	INSPIRED BY TRINITY HEALTH'S MISSION, TRINITY HEALTH ADVOCACY LEVERAGES MINISTRY EXPERIENCES TO INFLUENCE POLICY SOLUTIONS THAT TRANSFORM THE HEALTH CARE SYSTEM. AS A CATHOLIC HEALTH MINISTRY, WE ARE CALLED BOTH TO SERVE AND TO TRANSFORM. WE SERVE PEOPLE AND COMMUNITIES IN NEED, ESPECIALLY THE POOR AND UNDERSERVED. WE ALSO SEEK TO TRANSFORM SYSTEMS OF CARE AND POLICIES TO CREATE JUSTICE FOR ALL. TRINITY HEALTH IS BUILDING A PEOPLE-CENTERED HEALTH SYSTEM TO PUT THE PEOPLE WE SERVE AT THE CENTER OF EVERY BEHAVIOR, ACTION AND DECISION. THIS BRINGS TO LIFE OUR COMMITMENT TO BE A COMPASSIONATE, TRANSFORMING AND HEALING PRESENCE IN OUR COMMUNITIES. WE ADVOCATE FOR PUBLIC POLICIES THAT SUPPORT BETTER HEALTH, BETTER CARE AND LOWER COSTS TO ENSURE AFFORDABLE, HIGH QUALITY, PEOPLE-CENTERED CARE FOR ALL. OUR 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.

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SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TRINITY HEALTH CORPORATION

Employer identification number

35-1443425

Part I

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

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements.

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

2b

2c

2d

Held at the End of the Year

3

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

4

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

5

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

6

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

7

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

8

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

9

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

10

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

11

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

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

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,782,872		9,782,872
b Buildings		53,270,755	38,564,044	14,706,711
c Leasehold improvements				
d Equipment		1,035,793,162	693,675,426	342,117,736
e Other		189,404,745		189,404,745
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				556,012,064

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	347,224,424	F
(B) INTEREST RATE SWAP AGREEMENTS	6,139,400	F
(C) EQUITY METHOD INVESTMENTS	421,629,658	C
(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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
INTERCOMPANY ACCOUNTS PAYABLE	71,916,966	
INTERCOMPANY OTHER LONG TERM LIABILITIES	666,169,163	
DEFERRED COMPENSATION LIABILITY	61,875,199	
SECURITY LENDING OBLIGATION	275,227,968	
OTHER LONG TERM LIABILITIES	250,289,033	
OTHER CURRENT LIABILITIES	78,971,174	
LONG TERM TAXABLE FIXED RATE BONDS	481,515,000	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,885,964,503	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5		

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5		

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			2,090,363,693
b Total from continuation sheets to Part I					16,999,212
c Totals (add lines 3a and 3b)	0	0			2,107,362,905

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, 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

Part V **Supplemental Information**

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

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	WHOLLY-OWNED FOREIGN INSURANCE COMPANY	71,803,347
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		883,887,836

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
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 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
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 offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			INVESTMENTS		26,645,416
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		8,554,141

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND THE NEWLY INDEPENDENT STATES			INVESTMENTS		10,803,137
SOUTH ASIA			INVESTMENTS		6,196,075

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
35-1443425

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 34

3 Enter total number of other organizations listed in the line 1 table 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MERCY HOSPITAL INC 1221 MAIN STREET NO 213 HOLYOKE, MA 01040	04-3398280	501(C)(3)	451,496				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629	22-3431049	501(C)(3)	605,315				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES AND GOOD SAMARITAN INITIATIVES GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVENUE FRESNO, CA 93720	94-1437713	501(C)(3)	87,652				COMMUNITY WELFARE - GOOD SAMARITAN INITIATIVE AND TRANSFORMING COMMUNITIES INITIATIVE GRANTS
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	36-4015560	501(C)(3)	56,743				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	36-2170152	501(C)(3)	83,899				COMMUNITY WELFARE - PLACE-BASED INVESTMENT AND SAFETY GRANTS
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105	06-0646813	501(C)(3)	10,376				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE AND SAFETY GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152	38-2113393	501(C)(3)	2,086,620				SUPPORT FOR MERCY PRIMARY CARE AND COMMUNITY WELFARE - INNOVATION AND SAFETY GRANTS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 N CURTIS ROAD BOISE, ID 83706	82-0200895	501(C)(3)	609,723				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE, INNOVATION AND SAFETY GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS HEALTH INC 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	52-0738041	501(C)(3)	391,596				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
ST JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVE SYRACUSE, NY 13203	15-0532254	501(C)(3)	196,070				COMMUNITY WELFARE - INNOVATION AND GOOD SAMARITAN INITIATIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308	59-0791028	501(C)(3)	788,875				COMMUNITY WELFARE - HURRICANE RELIEF, INNOVATION, GOOD SAMARITAN INITIATIVE AND PLACE-BASED INVESTMENT GRANTS
TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY SUITE 150 LIVONIA, MI 48152	38-2621935	501(C)(3)	5,949				COMMUNITY WELFARE - SAFETY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION OF THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES ONE NORTH FRANKLIN ST NO 1700 CHICAGO, IL 60606	36-0724325	501(C)(3)	10,000				COMMUNITY WELFARE
CATHOLIC CHARITIES USA 2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314	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.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE INSTITUTE DEVELOPMENT FUND INC PO BOX 4421 GREENSBORO, NC 27404	58-1486420	501(C)(3)	10,000				COMMUNITY WELFARE
THE DEMOCRACY COLLABORATIVE FOUNDATION INC 1422 EUCLID AVE STE 616 CLEVELAND, OH 44115	20-0387511	501(C)(3)	20,000				COMMUNITY WELFARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARAB COMMUNITY CENTER FOR ECONOMIC AND SOCIAL SERVICES 2651 SAULINO CT DEARBORN, MI 48120	23-7444497	501(C)(3)	12,500				COMMUNITY WELFARE
FRANKLINTON GARDENS 867 W TOWN ST STE A COLUMBUS, OH 43222	45-4023198	501(C)(3)	10,000				COMMUNITY WELFARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES OF CARE CAMPAIGN PO BOX 32025 WASHINGTON, DC 20007	82-2860302	501(C)(3)	200,000				COMMUNITY WELFARE
MERCY EDUCATION PROJECT 1450 HOWARD ST DETROIT, MI 48216	38-3209556	501(C)(3)	12,800				COMMUNITY WELFARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RESURRECTION PROJECT 1818 S PAULINA STREET CHICAGO, IL 60608	36-3576073	501(C)(3)	15,000				COMMUNITY WELFARE
MENTAL HEALTH LEADERSHIP INITIATIVE DBA THE KENNEDY FORUM 1543 N WELLS ST GARDEN LEVEL CHICAGO, IL 60610	46-5714524	501(C)(3)	25,000				COMMUNITY WELFARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401	31-1373080	501(C)(3)	153,956				COMMUNITY WELFARE - GOOD SAMARITAN INITIATIVE AND PLACE-BASED INVESTMENT GRANTS
MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213	31-1113966	501(C)(3)	17,715				COMMUNITY WELFARE - PLACE-BASED INVESTMENT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152	47-3073124	501(C)(3)	42,612				COMMUNITY WELFARE - SAFETY GRANT
COALITION TO PROTECT AMERICA'S HEALTH CARE 800 10TH ST NW TWO CITY CENTER NO 400 WASHINGTON, DC 20001	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.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208	14-1348692	501(C)(3)	161,392				COMMUNITY WELFARE - GOOD SAMARITAN INITIATIVE AND PLACE- BASED INVESTMENT GRANTS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC 114 WOODLAND STREET HARTFORD, CT 06105	06-1491191	501(C)(3)	52,166				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HEALTH PARTNERS 1500 E SHERMAN BLVD MUSKEGON, MI 49444	38-2589966	501(C)(3)	199,080				COMMUNITY WELFARE - INNOVATION AND GOOD SAMARITAN INITIATIVE GRANTS
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS RD BOISE, ID 83706	82-0524649		32,179				COMMUNITY WELFARE - GOOD SAMARITAN INITIATIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	23-1352191	501(C)(3)	25,920				COMMUNITY WELFARE - SAFETY GRANT
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	23-2212638	501(C)(3)	34,033				COMMUNITY WELFARE - GOOD SAMARITAN INITIATIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOSEPH REGIONAL MEDICAL CENTER INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	35-1568821	501(C)(3)	60,336				COMMUNITY WELFARE - GOOD SAMARITAN INITIATIVE AND PLACE-BASED INVESTMENT GRANTS
ST FRANCIS HOSPITAL INC PO BOX 2500 WILMINGTON, DE 19805	51-0064326	501(C)(3)	14,980				COMMUNITY WELFARE - GOOD SAMARITAN INITIATIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC 301 PROSPECT AVE SYRACUSE, NY 13203	22-2149775	501(C)(3)	477,772				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152	42-1253527	501(C)(3)	500,000				COMMUNITY WELFARE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number

35-1443425

Part I Questions Regarding Compensation

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

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.

See Additional Data Table

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE FOLLOWING INDIVIDUALS RECEIVED TAX GROSS-UP PAYMENTS DURING CALENDAR 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 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 II 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 PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 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 II - \$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-QUALIFIED 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
PART I, LINE 7	EXECUTIVE MANAGEMENT EMPLOYED BY TRINITY HEALTH ARE COMPENSATED UNDER A MULTI-TIERED, GOAL-BASED PROGRAM WHICH INCLUDES BASE PAY AND A VARIABLE PORTION THE VARIABLE PORTION IS REFERRED TO AS "AT RISK COMPENSATION" EACH OF THE ELIGIBLE MEMBERS OF EXECUTIVE MANAGEMENT IS ASSIGNED PERFORMANCE GOALS ALIGNED WITH ORGANIZATIONAL STRATEGIC GOALS EACH GOAL HAS MINIMUM THRESHOLD CRITERIA, TARGET CRITERIA AND A MAXIMUM

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RICHARD GILFILLAN MD CHIEF EXECUTIVE OFFICER	(i)	1,429,454	849,759	397,351	12,150	36,514	2,725,228	0
	(ii)	0	0	0	0	0	0	0
1PAUL NEUMANN SECRETARY, EVP, CHIEF LEGAL OFFICER	(i)	720,269	289,216	303,517	12,150	33,068	1,358,220	85,504
	(ii)	0	0	0	0	0	0	0
2MICHAEL HEMSLEY ASSISTANT SECRETARY, DEP GEN CSL	(i)	464,544	176,429	242,117	16,200	42,685	941,975	0
	(ii)	0	0	0	0	0	0	0
3JOSHUA MOORE ASSISTANT SECRETARY, ASSOC COUNSEL	(i)	201,021	22,468	192	13,877	22,570	260,128	0
	(ii)	0	0	0	0	0	0	0
4BENJAMIN CARTER TREASURER, EVP, CFO	(i)	939,676	366,755	316,455	12,150	38,629	1,673,665	90,148
	(ii)	0	0	0	0	0	0	0
5CYNTHIA CLEMENCE ASST TREAS, SVP, OPERATIONS CFO	(i)	626,427	173,136	113,569	20,250	28,178	961,560	0
	(ii)	0	0	0	0	0	0	0
6SALLY JEFFCOAT EVP, GROWTH, STRATEGY & INNOVATION	(i)	898,754	388,608	230,295	12,150	31,295	1,561,102	0
	(ii)	0	0	0	0	0	0	0
7MICHAEL SLUBOWSKI PRESIDENT & CHIEF OPERATING OFFICER	(i)	838,299	0	119,421	9,563	19,347	986,630	0
	(ii)	0	0	0	0	0	0	0
8BARBARA WALTERS DO EVP, CHIEF POP HEALTH OFFCR THR 5/18	(i)	650,802	280,034	23,790	12,150	19,514	986,290	0
	(ii)	0	0	0	0	0	0	0
9JOHN CAPASSO EVP, CONTINUING CARE	(i)	537,282	232,477	145,263	20,250	37,179	972,451	0
	(ii)	0	0	0	0	0	0	0
10DANIEL ROTH MD EVP, CHIEF CLINICAL OFFICER	(i)	627,867	162,243	78,926	12,150	26,430	907,616	0
	(ii)	0	0	0	0	0	0	0
11EDMUND HODGE EVP, CHIEF HUMAN RESOURCES OFFICER	(i)	579,096	172,430	70,684	151,732	26,276	1,000,218	0
	(ii)	0	0	0	0	0	0	0
12LOUIS FIERENS II SVP, SUPPLY CHAIN & FIXED ASSET MGMT	(i)	454,894	165,586	176,909	16,200	26,991	840,580	59,049
	(ii)	0	0	0	0	0	0	0
13LARRY GOLDBERG PRES/CEO, LOYOLA UNIV HLTH THR 3/18	(i)	870,178	346,231	398,742	12,150	16,583	1,643,884	183,120
	(ii)	0	0	0	0	0	0	0
14ROBERT CASALOU CEO, SOUTHEAST MICHIGAN REGIONAL	(i)	650,713	250,058	245,999	12,150	32,759	1,191,679	72,369
	(ii)	0	0	0	0	0	0	0
15PATRICK TAYLOR MD PRESIDENT & CEO, HOLY CROSS HOSPITAL	(i)	498,598	135,840	509,489	20,250	26,484	1,190,661	0
	(ii)	0	0	0	0	0	0	0
16MARCUS SHIPLEY SVP, CHIEF INFORMATION OFFICER	(i)	669,880	263,783	198,935	12,150	28,920	1,173,668	52,313
	(ii)	0	0	0	0	0	0	0
17JOHN RODIS MD PRESIDENT, SAINT FRANCIS HOSPITAL	(i)	693,657	226,950	177,452	12,150	28,803	1,139,012	0
	(ii)	0	0	0	0	0	0	0
18JUDITH PERSICILLI FORMER OFFICER	(i)	0	0	488,854	0	383	489,237	0
	(ii)	0	0	0	0	0	0	0
19PHILIP BOYLE FORMER KEY EMPLOYEE, SVP, MISSION	(i)	298,391	113,062	142,420	16,200	20,539	590,612	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 MICHAEL FINEGAN FORMER KEY EMP, SVP OPERATIONAL EXC	(i)	333,897	128,342	114,821	12,150	30,018	619,228	23,895
	(ii)	0	0	0	0	0	0	0
1 NORA TRIOLA RN FORMER KEY EMP, SVP, CNO THR 4/18	(i)	498,585	186,737	186,059	16,200	18,466	906,047	0
	(ii)	0	0	0	0	0	0	0
2 PAUL CONLON FORMER KE, SVP, CLIN QUAL THR 6/18	(i)	459,193	174,557	125,393	20,250	30,553	809,946	0
	(ii)	0	0	0	0	0	0	0
3 PAUL HARKAWAY MD FORMER KE,SVP, CHIEF ACCT CARE OFFCR	(i)	454,992	162,495	123,138	12,150	27,880	780,655	0
	(ii)	0	0	0	0	0	0	0
4 CYNTHIA FRY FORMER KEY EMP, SVP, CHIEF REV OFFCR	(i)	379,400	145,772	163,975	16,200	24,936	730,283	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL HOLPER FORMER KEY EMP,SVP, INTEG/AUDIT SVCS	(i)	410,338	154,362	174,040	20,250	27,312	786,302	61,811
	(ii)	0	0	0	0	0	0	0
6 RICHARD O'CONNELL FORMER KEY EMPLOYEE	(i)	31,633	193,351	655,879	7,059	9,566	897,488	0
	(ii)	0	0	0	0	0	0	0
7 CLAYTON FITZHUGH FORMER KEY EMPLOYEE	(i)	0	0	200,452	0	0	200,452	0
	(ii)	0	0	0	0	0	0	0
8 MARK FROMSON MD FORMER KEY EMPLOYEE	(i)	302,622	308,038	569,219	1,180,836	18,498	2,379,213	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
35-1443425

Part I

Bond Issues

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

Part II

Proceeds

	A		B		C		D	
1 Amount of bonds retired	3,940,000							
2 Amount of bonds legally defeased	7,205,000				975,000			
3 Total proceeds of issue	115,827,509		64,197,064		320,959,366		14,485,000	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,078,659		630,237		3,145,424		157,901	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			6,879,633		327,552,478		14,327,098	
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2012		2011		2013		2011	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X			X		X
15 Were the bonds issued as part of an advance refunding issue?	X			X	X			X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 050 %		0 050 %		0 050 %	
6 Total of lines 4 and 5			0 050 %		0 050 %		0 050 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X	X			X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	6 220 %				0 300 %			
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X				X			
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/19/2017 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 PERFORMED 01/19/2017 ISSUER NAME ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/19/2017 ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 04/13/2016 ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME INDIANA FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME COUNTY OF FRANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME IDAHO HEALTH FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME HO SP FIN AUTH OF ONTARIO, OREGON DATE THE REBATE COMPUTATION WAS PERFORMED 02/01/2016 ISSUER NAME INDIANA FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/16/2015 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/16/2015 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME IDAHO HEALTH FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/16/2017 ISSUER NAME INDIANA FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/16/2017 ISSUER NAME COUNTY OF FRANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORMED 01/15/2016 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/15/2016 ISSUER NAME MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/02/2016 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/19/2018 ISSUER NAME GREENE COUNTY DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/19/2018 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 10/23/2017 ISSUER NAME CITY OF TAMPA, FLORIDA DATE THE REBATE COMPUTATION WAS PERFORMED 10/23/2017 ISSUER NAME NORTH CAROLINA MEDICAL CARE COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 10/23/2017 ISSUER NAME STATE OF CONNECTICUT HEALTH AND EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME CITY OF TAMPA, FLORIDA DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME MASS HEALTH AND EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME NORTH CAROLINA MEDICAL CARE

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	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 07/14/2015 ISSUER 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 EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/31/2014 ISSUER NAME MASS HEALTH AND EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME NEW JERSEY HEALTH CARE FACILITIES 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 EDUCATION AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/26/2015

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 - N OT REQUIRED 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 2001 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 ION 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 REQUIRE D TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENT S TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN OHIO THE 2011MI BOND S, 2011MD BONDS, 2011OH BONDS, 2011CA BONDS, AND 2011IL BONDS ARE TREATED AS A SINGLE "ISS UE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2011AB TO FINANCE, REFINANCE OR REIMBURSE ALL O R A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPM ENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN ILLINOIS THE 2011AB BONDS ARE TREAT ED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INT ERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2011CA 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 REFUND SERIES 2000C THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS, 2011CA BONDS, AND 2011 IL BONDS ARE TREATED AS A SINGL E "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RES

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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, 2011OH 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, 2010C BON DS, 2010D BONDS AND 2010E 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 RESPECTIV E 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, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF T HE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL 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 EQU IPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1996 OHIO THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSU E" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010D TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMEN T FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES AND THE ACQUISITION OF HOSPITAL FACILITIE S IN IDAHO THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TRE ATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE I NTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2010E TO FINANCE, REFINANC E OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROV EMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES AND THE ACQUISITION OF HOSPITAL FACILITIES IN OREGON THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS AND 2010E BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 1 41 THROUGH 150 OF THE INTERNAL

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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 SI NGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVE NUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2008A TO FINANCE, REFINANCE OR REIMBUR SE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AN D EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2003A, 2003F, 20 03G, 2004A, 2004D, 2004E, 2004F OF PRIOR ISSUES THE 2008A BONDS AND 2008B BONDS ARE TREAT ED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INT ERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROC EEDS INCLUDE MODEST INVESTMENT EARNINGS 2008B 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 2002A, 2002B OF PRIOR ISSUE S THE 2008A BONDS AND 2008B BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPEC TIVE FORM 8038 2008C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS REL ATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000E, 2000F, 2003B, 2003D, 2003E, 2005C, 2005G, 200 5H OF PRIOR ISSUES, AND THE HACKLEY REFINANCING OF COMMERCIAL PAPER

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 RESPECTIV E FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY 2008D - CUSIP NUMBERS 455057QM 4 AND 455057QN2 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 COMMERCIAL PAPER, 2005B, 2005I OF PRIOR ISSUES THE 2008 C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 1 03 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN 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 P URPOSES 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, RE FINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS T O 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 RED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 PART IV, LINE 1 - A REBATE COM PUTATION DATED JANUARY 19, 2011 WAS PERFORMED FOR THE ORGANIZATION 2005EF - CUSIP NUMBERS 59465HBX3 AND 59465HBY1 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS R ELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2005E BONDS AND 2005F BONDS (TOGETHER WITH THE 2005B BONDS, 2005C BONDS, 2 005G BONDS, 2005H BONDS AND 2005I BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YE AR) ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 1 50 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 THE INFORMATION FOR THE 2005E BONDS AND 2005F BONDS IN PART I IS PROVIDED FOR THE 2005E BONDS AND 2005F B ONDS ONLY, INFORMATION WITH RESPECT TO THE 2005B BONDS, 2005C BONDS, 2005F BONDS, 2005G BO NDS AND 2005I BONDS, WHICH HAVE BEEN RETIRED, IS NOT PROVIDED PART II, LINE 3 - TOTAL PRO CEEDS INCLUDE MODEST INVESTMEN

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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 FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR 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 REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2013 OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR 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 COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN MICHIGAN REFUND PRIOR ISSUE FROM 7/15/1998 PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 02/05/2015 INFORMATION REGARDING THE 2012A NC CHE BONDS, 2010 NC CHE BONDS AND 2008 NC CHE BONDS ISSUED BY THE NORTH CAROLINA MEDICAL CARE COMMISSION HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST JOSEPH OF THE PINES FOR CERTAIN PRIOR TAX YEARS 2012B PA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 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 REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS 2013 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 1997, 2000, 2003B AND 2003D THE 2013 MI-1, 2013 MI -2, 2013 MI-3, 2013MI-4, 2013

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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 RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2012 GA CHE BONDS AND THE 2012B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012 GA CHE BONDS ISSUED BY GREENE COUNTY DEVELOPMENT AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY 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 SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS INFORMATION REGARDING THE 2009 PA (MONTCO) CHE BONDS, THE 2007D PA CHE BONDS AND THE 2004C CHE BONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2010B PA CHE BONDS AND 2012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS ON DECEMBER 6, 2017, THE ORGANIZATION SUBMITTED A VOLUNTARY CLOSING AGREEMENT TO THE IRS RELATING TO THE 2010AB BONDS AND THE 2012A BONDS THE VCAP REQUEST CONCERNS A SALE OF PROPERTY ORIGINALLY FINANCED WITH PROCEEDS OF THE 1998 BONDS THAT WERE REFUNDED WITH PROCEEDS OF THE 2010AB BONDS AND 2012A BONDS THE SALE OF PROPERTY OCCURRED PRIOR TO THE ISSUE DATE OF THE 2010AB BONDS BECAUSE THE 2010AB BONDS AND 2012A BONDS REFUNDED BONDS ISSUED BEFORE 2003, THE AMOUNT OF PRIVATE BUSINESS USE RESULTING FROM THE SALE OF THE PROPERTY IS NOT REPORTED IN PART III 2012A FL THE 2012A FL CHE BONDS, 2012A NC CHE BONDS AND 2012A PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A FL CHE BONDS AND THE 2010 FL CHE BONDS ISSUED BY THE CITY OF TAMPA, FLORIDA HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF HOLY CROSS HOSPITAL, INC FOR CERTAIN PRIOR TAX YEARS

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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 YEA 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, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS AR E TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2010 CT CHE BONDS ISSUED BY THE STATE OF CONNECTICUT HE ALTH AND EDUCATIONAL FACILITIES AUTHORITY 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 PO RTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AN D OTHER HEALTH CARE FACILITIES PARTIAL REFUNDING 1998 CITY OF TAMPA, FLORIDA THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSE S OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A FL CHE B ONDS AND THE 2010 FL CHE BONDS ISSUED BY THE CITY OF TAMPA, FLORIDA HAS BEEN REPORTED IN T HE FORM 990 SCHEDULE K OF HOLY CROSS HOSPITAL, INC FOR CERTAIN PRIOR TAX YEARS 2010MA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IM PROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2010 FL CH E BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2007C MA CHE, 20 09 MA CHE AND 2010MA CHE BONDS ISSUED BY THE MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITI ES AUTHORITY HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF SISTERS OF PROVIDENCE HEALTH SYSTEM, INC FOR CERTAIN PRIOR TAX YEARS 2010NC REFUND 1998C BONDS ISSUED FROM 7/15/1998 THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CH E BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CER TAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 20 12A NC CHE BONDS , 2010 NC CHE BONDS AND 2008 NC CHE BONDS ISSUED BY THE NORTH CAROLINA ME DICAL CARE COMMISSION HAS BEEN

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 2010NJ TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES PART I I, LINE 11 OTHER SPENT PROCEEDS INCLUDES \$10,415,583 WHICH WERE USED TO TERMINATE AN INTEGRATED SWAP THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2010 NJ CHE BONDS ISSUED BY THE NEW JERSEY HEALTH CARE FACILITIES AUTHORITY HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF OUR LADY OF LOURDES MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS 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, 2010A PA CHE BONDS AND 2010B PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS INFORMATION REGARDING THE 2009 PA (MONTCO) CHE BONDS, THE 2007D PA CHE BONDS AND THE 2004C CHE BONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2010 B PA CHE BONDS AND 2012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS ON DECEMBER 6, 2017, THE ORGANIZATION SUBMITTED A VOLUNTARY CLOSING AGREEMENT TO THE IRS RELATING TO THE 2010AB BONDS AND THE 2012A BONDS THE VCAP REQUEST CONCERNS A SALE OF PROPERTY ORIGINALLY FINANCED WITH PROCEEDS OF THE 1998 BONDS THAT WERE REFUNDED WITH PROCEEDS OF THE 2010AB BONDS AND 2012A BONDS THE SALE OF PROPERTY OCCURRED PRIOR TO THE ISSUE DATE OF THE 2010AB BONDS BECAUSE THE 2010AB BONDS AND 2012A BONDS REFUNDED BONDS ISSUED BEFORE 2003, THE AMOUNT OF PRIVATE BUSINESS USE RESULTING FROM THE SALE OF THE PROPERTY IS NOT REPORTED IN PART III 2009 GA CURRENT REFUNDING & SWAP TERMINATION (2007B, ISSUED 4/19/07) THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 PA (MONTCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE 2009 MA TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES CURRENT REFUNDING AND SWAP TRANSACTION, 2007C PART IV, COLUMN A, LINE 6 PROCEEDS ARE HELD IN A YIELD RESTRICTED REFUNDING ESCROW THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 PA (MONTCO) CHE BO

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 SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2007C MA CHE, 2009 MA CHE AND 2010MA CHE BONDS ISSUED BY THE MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF SISTERS OF PROVIDENCE HEALTH SYSTEM, INC FOR CERTAIN PRIOR TAX YEARS 2009PA (MONTCO) TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFINANCE EXISTING DEBT AND CAPITAL PROJECTS (2007D, ISSUED 4/19/07) THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 PA (MONTCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE 2009PA (SMHA) PART II, COLUMN C, LINE 11 AMOUNT INCLUDES \$9,141,670 OF PROCEEDS WHICH WERE USED TO TERMINATE AN INTEGRATED SWAP THE 2009 GA CHE BONDS, 2009 MA CHE BONDS, 2009 PA (MONTCO) CHE BONDS AND 2009 PA (SMHA) CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR 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 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR CERTAIN PRIOR TAX YEARS 2007C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES ADVANCE REFUNDING, 1998B AND 2002 PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, 2007E NJ CHE BONDS AND 2007F PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2007C MA CHE, 2009 MA CHE AND 2010MA CHE BONDS ISSUED BY THE MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORTED IN THE FORM 990 SCHEDULE K OF SISTERS OF PROVIDENCE HEALTH SYSTEM, INC FOR CERTAIN PRIOR TAX YEARS 2007D REFINANCE EXISTING DEBT AND CAPITAL PROJECTS (2004C, ISSUED 12/14/04) THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, 2007E NJ CHE BONDS AND 2007F PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2010B PA CHE BONDS, THE 2007D PA CHE BONDS AND THE 2004C CHE BONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	2007E PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 PART III, LINE 8C CERTAIN HOSPITAL ASSETS THAT WERE FINANCED AND REFINANCED WITH PROCEEDS OF THE SERIES 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 ISSUES OF BONDS WITHIN THE PERMITTED TIMEFRAME AS A RESULT, THE HOSPITAL AND CHE FILED A LETTER 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 AND THE 2007E BONDS IN MAY 2013, AND DEFEASED A PORTION OF THE OUTSTANDING PRINCIPAL AMOUNT OF THE 2010 BONDS IN JUNE 2013 ON APRIL 15, 2014, CHE AND THE HOSPITAL EXECUTED A FINAL CLOSING AGREEMENT WITH THE IRS PURSUANT TO ITS VCAP SUBMISSION THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, 2007E NJ CHE BONDS AND 2007F PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR 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 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 INFORMATION REGARDING THE 2012A PA CHE BONDS, THE 2012B PA CHE BONDS, THE 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AUTHORITY FOR CERTAIN PRIOR TAX YEARS HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY MEDICAL CENTER FOR PRIOR TAX YEARS 2004C THE 2004B PA CHE BONDS AND 2004C PA CHE BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTION 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2009 PA (MONTCO) CHE BONDS, THE 2007D PA CHE BONDS AND THE 2004C CHE BONDS ISSUED BY THE MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY AND THE 2010B PA CHE BONDS AND 2012A PA CHE BONDS ISSUED BY THE SAINT MARY HOSPITAL AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY SUBURBAN HOSPITAL FOR CERTAIN PRIOR TAX YEARS 2015 MI FRN TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES 2015 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2004B, 2006A, 2006B, 2008A MI, 2008B IN SPHP 2008A , SPHP 2008B, SPHP 2008C, SPHP 2008D, SPHP 2008E SPHP 2011 THE 2015 MI, 2015 ID, 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 AMOUNT SHOWN IN PART II, LINE 6 IS THE PRESENT

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 R EFLECT 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 IN THE FORM 8038 2016 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CON STRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2005A, 2005D, 2008A-1 MI, SJHHC 2010A, SJHHC 2010B, SJHHC 2010C, SJHHC 2010D, S JHHC 2012, SJHHC 2014A, SJHHC 2014B THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD 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 THE FORM 8038 THE AMOUNT SHOWN IN PART II, LINE 6 IS THE PRESENT VALUE OF PROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON T HE REFUNDING ESCROW INVESTMENTS 2016 ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTIO N OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HO SPITALS AND OTHER HEALTH CARE FACILITIES THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 O F THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2016 MD TO FINANCE, REFINANCE O R REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEME NTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTION S 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2016 CT TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEME NTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILI TIES THE 2016 MI, 2016 ID, 2016 CT AND 2016 MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 1

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	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 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 - 574218T45 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 ID, 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 OH TO FINANCE, REFINANCE OR REI MBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS T O AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2017 MI, 2017 ID, 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, L INE C, ADDITIONAL CUSIP FOR 2017 MI SERIES - 353202FL3 A 2017 MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENT S TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2009A, 2010A P A, 2010B, 2010E, 2010 CT, 2011 IL, 2012A PA, 2012A FL THE A 2017 MI, A 2017 ID, AND A 201 7 OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 TH ROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	A 2017 ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE A 2017 MI, A 2017 ID, AND A 2017 OH 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 A 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 FACILITIES THE A 2017 MI, A 2017 ID, AND A 2017 OH 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 OTHER NOTES IN ALL CASES, THE INFORMATION IN PART I (OTHER THAN LINES 14 AND 15) IS PROVIDED ON THE BASIS OF THE SERIES LISTED IN PART I, BUT THE INFORMATION IN PART I (LINES 14 AND 15 ONLY), PART II, PART III (TO THE EXTENT APPLICABLE), PART IV AND PART V IS PROVIDED ON THE BASIS OF THE "ISSUES" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE WITH RESPECT TO CERTAIN OF THE BOND ISSUES DESCRIBED IN PART I, THE ORGANIZATION SOLD CERTAIN BOND-FINANCED PROPERTY TO ANOTHER 501(C)(3) ORGANIZATION WITH THE EXPECTATION THAT THE SALE POSSIBLY COULD CAUSE THE RESPECTIVE BOND ISSUES TO VIOLATE THE PRIVATE USE RESTRICTIONS AND OWNERSHIP REQUIREMENT OF SECTION 145(A) OF THE CODE ACCORDINGLY, THE ORGANIZATION HAS TAKEN AN ALTERNATIVE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION PURSUANT TO TREASURY REGULATIONS SECTIONS 1 141-12(E) AND 1 145-2 WITH RESPECT TO SUCH SALE IN CONNECTION WITH SUCH REMEDIAL ACTIONS, THE ORGANIZATION HAS FILED WITH THE SERVICE SUPPLEMENTAL FORMS 8038 WITH RESPECT TO PORTIONS OF BOND ISSUES TREATED AS "REISSUED" UNDER SECTIONS 141, 145, 147, 149 AND 150 OF THE TREASURY REGULATIONS SUCH "REISSUED" PORTIONS OF BOND ISSUES HAVE BEEN SEPARATELY REPORTED TO THE SERVICE IN SUPPLEMENTAL FORMS 8038 AND ARE NOT REPORTED IN THIS SCHEDULE K IN THE CASE OF BOND ISSUES THAT ARE PART NEW MONEY AND PART CURRENT REFUNDING, THE CURRENT REFUNDING PORTION MAY SEPARATELY MEET AN EXCEPTION FROM REBATE IN SUCH CASES, HOWEVER, THE SEPARATE QUALIFICATION FOR A REBATE EXCEPTION FOR THE CURRENT REFUNDING PORTION IS NOT REPORTED IN LINE 2B, ALTHOUGH THE EXCEPTION IS REPORTED IN CASES OF BOND ISSUES CONSISTING ONLY OF CURRENT REFUNDING PORTIONS IN THE CASE OF BONDS REPORTED AS ISSUED AS PART OF AN ADVANCE REFUNDING ISSUES, GROSS PROCEEDS IN THE REFUNDING ESCROW WERE INVESTED BEYOND AN APPLICABLE TEMPORARY PERIOD SUCH INVESTMENTS ARE NOT SEPARATELY REPORTED IN PART IV, LINE 8

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
35-1443425

Part I

Bond Issues

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

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired					35,120,000		17,010,000	
2	Amount of bonds legally defeased					78,800,000			
3	Total proceeds of issue	100,000,000		106,300,000		146,570,820		56,625,061	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	105,000		1,089,638		1,411,707		161,271	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	99,895,000		2,295,362		145,159,112		56,463,791	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2011		2011		2011		2010	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 050 %		0 050 %		0 050 %		0 100 %	
6 Total of lines 4 and 5	0 050 %		0 050 %		0 050 %		0 100 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
35-1443425

Part I

Bond Issues

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

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				50,595,000				2,385,000			
2	Amount of bonds legally defeased				465,000		60,445,000					
3	Total proceeds of issue				141,744,110		66,966,135		25,918,487		28,675,233	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				1,806,310		922,023		350,614		407,805	
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds						43,851,990		23,128,952		28,267,428	
11	Other spent proceeds											
12	Other unspent proceeds											
13	Year of substantial completion				2010		2011		2011		2010	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?					X		X		X		X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
35-1443425

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

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired			37,900,000		2,230,000		111,040,000	
2	Amount of bonds legally defeased	20,885,000		204,295,000				191,550,000	
3	Total proceeds of issue	21,368,626		240,023,448		102,840,000		310,760,101	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	281,772		2,862,297		1,221,195		4,333,551	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	21,086,854		195,188,952		101,618,805		100,131,203	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010		2010		2010		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 040 %		0 040 %			
6 Total of lines 4 and 5			0 040 %		0 040 %			
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X	X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .							11 240 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							X	
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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2017

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Employer identification number
35-1443425

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A IDAHO HEALTH FINANCE AUTHORITY	82-6051863	451295TG4	11-13-2008	174,671,330	SEE PART VI - 2008B		X		X		X
B MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HKR6	11-13-2008	391,470,000	SEE PART VI - 2008C		X		X		X
C INDIANA FINANCE AUTHORITY	35-1602316	455057QM4	11-13-2008	393,530,000	SEE PART VI - 2008D		X		X		X
D COUNTY OF FRANKLIN OHIO	31-6400067	353202FB5	11-17-2005	45,451,001	SEE PART VI - 2005A		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	18,265,000		95,275,000		54,450,000		19,475,000	
2	Amount of bonds legally defeased	148,340,000		4,625,000				23,715,000	
3	Total proceeds of issue	174,671,330		391,470,000		393,533,259		45,451,001	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,675,840		1,909,289		1,915,051		423,927	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	41,817,570				91,927,913			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2008		2008		2008		2005	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶			0 010 %		0 010 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 010 %		0 010 %			
6 Total of lines 4 and 5			0 020 %		0 020 %			
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X			X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .			1 180 %					
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			X					
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HBW5	11-17-2005	43,811,312	SEE PART VI - 2005D		X		X		X
B MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HBX3	11-17-2005	114,045,000	SEE PART VI - 2005EF		X		X		X
C IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCB8	10-30-2013	45,735,000	SEE PART VI - 2013ID		X		X		X
D MONTGOMERY COUNTY MARYLAND	52-6000980	61336PES6	10-30-2013	103,910,000	SEE PART VI - 2013MD		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				1,765,000		97,125,000					
2	Amount of bonds legally defeased				41,785,000							
3	Total proceeds of issue				43,811,312		115,720,785		45,735,000		103,910,000	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				425,197		556,501		612,913		767,787	
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds						115,044,475		45,122,087		103,142,213	
11	Other spent proceeds											
12	Other unspent proceeds											
13	Year of substantial completion				2005		2007		2013		2013	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?				X			X		X		X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
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OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
35-1443425

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF FRANKLIN OHIO	31-6400067	353202FK5	10-30-2013	87,245,000	SEE PART VI - 2013OH		X		X		X
B NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PCY9	04-24-2008	30,475,000	SEE PART VI - 2008NC		X		X		X
C ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCW2	01-09-2013	63,615,000	SEE PART VI - 2012B PA		X		X		X
D MICHIGAN FINANCE AUTHORITY	80-0596186	59447PXQ9	10-30-2013	390,060,000	SEE PART VI - 2013MI		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired			11,300,000		9,650,000			
2 Amount of bonds legally defeased					4,765,000			
3 Total proceeds of issue	87,245,000		30,475,000		63,615,000		390,068,202	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	897,007		203,569		615,000		1,433,206	
8 Credit enhancement from proceeds			66,021					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	86,347,993				63,000,000		388,626,794	
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2013		2008		2014		2013	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X			X		X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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2017

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Employer identification number
35-1443425

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A GREENE COUNTY DEVELOPMENT AUTHORITY	58-2267017	394374AC6	01-09-2013	39,191,498	SEE PART VI - 2012 GA		X		X		X
B ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCX0	06-27-2012	111,382,312	SEE PART VI - 2012A PA	X			X		X
C CITY OF TAMPA FLORIDA	59-1101138	87515EAW4	06-27-2012	30,191,951	SEE PART VI - 2012A FL	X			X		X
D NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PEN1	06-27-2012	18,037,065	SEE PART VI - 2012A NC	X			X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased			102,520,000		28,010,000		8,095,000	
3	Total proceeds of issue	39,192,495		111,382,312		30,191,951		18,037,065	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	556,135		1,312,312		371,951		227,065	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	38,286,128							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2017		2012		2012		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A STATE OF CONNECTICUT HLTH AND EDU FACILITIES AUTHORITY	06-0806186	20774UW35	04-07-2010	19,216,533	SEE PART VI - 2010CT	X			X		X
B CITY OF TAMPA FLORIDA	59-1101138	875231JR4	04-07-2010	26,829,425	SEE PART VI - 2010FL		X		X		X
C MASS HEALTH AND EDU FACILITIES AUTHORITY	04-2456011	57586ESB8	04-07-2010	16,901,948	SEE PART VI - 2010MA		X		X		X
D NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PEC5	04-07-2010	15,773,834	SEE PART VI - 2010NC		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				1,510,000		17,790,000		14,130,000		10,505,000	
2	Amount of bonds legally defeased				14,355,000							
3	Total proceeds of issue				19,216,533		26,829,425		16,901,948		15,773,834	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				420,433		377,525		244,733		191,309	
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds											
11	Other spent proceeds											
12	Other unspent proceeds											
13	Year of substantial completion				2010		2010		2010		2010	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?					X		X	X			X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NEW JERSEY HEALTH CARE FACILITIES FIN AUTHORITY	22-1987084	64579FZR7	03-31-2010	131,123,284	SEE PART VI - 2010NJ	X			X		X
B ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCA0	04-07-2010	164,735,960	SEE PART VI - 2010AB PA	X			X		X
C DVLPMT AUTHORITY OF THE UNIFIED GOVT OF ATHENS-CLARKE	58-2613761	040759BB5	03-19-2009	16,036,560	SEE PART VI - 2009 GA		X		X		X
D MASS HEALTH AND EDU FACILITIES AUTHORITY	04-2456011	57586EGR6	03-19-2009	30,099,842	SEE PART VI - 2009 MA		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				37,530,000		74,985,000		2,085,000		1,660,000	
2	Amount of bonds legally defeased				2,265,000		50,000,000					
3	Total proceeds of issue				131,123,284		164,735,960		16,036,560		30,099,842	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				1,688,124		1,881,637		296,790		538,942	
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds						48,138,523					
11	Other spent proceeds				10,415,583				3,442,770		6,718,900	
12	Other unspent proceeds											
13	Year of substantial completion				2010		2010		2009		2009	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?					X		X		X		X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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DLN: 93493134020629

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY	23-2447147	613603SH3	03-19-2009	5,396,661	SEE PART VI - 2009 PA (MONTCO)		X		X		X
B ST MARY HOSPITAL AUTHORITY	23-1913910	85230MBM5	03-19-2009	33,804,223	SEE PART VI - 2009 PA (SMHA)		X		X		X
C MASS HEALTH AND EDU FACILITIES AUTHORITY	04-2456011	57586CXY6	04-19-2007	51,475,000	SEE PART VI - 2007C	X			X		X
D MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY	23-2447147	613603SA8	04-19-2007	17,135,000	SEE PART VI - 2007D	X			X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	250,000		2,400,000		665,000		250,000	
2	Amount of bonds legally defeased	4,340,000				38,795,000		15,020,000	
3	Total proceeds of issue	5,396,661		33,804,223		51,475,000		17,135,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	107,496		540,303		463,590		163,662	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	1,334,790		9,141,670					
12	Other unspent proceeds								
13	Year of substantial completion	2009		2009		2007		2007	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X	X		X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X	X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	80 420 %						46 130 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X						X	
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

35-1443425

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NEW JERSEY HEALTH CARE FACILITIES FIN AUTHORITY	22-1987084	64579FQE6	04-19-2007	101,395,000	SEE PART VI - 2007E	X			X		X
B ST MARY HOSPITAL AUTHORITY	23-1913910	85230MBH6	04-19-2007	49,350,000	SEE PART VI - 2007F	X			X		X
C MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY	23-2447147	613603PV5	12-14-2004	18,533,876	SEE PART VI - 2004C	X			X		X
D MICHIGAN FINANCE AUTHORITY	80-0596186	59447P8C8	03-12-2015	100,000,000	SEE PART VI - 2015 MI FRN		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,920,000		155,000		250,000			
2	Amount of bonds legally defeased	98,150,000		45,255,000		18,200,000			
3	Total proceeds of issue	101,395,000		49,350,000		18,533,876		100,000,000	
4	Gross proceeds in reserve funds					1,697,620			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,005,646		411,085		261,396		391,000	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds					16,574,860		99,621,000	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007		2007		2005		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?	X		X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X	X			X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	1 390 %				5 670 %			
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X				X			
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X	X			X
b Name of provider					AIG MATCHED FUNDING			
c Term of GIC					180 0000000000 %			
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					X			
6 Were any gross proceeds invested beyond an available temporary period?	X			X	X			X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
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OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
35-1443425

Part I

Bond Issues

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

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	27,940,000		1,745,000				2,460,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	641,323,932		198,740,466		172,864,507		309,066,409	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	168,605,446		152,135,882				22,629,778	
7	Issuance costs from proceeds	3,439,918		1,051,583		950,375		2,264,528	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	206,331,193		22,889,858		171,914,132		227,027,955	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2015		2015		2015		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue?	X		X			X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493134020629			
Schedule K (Form 990)		Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047	
						2017	
		Department of the Treasury Internal Revenue Service Name of the organization TRINITY HEALTH CORPORATION				Employer identification number 35-1443425	

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

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired					1,960,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	25,287,426		48,224,317		249,760,524		263,795,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	283,297		180,047		1,757,514		619,951	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	25,004,129		48,044,270		248,003,010		263,175,049	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2016		2016		2016		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493134020629									
Schedule K (Form 990)		Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990 .						OMB No 1545-0047					
								2017					
								Open to Public Inspection					
Department of the Treasury Internal Revenue Service Name of the organization TRINITY HEALTH CORPORATION		Employer identification number 35-1443425											
Part I Bond Issues													
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
							Yes	No	Yes	No	Yes	No	
A	MICHIGAN FINANCE AUTHORITY	80-0596186	59447TPQ0	01-19-2017	181,377,952	SEE PART VI - 2017MI		X		X		X	
B	MARYLAND HEALTH AND HIGHER EDU FACILITIES AUTHORITY	52-0936091	574218T52	01-19-2017	32,616,932	SEE PART VI - 2017MD		X		X		X	
C	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCC6	01-19-2017	60,226,757	SEE PART VI - 2017ID		X		X		X	
D	COUNTY OF FRANKLIN OHIO	31-6400067	353202FM1	01-19-2017	96,071,211	SEE PART VI - 2017OH		X		X		X	
Part II Proceeds													
					A		B		C		D		
1	Amount of bonds retired												
2	Amount of bonds legally defeased												
3	Total proceeds of issue				181,377,952		32,616,932		60,226,757		96,071,615		
4	Gross proceeds in reserve funds												
5	Capitalized interest from proceeds												
6	Proceeds in refunding escrows												
7	Issuance costs from proceeds				1,711,045		402,142		674,801		970,231		
8	Credit enhancement from proceeds												
9	Working capital expenditures from proceeds												
10	Capital expenditures from proceeds				113,121,906		32,214,790		59,551,956		95,100,979		
11	Other spent proceeds				66,545,000								
12	Other unspent proceeds												
13	Year of substantial completion				2017		2017		2017		2017		
					Yes		No		Yes		No		
14	Were the bonds issued as part of a current refunding issue?				X						X		
15	Were the bonds issued as part of an advance refunding issue?						X				X		
16	Has the final allocation of proceeds been made?				X				X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X				X				
Part III Private Business Use													
					A		B		C		D		
					Yes		No		Yes		No		
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?						X				X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?						X				X		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.										Cat No 50193E		Schedule K (Form 990) 2017	

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

35-1443425

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MICHIGAN FINANCE AUTHORITY	80-0596186	59447TQV8	12-21-2017	952,628,773	SEE PART VI - 2017MI		X		X		X
B IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCF9	12-21-2017	49,302,119	SEE PART VI - 2017ID		X		X		X
C COUNTY OF FRANKLIN OHIO	31-6400067	353202FP4	12-21-2017	121,176,734	SEE PART VI - 2017OH		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	953,475,004		49,302,119		121,176,734			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	538,949,820							
7	Issuance costs from proceeds	24,491		724		703			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	330,951,255		49,301,395		121,176,031			
11	Other spent proceeds								
12	Other unspent proceeds	12,844,103							
13	Year of substantial completion	2018		2017		2017			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?		X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
TRINITY HEALTH CORPORATION**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public
Inspection****Employer identification number**

35-1443425

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH CORPORATION IS ORGANIZED ON A NON STOCK BASIS AS A CORPORATION GOVERNED BY A BOARD OF DIRECTORS WITH ONE CLASS OF DIRECTORS TRINITY HEALTH CORPORATION'S SPONSOR IS CATHOLIC HEALTH MINISTRIES, A PUBLIC JURIDIC PERSON OF THE ROMAN CATHOLIC CHURCH ALL PERSONS WHO ARE MEMBERS OF CATHOLIC HEALTH MINISTRIES SHALL BE DIRECTORS OF TRINITY HEALTH CORPORATION EACH DIRECTOR SHALL HOLD OFFICE UNTIL HIS OR HER SUCCESSOR IS APPOINTED OR UNTIL HIS OR HER RESIGNATION OR REMOVAL

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TRINITY HEALTH CORPORATION HAS ADOPTED A GOVERNANCE POLICY WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF TRINITY HEALTH CORPORATION, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF TRINITY HEALTH CORPORATION AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST. ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF TRINITY HEALTH CORPORATION (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO TRINITY HEALTH CORPORATION OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF TRINITY HEALTH CORPORATION (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF TRINITY HEALTH CORPORATION. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1	MARY FANNING, RSM, IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY HAVING TAKEN A VOW OF POVERTY, MARY FANNING, RSM DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH CORPORATION INSTEAD, A TOTAL OF \$35,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR MARY FANNING, RSM'S SERVICES KATHLEEN POPKO, 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 CORPORATION 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 POVERTY, 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 CORPORATION 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 INSTEAD, A TOTAL OF \$55,000 WAS PAID BY TRINITY HEALTH CORPORATION DIRECTLY TO THE RELIGIOUS SISTERS OF MERCY FOR LINDA WERTHMAN, RSM'S SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2	THE AUDITED FINANCIAL STATEMENTS OF TRINITY HEALTH INCLUDE THE PARENT ORGANIZATION AND ITS SUBSIDIARIES THE FY18 CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT P UBLIC ACCOUNTING FIRM

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TRINITY HEALTH PARTNERS LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-2798085	POPULATION HEALTH MANAGEMENT	DE	1,002,502	21,639,006	TRINITY HEALTH CORPORATION

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

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

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

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
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 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTH CARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	GOTTLIEB MEMORIAL HOSPITAL	Yes	
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 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	Yes	
30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 2153 WATERBURY, CT 06722 83-0416893	MANAGEMENT	CT	501(C)(3)	LINE 12A, I	N/A		No
2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 52-0738041	HEALTH CARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
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	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTH CARE SERVICES	FL	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA CORP	Yes	
4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 12A, I	N/A		No
24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 47-5676956	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL	Yes	
7500 K JOHNSON BOULEVARD BORDENTOWN, NJ 08505 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 10	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	ST JOSEPH OF THE PINES INC	Yes	
1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 10	ST MARY MEDICAL CENTER	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SERVICE AUXILIARY	NJ	501(C)(3)	LINE 12B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORATION SERVICES	IL	501(C)(3)	LINE 10	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 12B, II	ST PETER'S HEALTH PARTNERS	Yes	
801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
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	CT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH INC	Yes	
PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
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	CT	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 12B, II	N/A		No
1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTH CARE AND HOSPITAL SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	Yes	
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTH CARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	Yes	
1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM INC	Yes	
PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
PO BOX 7957 MOBILE, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	HEALTH CARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 16-1535133	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 12A, I	N/A		No
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTH CARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 12C, III-FI	N/A		No
114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998	LONG TERM CARE	ME	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTH CARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	Yes	
565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 12A, I	NAZARETH HOSPITAL	Yes	
2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTH CARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTH CARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTH CARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTH CARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OH	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	MA	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	MA	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 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	
1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	Yes	

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						Yes	No
3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTH CARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	Yes	
4300 E FLAMINGO AVENUE NAMPA, ID 83687 82-0200896	HEALTH CARE AND HOSPITAL SERVICES	ID	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	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTH CARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0646813	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 10	SAINT MICHAEL'S MEDICAL CENTER	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 10	TRINITY HEALTH PACE	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	HEALTH CARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	
424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTH CARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	

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						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 06-0646844	HEALTH CARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE SERVICES	NY	501(C)(3)	LINE 10	ST PETER'S HEALTH PARTNERS	Yes	
2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
504 STATE STREET SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
ONE ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 10	SETON HEALTH SYSTEM INC	Yes	
310 S MANNING BLVD ALBANY, NY 12208 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SETON HEALTH SYSTEM INC	Yes	
1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTH CARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 12A, I	ST AGNES CONTINUING CARE CENTER	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 12A, I	ST FRANCIS HOSPITAL	Yes	
PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTH CARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTH CARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	Yes	
100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	

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						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	CT	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	

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						Yes	No
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVENUE SCHENECTADY, NY 12308 14-1338386	HEALTH CARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 12A, I	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Yes	
445 NEW KARNER RD ALBANY, NY 12205 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
445 NEW KARNER RD ALBANY, NY 12205 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
707 EAST CEDAR STREET STE 175 SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 10	LTC (EDDY) INC	Yes	
1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	HEALTH CARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 12B, II	N/A		No
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320699	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	Yes	
309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTH CARE SERVICES	MI	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
PO BOX 9184 FARMINGTON HILLS, MI 48333 82-4005577	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTH CARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 12B, II	CATHOLIC HEALTH MINISTRIES		No
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	Yes	
20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	Yes	
3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 15-0532190	HEALTH CARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

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

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

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

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

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

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								Yes	No
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	
SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
SJPMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
ST ELIZABETH HEALTH SUPPORT SERVICES INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	
SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161	LAB SERVICES	MA	N/A	C				Yes	

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								Yes	No
THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTH CARE SERVICES	MI	N/A	C				Yes	
TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	SELF-INSURANCE	CJ	N/A	C				Yes	
TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	TRINITY HEALTH CORPORATION	C	-6,654,921	20,682,172	100 000 %	Yes	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	TRINITY HEALTH CORPORATION	T			100 000 %	Yes	
TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount involved	(d) Method of determining amount involved
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP	P	134,335	PER BOOKS
ALLEGANY FRANCISCAN MINISTRIES INC	C	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	C	150,628	PER BOOKS
GLOBAL HEALTH MINISTRY	B	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	A	619,647	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	C	2,243,475	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	L	2,400,710	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	M	271,770	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	P	2,444,739	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	Q	4,717,665	PER BOOKS
GOTTLIEB MEMORIAL HOSPITAL	S	52,360	PER BOOKS
HEALTH MANAGEMENT SERVICES ORG INC	L	829,668	PER BOOKS
HOLY CROSS HEALTH INC	A	15,363,414	PER BOOKS
HOLY CROSS HEALTH INC	B	391,596	PER BOOKS
HOLY CROSS HEALTH INC	C	13,696,784	PER BOOKS
HOLY CROSS HEALTH INC	L	40,634,893	PER BOOKS
HOLY CROSS HEALTH INC	P	3,862,020	PER BOOKS
HOLY CROSS HEALTH INC	Q	13,631,670	PER BOOKS
HOLY CROSS HEALTH INC	S	1,298,158	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HOLY CROSS HOSPITAL INC	A	5,806,755	PER BOOKS
HOLY CROSS HOSPITAL INC	B	788,875	PER BOOKS
HOLY CROSS HOSPITAL INC	C	10,614,181	PER BOOKS
HOLY CROSS HOSPITAL INC	L	29,124,746	PER BOOKS
HOLY CROSS HOSPITAL INC	M	586,923	PER BOOKS
HOLY CROSS HOSPITAL INC	P	4,834,098	PER BOOKS
HOLY CROSS HOSPITAL INC	Q	11,711,935	PER BOOKS
HOLY CROSS HOSPITAL INC	S	490,652	PER BOOKS
IHA HEALTH SERVICES CORPORATION	C	99,000	PER BOOKS
IHA HEALTH SERVICES CORPORATION	P	676,535	PER BOOKS
JOHNSON MEMORIAL HOSPITAL INC	Q	713,976	PER BOOKS
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	A	8,902,524	PER BOOKS
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	S	752,230	PER BOOKS
LOYOLA UNIVERSITY HEALTH SYSTEM	A	21,572,949	PER BOOKS
LOYOLA UNIVERSITY HEALTH SYSTEM	L	540,670	PER BOOKS
LOYOLA UNIVERSITY HEALTH SYSTEM	S	1,761,618	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	B	56,743	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	C	20,300,597	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	L	61,729,407	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	M	2,018,038	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	P	5,171,026	PER BOOKS
LOYOLA UNIVERSITY MEDICAL CENTER	Q	44,048,859	PER BOOKS
MAXIS HEALTH SYSTEM	A	229,640	PER BOOKS
MAXIS HEALTH SYSTEM	B	49,750,613	PER BOOKS
MERCY CARE FOUNDATION	L	64,030	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	P	1,478,608	PER BOOKS
MERCY COMMUNITY HEALTH INC	A	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	A	5,787,452	PER BOOKS
MERCY HEALTH PARTNERS	B	199,080	PER BOOKS
MERCY HEALTH PARTNERS	C	11,459,150	PER BOOKS
MERCY HEALTH PARTNERS	D	50,000,000	PER BOOKS
MERCY HEALTH PARTNERS	L	51,263,761	PER BOOKS
MERCY HEALTH PARTNERS	M	1,244,860	PER BOOKS
MERCY HEALTH PARTNERS	P	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	A	7,777,861	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	B	153,956	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	C	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	P	7,581,687	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	Q	17,790,056	PER BOOKS
MERCY HEALTH SERVICES - IOWA CORP	S	656,997	PER BOOKS
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	A	4,320,853	PER BOOKS
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	C	13,627,132	PER BOOKS
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	L	37,604,632	PER BOOKS

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount involved	(d) Method of determining amount involved
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	M	100,136	PER BOOKS
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	P	2,373,671	PER BOOKS
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Q	24,024,482	PER BOOKS
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	S	365,100	PER BOOKS
MERCY HOSPITAL AND MEDICAL CENTER	A	1,095,013	PER BOOKS
MERCY HOSPITAL AND MEDICAL CENTER	B	62,800	PER BOOKS
MERCY HOSPITAL AND MEDICAL CENTER	L	17,126,149	PER BOOKS
MERCY HOSPITAL AND MEDICAL CENTER	P	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	A	648,427	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	C	3,043,936	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	L	10,635,731	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	P	998,727	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	Q	3,166,661	PER BOOKS
MERCY MEDICAL CENTER - CLINTON INC	S	54,792	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	A	25,241,331	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	C	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	M	182,306	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	P	12,443,298	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	Q	27,488,223	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM	S	2,127,322	PER BOOKS
MOUNT CARMEL HEALTH SYSTEM FOUNDATION	L	121,024	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
OUR LADY OF LOURDES HEALTH CARE SERVICES INC	C	845,294	PER BOOKS
OUR LADY OF LOURDES HEALTH CARE SERVICES INC	L	27,644,229	PER BOOKS
OUR LADY OF LOURDES HEALTH CARE SERVICES INC	P	2,436,300	PER BOOKS
OUR LADY OF LOURDES HEALTH CARE SERVICES INC	Q	10,915,813	PER BOOKS
PITTSBURGH MERCY HEALTH SYSTEM INC	C	881,288	PER BOOKS
PITTSBURGH MERCY HEALTH SYSTEM INC	L	434,592	PER BOOKS
PITTSBURGH MERCY HEALTH SYSTEM INC	P	135,383	PER BOOKS
PITTSBURGH MERCY HEALTH SYSTEM INC	Q	3,791,729	PER BOOKS
RIVERBEND MEDICAL GROUP INC	P	896,436	PER BOOKS
SAINT AGNES MEDICAL CENTER	A	3,556,272	PER BOOKS
SAINT AGNES MEDICAL CENTER	B	87,652	PER BOOKS
SAINT AGNES MEDICAL CENTER	C	15,890,988	PER BOOKS
SAINT AGNES MEDICAL CENTER	L	39,212,340	PER BOOKS
SAINT AGNES MEDICAL CENTER	P	5,590,342	PER BOOKS
SAINT AGNES MEDICAL CENTER	Q	10,257,313	PER BOOKS
SAINT AGNES MEDICAL CENTER	S	300,495	PER BOOKS
SAINT ALPHONSUS HEALTH SYSTEM INC	L	51,882,042	PER BOOKS
SAINT ALPHONSUS HEALTH SYSTEM INC	M	93,336	PER BOOKS
SAINT ALPHONSUS HEALTH SYSTEM INC	Q	10,138,261	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	A	403,733	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	C	70,452	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	L	728,020	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	P	100,510	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	Q	638,441	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	A	1,900,283	PER BOOKS

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	C	289,136	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	L	3,551,868	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	P	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	A	776,027	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	C	119,218	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	L	2,256,610	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	P	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	A	6,967,796	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	B	572,199	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	C	15,726,548	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	L	17,671,524	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	M	201,611	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	P	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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	C	16,621,532	PER BOOKS
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	L	51,959,712	PER BOOKS
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	M	612,162	PER BOOKS
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	P	1,248,123	PER BOOKS
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Q	30,442,532	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	A	226,186	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	L	63,616	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	A	11,099,829	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	L	50,222	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	S	937,899	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	B	60,336	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	C	12,019,116	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	L	33,949,649	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	M	149,921	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	P	6,185,738	PER BOOKS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Q	9,650,313	PER BOOKS
SAINT JOSEPH'S HEALTH SYSTEM INC	C	168,312	PER BOOKS
SAINT JOSEPH'S HEALTH SYSTEM INC	L	240,863	PER BOOKS
SAINT JOSEPH'S HEALTH SYSTEM INC	Q	1,221,102	PER BOOKS
SAINT MARY'S HOSPITAL INC	P	230,186	PER BOOKS
ST AGNES CONTINUING CARE CENTER	L	352,998	PER BOOKS
ST FRANCIS HOSPITAL INC	A	4,193,157	PER BOOKS
ST FRANCIS HOSPITAL INC	C	2,225,698	PER BOOKS
ST FRANCIS HOSPITAL INC	L	12,752,339	PER BOOKS
ST FRANCIS HOSPITAL INC	P	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	A	2,885,708	PER BOOKS
ST FRANCIS MEDICAL CENTER TRENTON NJ	B	605,315	PER BOOKS
ST FRANCIS MEDICAL CENTER TRENTON NJ	C	870,668	PER BOOKS
ST FRANCIS MEDICAL CENTER TRENTON NJ	L	8,639,679	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST FRANCIS MEDICAL CENTER TRENTON NJ	P	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	A	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	A	1,295,272	PER BOOKS
ST JOSEPH'S HEALTH CENTER PROPERTIES INC	S	109,446	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	A	9,382,171	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	B	4,894,941	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	D	28,000,000	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	L	26,705,963	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	M	911,809	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	P	2,254,636	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	Q	12,557,621	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER	S	789,096	PER BOOKS
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC	B	477,772	PER BOOKS
ST JOSEPH'S MEDICAL PC	A	46,871	PER BOOKS
ST MARY MEDICAL CENTER	A	4,636,805	PER BOOKS
ST MARY MEDICAL CENTER	C	7,233,671	PER BOOKS
ST MARY MEDICAL CENTER	L	30,520,521	PER BOOKS
ST MARY MEDICAL CENTER	M	86,880	PER BOOKS
ST MARY MEDICAL CENTER	P	3,638,963	PER BOOKS
ST MARY MEDICAL CENTER	Q	18,125,144	PER BOOKS

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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ST MARY MEDICAL CENTER	S	391,795	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	A	2,485,743	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	C	3,501,127	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	L	13,161,332	PER BOOKS
ST MARY'S HEALTH CARE SYSTEM INC	P	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	C	824,232	PER BOOKS
ST PETER'S HEALTH PARTNERS	L	74,879,414	PER BOOKS
ST PETER'S HEALTH PARTNERS	M	1,523,260	PER BOOKS
ST PETER'S HEALTH PARTNERS	P	5,322,919	PER BOOKS
ST PETER'S HEALTH PARTNERS	Q	31,355,148	PER BOOKS
ST PETER'S HOSPITAL	A	10,492,168	PER BOOKS
ST PETER'S HOSPITAL	B	161,392	PER BOOKS
ST PETER'S HOSPITAL	C	7,531,000	PER BOOKS
ST PETER'S HOSPITAL	P	7,531,000	PER BOOKS
ST PETER'S HOSPITAL	S	437,412	PER BOOKS
THE MERCY HOSPITAL INC	A	4,416,873	PER BOOKS
THE MERCY HOSPITAL INC	B	451,496	PER BOOKS
THE MERCY HOSPITAL INC	C	1,460,389	PER BOOKS
THE MERCY HOSPITAL INC	L	24,436,745	PER BOOKS
THE MERCY HOSPITAL INC	M	572,951	PER BOOKS
THE MERCY HOSPITAL INC	P	1,441,937	PER BOOKS
THE MERCY HOSPITAL INC	Q	12,979,182	PER BOOKS
THE MERCY HOSPITAL INC	S	373,208	PER BOOKS

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TRINITY ASSURANCE LTD	C	619,737	PER BOOKS
TRINITY ASSURANCE LTD	L	957,547	PER BOOKS
TRINITY ASSURANCE LTD	P	71,803,347	PER BOOKS
TRINITY CONTINUING CARE SERVICES	A	5,352,926	PER BOOKS
TRINITY CONTINUING CARE SERVICES	C	4,983,237	PER BOOKS
TRINITY CONTINUING CARE SERVICES	L	7,629,759	PER BOOKS
TRINITY CONTINUING CARE SERVICES	P	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	A	30,547,533	PER BOOKS
TRINITY HEALTH - MICHIGAN	C	81,492,647	PER BOOKS
TRINITY HEALTH - MICHIGAN	L	205,617,547	PER BOOKS
TRINITY HEALTH - MICHIGAN	M	454,302	PER BOOKS
TRINITY HEALTH - MICHIGAN	P	20,266,930	PER BOOKS
TRINITY HEALTH - MICHIGAN	Q	52,836,153	PER BOOKS
TRINITY HEALTH - MICHIGAN	S	2,581,158	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	A	10,951,090	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	B	52,166	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	C	87,735	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	D	45,000,000	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	L	410,616	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	P	87,735	PER BOOKS
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	S	922,388	PER BOOKS
TRINITY HEALTH PACE	A	843,356	PER BOOKS
TRINITY HEALTH PACE	C	261,840	PER BOOKS

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TRINITY HEALTH PACE	L	869,540	PER BOOKS
TRINITY HEALTH PACE	P	144,347	PER BOOKS
TRINITY HEALTH PACE	Q	2,003,118	PER BOOKS
TRINITY HEALTH PACE	S	71,261	PER BOOKS
TRINITY HOME HEALTH SERVICES	A	20,374	PER BOOKS
TRINITY HOME HEALTH SERVICES	C	3,759,576	PER BOOKS
TRINITY HOME HEALTH SERVICES	L	4,188,642	PER BOOKS
TRINITY HOME HEALTH SERVICES	P	2,241,867	PER BOOKS
TRINITY HOME HEALTH SERVICES	Q	4,055,567	PER BOOKS