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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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 PKWY

Room/suite

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

LIVONIA, MI 481527031

F Name and address of principal officer

MICHAEL SLUBOWSKI

20555 VICTOR PKWY

LIVONIA, MI 481527031

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 ▶

D Employer identification number

35-1443425

E Telephone number

(734) 343-1000

G Gross receipts \$ 2,046,287,440

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 2018 (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)

Prior Year

1,004,810

Current Year

2,484,282

1,468,198,159

1,680,234,768

309,262,440

326,157,249

29,256,366

37,411,141

1,807,721,775

2,046,287,440

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

Prior Year

7,974,034

8,244,533

0

0

636,764,633

756,496,890

0

0

1,144,398,177

1,243,420,461

1,789,136,844

2,008,161,884

18,584,931

38,125,556

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

Beginning of Current Year

10,015,990,318

10,084,513,697

9,640,781,423

9,982,672,306

375,208,895

101,841,391

End of Year

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

Signature of officer

2020-07-09

Date

CYNTHIA CLEMENCE SVP, INTERIM 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 (2018)

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 \$ 1,960,743,388 including grants of \$ 8,244,533) (Revenue \$ 1,717,077,445)
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 ► 1,960,743,388

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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	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	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Yes	
24c	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	
24d	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
25b	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)		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	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
28c	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	
35b	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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	5,313	2b	Yes	
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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 14		
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	No
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	

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-A 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:
 CYNTHIA CLEMENCE 20555 VICTOR PARKWAY LIVONIA, MI 481527018 (734) 343-1328

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

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

☒

● 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]

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

[illegible]

1b Sub-Total										▶			
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c Total from continuation sheets to Part VII, Section A				
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d Total (add lines 1b and 1c)	31,662,005	217,238	3,870,023
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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 ▶ 1,495

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORPORATION 10200 ABILITIES WAY KANSAS CITY, KS 66111	SOFTWARE SERVICES	45,319,150
PRESIDIO NETWORKED SOLUTIONS 48325 ALPHA DR WIXOM, MI 48393	SOFTWARE SERVICES	40,290,780
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	SOFTWARE SERVICES	40,003,268
MELILLO CONSULTING INC 285 DAVIDSON AVENUE SUITE 202 SOMERSET, NJ 08873	IT CONSULTING	32,610,733
STRATEGIC STAFFING SOLUTIONS 645 GRISWOLD ST DETROIT, MI 48226	TEMPORARY SERVICES	30,511,073

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 440	
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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	1,378,137			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	106,145			
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f ▶		2,484,282			
Program Service Revenue			Business Code			
	2a SUBSIDIARY FEES	551114	1,609,333,227	1,609,333,227		
	b INTERCOMPANY PURCHASED SERVICES	551114	70,901,541	70,901,541		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	9 Total. Add lines 2a-2f ▶		1,680,234,768			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		276,649,909		-809,672	277,459,581
	4 Income from investment of tax-exempt bond proceeds ▶		182,465			182,465
	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				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶		49,324,875			49,324,875
	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	551114	36,842,677	36,842,677		
b INCOME UNDER SECTION 512(B)(17)	524298	568,464		568,464		
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		37,411,141				
12 Total revenue. See Instructions ▶		2,046,287,440	1,717,077,445	-241,208	326,966,921	

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.	8,244,533	8,244,533		
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.	18,495,252		18,495,252	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	4,563,596		4,563,596	
7 Other salaries and wages.	549,476,952	549,476,952		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	34,184,740	32,844,810	1,339,930	
9 Other employee benefits.	114,554,350	110,064,194	4,490,156	
10 Payroll taxes.	35,222,000	33,841,413	1,380,587	
11 Fees for services (non-employees):				
a Management.	4,162,069		4,162,069	
b Legal.	6,298,222		6,298,222	
c Accounting.	5,598,910		5,598,910	
d Lobbying.	300,000		300,000	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	789,774		789,774	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	149,807,681	149,807,681		
12 Advertising and promotion.	1,271,127	1,271,127		
13 Office expenses.	76,925,754	76,925,754		
14 Information technology.	292,286,624	292,286,624		
15 Royalties.				
16 Occupancy.	25,696,390	25,696,390		
17 Travel.	16,303,233	16,303,233		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	6,180,626	6,180,626		
20 Interest.	239,973,026	239,973,026		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	130,313,864	130,313,864		
23 Insurance.	153,880,301	153,880,301		
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	130,155,405	130,155,405		
b SUBSCRIPTIONS & DUES	3,477,455	3,477,455		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	2,008,161,884	1,960,743,388	47,418,496	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	73,223	1	2,196
	2 Savings and temporary cash investments		2	49,979,500
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	29,877,368	4	68,136,085
	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	6,052,978,712	7	6,072,700,246
	8 Inventories for sale or use	23,567,075	8	17,916,685
	9 Prepaid expenses and deferred charges	116,297,908	9	129,185,342
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,467,385,922		
	b Less: accumulated depreciation	10b 797,582,408	556,012,064	10c 669,803,514
	11 Investments—publicly traded securities	1,841,602,501	11	1,750,571,911
	12 Investments—other securities. See Part IV, line 11	973,407,439	12	918,811,546
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	422,174,028	15	407,406,672
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,015,990,318	16	10,084,513,697	
Liabilities	17 Accounts payable and accrued expenses	1,448,641,473	17	1,769,075,181
	18 Grants payable		18	
	19 Deferred revenue	843,825	19	229,519
	20 Tax-exempt bond liabilities	6,202,536,611	20	6,291,962,421
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,890,630	23	
	24 Unsecured notes and loans payable to unrelated third parties	99,904,381	24	99,493,472
	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	1,885,964,503	25	1,821,911,713
	26 Total liabilities. Add lines 17 through 25	9,640,781,423	26	9,982,672,306
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	375,192,178	27	101,719,192
	28 Temporarily restricted net assets	16,717	28	122,199
	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	375,208,895	33	101,841,391	
34 Total liabilities and net assets/fund balances	10,015,990,318	34	10,084,513,697	

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	2,046,287,440
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,008,161,884
3	Revenue less expenses Subtract line 2 from line 1	3	38,125,556
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	375,208,895
5	Net unrealized gains (losses) on investments	5	-13,046,603
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	-298,446,457
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	101,841,391

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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 35-1443425

Name: TRINITY HEALTH CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a:

TRINITY HEALTH CORPORATION'S PURPOSE IS TO GOVERN, MANAGE, AND PROVIDE ADMINISTRATIVE SERVICES TO ITS SUBSIDIARIES, WHICH INCLUDE HOSPITAL ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3) THAT 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 HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS IN FISCAL YEAR 2019, EVERY TRINITY HEALTH ENTITY FOCUSED ON 1 REDUCING TOBACCO USE 2 REDUCING OBESITY PREVALENCE3 ADDRESSING AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED BY THEIR HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT4 ADDRESSING AT LEAST ONE SOCIAL INFLUENCER OF HEALTH TRINITY HEALTH ACKNOWLEDGES THAT SOCIAL INFLUENCERS OF HEALTH - SUCH AS ADEQUATE HOUSING, PERSONAL SAFETY AND ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE - HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF ITS COMMUNITIES IN AN EFFORT TO ADDRESS SOME OF THESE INFLUENCERS, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) IN FISCAL YEAR 2016 TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE HOSPITALS OF TRINITY HEALTH TCI IS A SHARED FUNDING MODEL AND TECHNICAL-ASSISTANCE INITIATIVE SUPPORTING EIGHT TRINITY HEALTH HOSPITALS AND THEIR COMMUNITY PARTNERS TO IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AND TO AFFECT CHANGE RELATED TO THE SOCIAL INFLUENCERS OF HEALTH IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED \$3.7 MILLION IN TCI AND HAS LEVERAGED OVER \$6.5 MILLION IN COMMUNITY MATCH FUNDING TO DATE ADDITIONALLY, TRINITY HEALTH'S GOOD SAMARITAN INITIATIVE (GSI) INVESTED \$751,000 IN NINE REGIONAL HEALTH MINISTRIES TO SUPPORT THE INTEGRATION OF 16 COMMUNITY HEALTH WORKERS INTO CARE MANAGEMENT TEAMS TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION IN ADDITION TO THE PROGRAMMATIC SPENDING DESCRIBED ABOVE, THE SYSTEM DEPLOYED NEW AND RENEWED LOANS OF \$5.3 MILLION FOR PLACE-BASED INVESTING TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATION, AND ECONOMIC DEVELOPMENT THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF \$6.0 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED NEARLY \$1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE 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 DIRECTOR, CEO THROUGH 6/19	54 00 1 00	X		X				2,823,784	0	127,974
JAMES BENTLEY PHD DIRECTOR, CHAIR	8 00 1 00	X		X				65,000	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
RITA BROGLEY DIRECTOR AS OF 6/19	4 00 1 00	X						0	0	0
MELANIE DREHER PHD RN DIRECTOR THROUGH 12/18	4 00 1 00	X						55,000	0	0
MARY FANNING RSM DIRECTOR	4 00 1 00	X						0	0	0
BARRETT HATCHES PHD DIRECTOR AS OF 9/18	4 00 1 00	X						17,500	0	0
GEORGE PHILIP JD 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			
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
JOAN MARIE STEADMAN CSC DIRECTOR	4 00 1 00	X						0	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 SEC/EVP/CHIEF LEGAL OFFCR THR 8/18	54 00 1 00			X				1,229,277	0	556,844
LINDA ROSS SEC/EVP/CHIEF LEGAL OFFCR AS OF 9/18	53 00 2 00			X				785,450	0	54,449
MICHAEL HEMSLEY ASSISTANT SECRETARY, DEP GEN CSL	45 00 5 00			X				809,748	0	70,939
JOSHUA MOORE ASSISTANT SECR, VP MANAGING COUNSEL	49 00 1 00			X				253,782	0	40,708

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			
JOHN RODIS MD PRESIDENT, SAINT FRANCIS HOSPITAL	0 00 55 00					X		1,223,346	0	49,577
SUSAN CROUSHORE PRESIDENT, MERCY HEALTH OF SEPA	0 00 55 00					X		1,206,421	0	65,270
ROGER SPOELMAN LUHS INT CEO THR 10/18, SVP 10-12/18	50 00 5 00					X		1,083,418	0	70,858
PHILIP BOYLE FORMER KEY EMPLOYEE, SVP, MISSION	50 00 0 00						X	525,821	0	41,544
MICHAEL FINEGAN FORMER KE, PRES ACUTE CARE ST PETER'S	0 00 55 00						X	663,064	0	44,224
PAUL HARKAWAY MD FORMER KE, CHIEF ACCT CARE DEV OFFCR	49 00 1 00						X	779,330	0	51,900
CYNTHIA FRY FORMER KEY EMP, SVP, REV EXCELLENCE	49 00 1 00						X	658,428	0	50,737
MICHAEL HOLPER FORMER KEY EMP, SVP, INTEG/AUDIT SVCS	45 00 5 00						X	750,932	0	49,886
AGNES HAGERTY FORMER OFFICER, ASSOCIATE COUNSEL	0 00 30 00						X	142,848	0	1,304
BARBARA WALTERS DO FORMER KEY EMPLOYEE	0 00 0 00						X	1,414,054	0	958,453

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			
MARK FROMSON MD FORMER KEY EMPLOYEE	0 00 0 00						X	1,378,960	0	14,593
CLAYTON FITZHUGH FORMER KEY EMPLOYEE	0 00 0 00						X	0	217,238	0
NORA TRIOLA RN FORMER KEY EMPLOYEE	0 00 0 00						X	854,804	0	430,132
PAUL CONLON FORMER KEY EMPLOYEE	0 00 0 00						X	802,386	0	189,491

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations 21
- 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	21				6,324,059	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6	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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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 I, LINE 12G (VI)	TRINITY HEALTH CORPORATION PROVIDES HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT SERVICES TO ITS SUPPORTED ORGANIZATIONS

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 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 SYSTEM PARENT OF THE OTHER SUPPORTED ORGANIZATIONS FOR THOSE SUPPORTED ORGANIZATIONS THAT ARE FIRST-TIER SUBSIDIARIES, TRINITY HEALTH CORPORATION HAS THE POWER TO APPOINT ALL PERSONS TO THE BOARD OF THE SUPPORTED ORGANIZATION, AS WELL AS THE POWER TO APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET TRINITY HEALTH CORPORATION MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALES OF ASSETS IN EXCESS OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS FOR THOSE SUPPORTED ORGANIZATIONS THAT ARE NON FIRST-TIER SUBSIDIARIES, TRINITY HEALTH CORPORATION HAS RESERVED POWERS THAT INCLUDE THE AUTHORITY TO ADOPT OR MODIFY THE ORGANIZATION'S GOVERNING DOCUMENTS, TO APPROVE MAJOR CHANGES SUCH AS A MERGER OR DISSOLUTION, AND TO APPROVE SIGNIFICANT FINANCE MATTERS IN EXCESS OF CERTAIN LIMITS ESTABLISHED BY TRINITY HEALTH CORPORATION

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	2,235,130	0
(B) HOLY CROSS HEALTH INC	520738041	3		No	535,745	0
(C) MOUNT CARMEL HEALTH SYSTEM	311439334	3		No	538	0
(D) HOSP SUBS ST JOSEPH REG MED CTR	351568821	3		No	109,592	0
(E) HOSP SUBS ST ALPHONSUS HEALTH SYSTEM	271929502	3		No	561,515	0
(F) SAINT AGNES MEDICAL CENTER	941437713	3		No	291,208	0
(G) MERCY HEALTH SERVICES - IOWA CORP	311373080	3		No	67,389	0
(H) MERCY HEALTH PARTNERS	382589966	3		No	129,960	0
(I) HOSP SUBS MERCY HLTH SYS OF CHICAGO	363163327	3		No	246,501	0
(J) HOSP SUBS LOYOLA UNIV HEALTH SYSTEM	363342448	3		No	38,311	0
(K) MERCY MEDICAL CENTER - CLINTON	421336618	3		No	0	0
(L) HOSP SUBS OF ST MARY'S HEALTH CARE SYSTEM	580566223	3		No	0	0
(M) HOLY CROSS HOSPITAL	590791028	3		No	133,644	0
(N) ST MARY MEDICAL CENTER	231913910	3		No	0	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) HOSP SUBS OF TRINITY HEALTH OF THE MID-ATLANTIC REGION	232212638	3		No	205,800	0
(A) HOSP SUBS OF ST PETER'S HEALTH PTRS	453570715	3		No	230,158	0
(B) ST FRANCIS HOSPITAL	510064326	3		No	43,604	0
(C) HOSP SUBS TRINITY HLTH OF NEW ENGLAND	061491191	3		No	643,995	0
(D) HOSP SUB OF ST JOSEPH'S HEALTH INC	474754987	3		No	405,421	0
(E) HOSP SUBS MAXIS HEALTH SYSTEM	911940902	3		No	445,548	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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		300,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		800,000
j	Total. Add lines 1c through 1i			1,100,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	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 ADVANCE POLICIES THAT PROMOTE 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 PRINCIPLES FOR REFORM INCLUDE: DELIVER AFFORDABLE, HIGH-FUNCTIONING COVERAGE AND CARE FOR ALL, BETTER THE HEALTH OF POPULATIONS, AND IMPROVE COMMUNITY HEALTH AND WELL-BEING. OUR 2019-2020 POLICY PRIORITIES INCLUDE: - EXPAND AND SECURE HEALTH INSURANCE COVERAGE FOR ALL. - ENSURE A HIGH-FUNCTIONING HEALTH INSURANCE MARKETPLACE AND FURTHER MEDICAID EXPANSION IN ALL STATES. - ADVANCE VALUE-BASED CARE MODELS. - HOLD PROVIDERS ACCOUNTABLE FOR BETTER HEALTH OUTCOMES, WHILE OFFERING GREATER WORKFORCE FLEXIBILITY AND ROBUST ACCESS TO TELEHEALTH SERVICES. - PROTECT THE 340B DRUG SAVINGS PROGRAM. - ENABLE HOSPITALS THAT SERVE VULNERABLE COMMUNITIES. - INCLUDING HIGH PERCENTAGES OF LOW-INCOME AND UNINSURED PATIENTS. - TO CONTINUE TO COMPREHENSIVELY SERVE THEIR COMMUNITIES BY ALLOWING THE PURCHASE OF CERTAIN OUTPATIENT DRUGS AT A DISCOUNT FROM MANUFACTURERS THROUGH 340B. - ENSURE POPULATION BEHAVIORAL HEALTH ADVANCE TRULY INTEGRATED CARE MODELS ACROSS THE CONTINUUM THAT ALLOW PROVIDERS ACCESS TO THE FULL MEDICAL RECORD WHILE PROTECTING PATIENT PRIVACY AND INCLUDE PREVENTION AND TREATMENT OF ADDICTION JUST LIKE OTHER CHRONIC ILLNESSES. - ADDRESS SOCIAL INFLUENCERS OF HEALTH. - BUILD SYSTEMS THAT RESPOND TO THE EIGHTY PERCENT OF ONE'S HEALTH THAT IS INFLUENCED OUTSIDE OF THE HEALTH CARE SETTING. - SUSTAIN THE CATHOLIC HEALTH MINISTRY, INCLUDING FAIR PAYMENT AND TAX EXEMPTION. - ADVOCACY EFFORTS, INCLUDING BUT NOT LIMITED TO LOBBYING, PERFORMED BY TRINITY HEALTH CORPORATION INCLUDE: -PROVIDING COMMENTS ON PROPOSED RULES. -ENCOURAGING COLLEAGUES TO SEND EMAILS TO PUBLIC OFFICIALS. -MAINTAINING A WEBSITE TO ENGAGE COLLEAGUES IN GRASSROOTS ADVOCACY. -EDUCATING COLLEAGUES ON ADVOCACY PRIORITIES. -COLLABORATING WITH ADVOCACY LIAISONS FROM EACH MINISTRY OF TRINITY HEALTH. -ENGAGING A LOBBYIST IN WASHINGTON, D.C. -MEETING WITH LEGISLATORS IN WASHINGTON, D.C. -JOINING LEGISLATORS FOR VISITS AT REGIONAL HEALTH MINISTRIES. -COLLABORATING WITH MEMBERSHIP ORGANIZATIONS. - CATHOLIC HEALTH ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION TO FURTHER SHARED POLICY PRIORITIES. -HOSTING DC FLY-IN. -DEVELOPING POLICY RECOMMENDATIONS AND SUPPORTING MATERIALS TO EDUCATE PUBLIC OFFICIALS. -COLLABORATING WITH OTHER LIKE-MINDED INTEREST GROUPS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

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		28,683,518	16,667,218	12,016,300
c Leasehold improvements				
d Equipment		1,133,947,049	780,915,190	353,031,859
e Other		294,972,483		294,972,483
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				669,803,514

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	280,615,091	F
(B) INTEREST RATE SWAP AGREEMENTS	6,812,501	F
(C) EQUITY METHOD INVESTMENTS	444,307,227	C
(D) HEDGE FUNDS	187,076,727	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	918,811,546	

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	19,979,443	
INTERCOMPANY OTHER LONG TERM LIABILITIES	634,865,349	
DEFERRED COMPENSATION LIABILITY	69,182,887	
SECURITY LENDING OBLIGATION	264,435,125	
OTHER LONG TERM LIABILITIES	271,342,703	
OTHER CURRENT LIABILITIES	80,591,206	
LONG TERM TAXABLE FIXED RATE BONDS	481,515,000	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,821,911,713	

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 ☐

Schedule D (Form 990) 2018

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		2e		
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		4c		
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				
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		2e		
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 :		4c		
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				
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 (continued)
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Return Reference	Explanation
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number
35-1443425

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 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
See Add'l Data					
3a Sub-total	0	0			2,094,239,389
b Total from continuation sheets to Part I					12,608,704
c Totals (add lines 3a and 3b)	0	0			2,106,848,093

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)

- 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.
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Part III can be duplicated if additional space is needed.

[illegible]

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, don't 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, don't 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	73,616,867
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		928,824,336

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		332,177,979
EUROPE			INVESTMENTS		535,558,657

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		149,220,734
SOUTH AMERICA			INVESTMENTS		35,851,244

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		25,518,104
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		13,471,468

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		6,645,846
SOUTH ASIA			INVESTMENTS		5,962,858

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 32

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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 THE FOLLOWING GRANT PROGRAMS INNOVATION GRANTS - 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 TRANSFORMING COMMUNITIES INITIATIVE GRANTS - 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 GOOD SAMARITAN INITIATIVE GRANTS - 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 SAFETY GRANTS - MEMBER ORGANIZATIONS OF THE TRINITY HEALTH SYSTEM MAY APPLY FOR GRANTS TO FUND PROJECTS DESIGNED TO MITIGATE LIABILITY RISK, IMPROVE PATIENT SAFETY AND THE QUALITY OF CARE PROVIDED TO PATIENTS AND PROTECT THE SAFETY AND HEALTH OF TRINITY HEALTH COLLEAGUES

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
MERCY EDUCATION PROJECT 1450 HOWARD ST DETROIT, MI 48216	38-3209556	501(C)(3)	10,000				SUPPORT TO PURCHASE GARDENING EQUIPMENT FOR FRANKLINTON FARMS
CLINICAL & SUPPORT OPTIONS INC 8 ATWOOD DRIVE NO301 NORTHAMPTON, MA 01060	04-2206041	501(C)(3)	5,025				SUPPORT FOR PAINTING OF 755 WORTHINGTON ST EXAM ROOMS

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
COMMONWEAL FOUNDATION 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-3174407	501(C)(3)	50,000				COMMUNITY WELFARE
ALL AFRICA CONFERENCE - SISTER TO SISTER INC 2715 BAINBRIDGE AVE BRONX, NY 10458	81-4150665	501(C)(3)	30,000				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
HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE 6720 A ROCKLEDGE DR STE 100 BETHESDA, MD 20817	52-1317896	501(C)(3)	15,000				COMMUNITY WELFARE
UNITED STATES ASSOCIATION FOR UNHCR 1775 K STREET NW SUITE 580 WASHINGTON, DC 20006	52-1662800	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
ADVOCATES FOR WORLD HEALTH INC 5601 AIRPORT BLVD TAMPA, FL 33634	26-4695101	501(C)(3)		145,348	FMV	INVENTORY	COMMUNITY WELFARE
GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152	42-1253527	501(C)(3)	500,000				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
HOLY CROSS HEALTH INC 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	52-0738041	501(C)(3)	535,745				COMMUNITY WELFARE - INNOVATION AND TRANSFORMING COMMUNITIES INITIATIVE GRANTS
HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308	59-0791028	501(C)(3)	133,644				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
IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106	38-3316559	501(C)(3)	77,911				COMMUNITY WELFARE - SAFETY GRANT
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	36-4015560	501(C)(3)	38,311				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
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	23-1352191	501(C)(3)	22,831				COMMUNITY WELFARE - SAFETY GRANT
MERCY HEALTH PARTNERS 1500 E SHERMAN BLVD MUSKEGON, MI 49444	38-2589966	501(C)(3)	129,960				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
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401	31-1373080	501(C)(3)	67,389				COMMUNITY WELFARE - SAFETY GRANT
TRINITY HEALTH OF THE MID-ATLANTIC REGION ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428	23-2212638	501(C)(3)	182,969				COMMUNITY WELFARE - GOOD SAMARITAN 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
MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	36-2170152	501(C)(3)	246,501				COMMUNITY WELFARE - SAFETY GRANT
ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208	45-3570715	501(C)(3)	114,000				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
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVENUE FRESNO, CA 93720	94-1437713	501(C)(3)	291,208				COMMUNITY WELFARE - GOOD SAMARITAN AND TRANSFORMING COMMUNITIES INITIATIVE GRANTS
SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS RD BOISE, ID 83706	82-0524649		21,211				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 ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706	82-0200895	501(C)(3)	561,515				COMM WELFARE - GOOD SAMARITAN & TRANSFORMING COMMUNITIES INITIATIVES AND SAFETY GRANTS
SAINT JOSEPH REGIONAL MEDICAL CENTER INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	35-1568821	501(C)(3)	109,592				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
ST FRANCIS HOSPITAL INC PO BOX 2500 WILMINGTON, DE 19805	51-0064326	501(C)(3)	43,604				COMMUNITY WELFARE - GOOD SAMARITAN INITIATIVE GRANT
ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629	22-3431049	501(C)(3)	445,548				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
ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	56-0694200	501(C)(3)	250,000				HURRICANE RELIEF
ST JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVE SYRACUSE, NY 13203	15-0532254	501(C)(3)	405,421				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
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC 301 PROSPECT AVE SYRACUSE, NY 13203	22-2149775	501(C)(3)	450,000				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208	14-1348692	501(C)(3)	116,158				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
THE MERCY HOSPITAL INC 114 WOODLAND STREET HARTFORD, CT 06105	04-3398280	501(C)(3)	446,025				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152	38-2113393	501(C)(3)	2,235,130				SUPPORT FOR MERCY PRIMARY CARE AND COMMUNITY WELFARE - 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
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC 114 WOODLAND STREET HARTFORD, CT 06105	06-1491191	501(C)(3)	196,325				COMMUNITY WELFARE - TRANSFORMING COMMUNITIES INITIATIVE GRANT
TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152	47-3073124	501(C)(3)	46,089				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
TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY SUITE 150 LIVONIA, MI 48152	38-2621935	501(C)(3)	298,814				COMMUNITY WELFARE - INNOVATION AND SAFETY GRANTS

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization TRINITY HEALTH CORPORATION	Employer identification number 35-1443425
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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	☒ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	Yes
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☒ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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**Schedule J (Form 990) 2018**

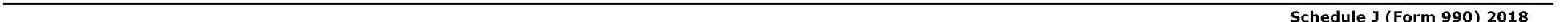
Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE FOLLOWING INDIVIDUAL RECEIVED A TAX GROSS-UP PAYMENT DURING CALENDAR 2018: MICHAEL FINEGAN - \$6,579. THIS AMOUNT WAS INCLUDED IN TAXABLE INCOME AND IS 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 2018: PAUL NEUMANN - \$20,702. THIS AMOUNT WAS INCLUDED IN THE INDIVIDUAL'S TAXABLE INCOME AND IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II.

Return Reference	Explanation
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2018 THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II PAUL CONLON - \$219,139 MARK FROMSON, MD - \$858,312 PAUL NEUMANN - \$192,948 NORA TRIOLA, RN - \$348,221 BARBARA WALTERS, DO - \$387,336 COLUMN (F) OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS, WHICH WERE UNPAID AS OF 12/31/18 PAUL CONLON - \$136,962 (PAID IN 2019) PAUL NEUMANN - \$506,490 (PAID IN 2019) NORA TRIOLA, RN - \$410,127 (PAID IN 2019) BARBARA WALTERS, DO - \$932,188 (\$671,382 PAID IN 2019 AND \$260,806 TO BE PAID IN 2020) THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2018 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 2018, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2018 THE FOLLOWING PAYOUTS FOR 2018 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II PHILIP BOYLE - \$73,866 JOHN CAPASSO - \$138,220 BENJAMIN CARTER - \$232,182 ROBERT CASALOU - \$162,094 CYNTHIA CLEMENCE - \$138,843 PAUL CONLON - \$113,638 SUSAN CROUSHORE - \$384,726 LOUIS FIERENS II - \$115,871 MICHAEL FINEGAN - \$83,849 MARK FROMSON, MD - \$502,602 CYNTHIA FRY - \$94,560 RICHARD GILFILLAN, MD - \$399,833 PAUL HARKAWAY, MD - \$110,770 MICHAEL HEMSLEY - \$114,037 MICHAEL HOLPER - \$105,295 SALLY JEFFCOAT - \$229,074 PAUL NEUMANN - \$172,542 JOHN RODIS, MD - \$169,714 LINDA ROSS - \$0 DANIEL ROTH, MD - \$349,854 MARCUS SHIPLEY - \$178,646 MICHAEL SLUBOWSKI - \$166,600 ROGER SPOELMAN - \$148,355 NORA TRIOLA, RN - \$120,700 BARBARA WALTERS, DO - \$468,485 COLUMN (F) OF SCHEDULE J, PART II INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS THE FOLLOWING ACCRUALS FOR 2018 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II EDMUND HODGE - \$184,822 DANIEL ROTH, MD - \$203,558 THE FOLLOWING INDIVIDUAL IS A PARTICIPANT IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN THE FOLLOWING PAYOUT FROM THIS PLAN IS INCLUDED IN COLUMN (B)(III) OF SCHEDULE J, PART II AGNES HAGERTY - \$99,370

Return Reference	Explanation
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				
RICHARD GILFILLAN MD DIRECTOR, CEO THROUGH 6/19	(i)	1,429,249	909,391	485,144	12,375	115,599	2,951,758	0
	(ii)	0	0	0	0	0	0	0
PAUL NEUMANN SEC/EVP/CHIEF LEGAL OFFCR THR 8/18	(i)	497,581	321,119	410,577	518,865	37,979	1,786,121	0
	(ii)	0	0	0	0	0	0	0
LINDA ROSS SEC/EVP/CHIEF LEGAL OFFCR AS OF 9/18	(i)	548,314	205,672	31,464	12,375	42,074	839,899	0
	(ii)	0	0	0	0	0	0	0
MICHAEL HEMSLEY ASSISTANT SECRETARY, DEP GEN CSL	(i)	471,890	191,642	146,216	16,500	54,439	880,687	0
	(ii)	0	0	0	0	0	0	0
JOSHUA MOORE ASSISTANT SECR, VP MANAGING COUNSEL	(i)	227,729	25,568	485	15,721	24,987	294,490	0
	(ii)	0	0	0	0	0	0	0
BENJAMIN CARTER TREASURER, EVP, CFO	(i)	957,849	442,453	265,229	12,375	54,836	1,732,742	0
	(ii)	0	0	0	0	0	0	0
CYNTHIA CLEMENCE ASST TREAS, SVP, OPERATIONS CFO	(i)	630,543	250,135	161,073	20,625	40,235	1,102,611	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SLUBOWSKI PRESIDENT & CHIEF OPERATING OFFICER	(i)	1,433,320	740,417	217,212	10,967	73,943	2,475,859	0
	(ii)	0	0	0	0	0	0	0
SALLY JEFFCOAT EVP, GROWTH, STRATEGY & INNOVATION	(i)	917,976	424,196	279,610	12,375	60,721	1,694,878	0
	(ii)	0	0	0	0	0	0	0
DANIEL ROTH MD EVP, CHIEF CLINICAL OFFICER	(i)	775,253	357,189	366,745	215,933	33,338	1,748,458	94,196
	(ii)	0	0	0	0	0	0	0
EDMUND HODGE EVP, CHIEF HUMAN RESOURCES OFFICER	(i)	690,677	320,401	23,687	197,197	38,144	1,270,106	0
	(ii)	0	0	0	0	0	0	0
JOHN CAPASSO EVP, CONTINUING CARE	(i)	556,425	256,877	162,911	20,625	43,695	1,040,533	0
	(ii)	0	0	0	0	0	0	0
LOUIS FIERENS II EVP, ADMINISTRATIVE SERVICES	(i)	544,462	200,243	134,676	16,500	33,599	929,480	0
	(ii)	0	0	0	0	0	0	0
ROBERT CASALOU PRESIDENT & CEO, MICHIGAN REGION	(i)	919,844	343,251	189,685	12,375	57,433	1,522,588	0
	(ii)	0	0	0	0	0	0	0
MARCUS SHIPLEY SVP, CHIEF INFORMATION OFFICER	(i)	750,961	305,302	195,050	12,375	33,849	1,297,537	0
	(ii)	0	0	0	0	0	0	0
JOHN RODIS MD PRESIDENT, SAINT FRANCIS HOSPITAL	(i)	742,562	276,012	204,772	12,375	37,202	1,272,923	0
	(ii)	0	0	0	0	0	0	0
SUSAN CROUSHORE PRESIDENT, MERCY HEALTH OF SEPA	(i)	606,391	187,239	412,791	12,375	52,895	1,271,691	229,663
	(ii)	0	0	0	0	0	0	0
ROGER SPOELMAN LUHS INT CEO THR 10/18, SVP 10-12/18	(i)	635,635	262,008	185,775	20,625	50,233	1,154,276	0
	(ii)	0	0	0	0	0	0	0
PHILIP BOYLE FORMER KEY EMPLOYEE, SVP, MISSION	(i)	307,771	124,626	93,424	16,500	25,044	567,365	0
	(ii)	0	0	0	0	0	0	0
MICHAEL FINEGAN FORMER KE,PRES ACUTE CARE ST PETER'S	(i)	387,833	156,469	118,762	12,375	31,849	707,288	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				
PAUL HARKAWAY MD FORMER KE, CHIEF ACCT CARE DEV OFFCR	(i)	466,068	177,915	135,347	12,375	39,525	831,230	0
	(ii)	0	0	0	0	0	0	0
CYNTHIA FRY FORMER KEY EMP, SVP, REV EXCELLENCE	(i)	387,260	159,122	112,046	16,500	34,237	709,165	0
	(ii)	0	0	0	0	0	0	0
MICHAEL HOLPER FORMER KEY EMP,SVP, INTEG/AUDIT SVCS	(i)	447,135	180,396	123,401	20,625	29,261	800,818	0
	(ii)	0	0	0	0	0	0	0
AGNES HAGERTY FORMER OFFICER, ASSOCIATE COUNSEL	(i)	43,478	0	99,370	1,304	0	144,152	0
	(ii)	0	0	0	0	0	0	0
BARBARA WALTERS DO FORMER KEY EMPLOYEE	(i)	282,103	257,855	874,096	936,313	22,140	2,372,507	286,961
	(ii)	0	0	0	0	0	0	0
MARK FROMSON MD FORMER KEY EMPLOYEE	(i)	0	0	1,378,960	0	14,593	1,393,553	1,237,100
	(ii)	0	0	0	0	0	0	0
CLAYTON FITZHUGH FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	217,238	0	0	217,238	0
NORA TRIOLA RN FORMER KEY EMPLOYEE	(i)	154,133	152,130	548,541	416,318	13,814	1,284,936	0
	(ii)	0	0	0	0	0	0	0
PAUL CONLON FORMER KEY EMPLOYEE	(i)	251,594	191,477	359,315	157,587	31,904	991,877	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

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	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	4,735,000							
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 ▶			0 010 %		0 010 %		0 010 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 020 %		0 020 %		0 020 %	
6 Total of lines 4 and 5			0 030 %		0 030 %		0 030 %	
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

Arbitration (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 MICHIGAN STATE HOSP FIN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/16/2015 ISSUER NAME IDAHO HEALTH FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/25/2019 ISSUER NAME MONTGOMERY COUNTY MARYLAND DATE THE REBATE COMPUTATION WAS PERFORMED 01/25/2019 ISSUER NAME COUNTY OF FRANKLIN, OHIO DATE THE REBATE COMPUTATION WAS PERFORMED 01/25/2019 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/19/2018 ISSUER NAME MICHIGAN FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/25/2019 ISSUER NAME GREENE COUNTY DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/19/2018 ISSUER NAME NORTH CAROLINA MEDICAL CARE COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 10/23/2017 ISSUER NAME STATE OF CONNECTICUT HLTH AND EDU FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME CITY OF TAMPA, FLORIDA DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME NORTH CAROLINA MEDICAL CARE COMMISSION DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/14/2015 ISSUER NAME MASS HEALTH AND EDU FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017 ISSUER NAME ST MARY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/21/2017

Return Reference	Explanation
PART I, LINE (F)	2012MI 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 2002C PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART III - NOT REQUIRED TO COMPLETE PART III REFUNDED DEBT PRIOR TO 12/31/2002 2011MD 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 2001 THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS, 2011CA, 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 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 PORTION 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, 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 PART II, LINE 6 - AMOUNTS REPORTED AS "PROCEEDS IN REFUNDING ESCROWS" FOR CERTAIN BOND ISSUES INCLUDE AMOUNTS CONTRIBUTED TO THE REFUNDED ESCROW FROM GROSS PROCEEDS OF THE PRIOR BONDS OR OTHER EQUITY CONTRIBUTIONS BY THE ORGANIZATION 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 2011OH TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN OHIO THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS, 2011CA, 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 2011AB 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 ILLINOIS THE 2011AB 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 2011CA 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 2000C THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS, 2011CA, 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 PART III

Return Reference	Explanation
PART I, LINE (F)	- 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 TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN ILLINOIS THE 2011MI BONDS, 2011MD BONDS, 2011OH BONDS, 2011CA, 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 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 2010A TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000A MICHIGAN AND 2000B IOWA THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS (TOGETHER WITH THE 2010E BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDING DEBT ONLY PART II I - NOT REQUIRED TO COMPLETE 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 AND 1998 INDIANA THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS (TOGETHER WITH THE 2010E BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE MODEST INVESTMENT EARNINGS 2010C TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 1996 OHIO THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS (TOGETHER WITH THE 2010E BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) 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 2010D 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 AND THE ACQUISITION OF HOSPITAL FACILITIES IN IDAHO THE 2010A BONDS, 2010B BONDS, 2010C BONDS, 2010D BONDS (TOGETHER WITH THE 2010E BONDS, WHICH WERE RETIRED PRIOR TO THE END OF T

Return Reference	Explanation
PART I, LINE (F)	HE TAX YEAR) 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 2009BC - CUSIP NUMBERS 59465HMB9 AND 59465HMC7 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTI ON OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR H OSPITALS AND OTHER HEALTH CARE FACILITIES THE 2009BC BONDS (TOGETHER WITH THE 2009A BONDS , WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REP ORTED IN EACH RESPECTIVE FORM 8038 2008B 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 2002A, 2002B OF PRIOR ISSUES TH E 2008B BONDS (TOGETHER WITH THE 2008A BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE T AX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THRO UGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 2008C TO F INANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRU CTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES RE FUND SERIES 2000E, 2000F, 2003B, 2003D, 2003E, 2005C, 2005G, 2005H OF PRIOR ISSUES, AND TH E HACKLEY REFINANCING OF COMMERCIAL PAPER THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINES 10 AND 13 - REFUNDI NG DEBT ONLY 2008D - CUSIP NUMBERS 455057QM4 AND 455057QN2 TO FINANCE, REFINANCE OR REIMBU RSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO A ND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUND SERIES 2000F, 2003C1, 2003C2, 2003H, 2004C1 REFINANCING OF COMMERCIAL PAPER, 2004C2 REFINANCING OF COMMERCIAL PA PER, 2005B, 2005I OF PRIOR ISSUES THE 2008C BONDS AND 2008D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN EACH RESPECTIVE FORM 8038 PART II, LINE 3 - TOTAL PROCEEDS INCLUDE M ODEST INVESTMENT EARNINGS 2013ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF T HE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITAL S AND OTHER HEALTH CARE FACILITIES 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 O F SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8 038

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PART I, LINE (F) -CONTINUED	2013MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIO NS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FAC ILITIES THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013 OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THRO UGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2013OH 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 THE 2013 MI-1 , 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED A S A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNA L REVENUE CODE, AS REPORTED IN THE FORM 8038 2008NC TO FINANCE, REFINANCE OR REIMBURSE AL L OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQU IPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES IN MICHIGAN REFUND PRIOR ISSUE FROM 7/15/1998 PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 02/05/2015 INFORMA TION 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 REIMBU RSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT F OR 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, TH E 2010A PA CHE BONDS, THE 2009 PA CHE BONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE B ONDS 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 2013MI 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 REFUNDED 1997, 2000, 2003B AND 2003D THE 2013 MI-1, 2013 MI-2, 2013 MI-3, 2013MI-4, 2013 MI-5, 2013ID, 2013MD AND 2013OH BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THR OUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LINE C, ADDIT IONAL CUSIP FOR 2013 MI-3 SERIES - 59447PXR7 SUBSEQUENT TO THE PRIOR TAX YEAR, CERTAIN DUP LICATE EXPENDITURES WERE DISCOVERED, WHICH HAVE BEEN CORRECTED THE ENTRIES FOR PART II, L INE 3 AND PART IV, LINE 6 REFLECT THE CORRECTED ALLOCATION OF EXPENDITURES 2012 GA TO FIN ANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROV EMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2012 GA CHE BO NDS AND THE 2012B PA CHE BONDS

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PART I, LINE (F) -CONTINUED	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 DEVELOPME NT AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY HEALTH CARE SYSTEM FOR CE RTAIN PRIOR TAX YEARS 2012A NC REFUND 1998D BONDS ISSUED FROM 7/15/1998 THE 2012A NC CHE BONDS (TOGETHER WITH THE 2012A FL CHE BONDS AND 2012A PA CHE BONDS, WHICH WERE RETIRED PRI OR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECT IONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A NC CHE BONDS , 2 010 NC CHE BONDS AND 2008 NC CHE BONDS ISSUED BY THE NORTH CAROLINA MEDICAL CARE COMMISSIO N HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST JOSEPH OF THE PINES FOR CERTAIN PRIOR TA X YEARS 2010CT TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED T O ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITI ES 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 BON D S ARE 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 CONNECTICU T HEALTH AND EDUCATIONAL FACILITIES AUTHORITY HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF MERCY COMMUNITY HEALTH, INC FOR CERTAIN PRIOR TAX YEARS ISSUANCE COSTS FOR THE COMPOSITE BOND ISSUE IS LESS THAN 2% OF PROCEEDS 2010FL TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITAL S AND 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 PUR POSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE CODE INFORMATION REGARDING THE 2012A FL C HE 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 2010N C REFUND 1998C BONDS ISSUED FROM 7/15/1998 THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 MA CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BO NDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 1 50 OF THE CODE INFORMATION REGARDING THE 2012A NC CHE BONDS , 2010 NC CHE BONDS AND 2008 N C 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 2010AB PA REFINANC E EXISTING DEBT (1998A, ISSUED 2/19/1998) THE 2010 FL CHE BONDS, 2010 GA CHE BONDS, 2010 M A CHE BONDS, 2010 NC CHE BONDS, 2010 CT CHE BONDS, 2010A PA CHE BONDS AND 2010B PA CHE BON DS ARE TREATED AS A SINGLE "IS

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PART I, LINE (F) -CONTINUED	SUE" 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 REFINANCED 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 REFUND ED BONDS ISSUED BEFORE 2003, THE AMOUNT OF PRIVATE BUSINESS USE RESULTING FROM THE SALE OF THE PROPERTY IS NOT REPORTED IN PART III 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, AND 2007F PA CHE BONDS (TOGETHER WITH THE 2007E NJ CHE BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) 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, AND 2007F PA CHE BONDS (TOGETHER WITH THE 2007E NJ CHE BONDS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) 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

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PART I, LINE (F) - CONTINUED	2007F PART IV, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 09/25/2012 THE 2007C MA CHE BONDS, 2007D PA CHE BONDS, AND 2007F PA CHE BONDS (TOGETHER WITH THE 2007E NJ CHE BON DS, WHICH WERE RETIRED PRIOR TO THE END OF THE TAX YEAR) ARE TREATED AS A SINGLE "ISSUE" F OR 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 B ONDS, THE 2007F PA CHE BONDS AND THE 2004B PA CHE BONDS ISSUED BY THE ST MARY HOSPITAL AU THORITY FOR CERTAIN PRIOR TAX YEARS HAS BEEN REPORTED IN FORM 990 SCHEDULE K OF ST MARY M EDICAL CENTER FOR PRIOR TAX YEARS 2015MI 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, 20 08A 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 VALUE OF PROCEEDS IN THE REFUNDIN G ESCROW, PRESENT VALUED AT THE YIELD ON THE REFUNDING ESCROW INVESTMENTS SUBSEQUENT TO TH E PRIOR TAX YEAR, CERTAIN DUPLICATE EXPENDITURES WERE DISCOVERED, WHICH HAVE BEEN CORRECTE D THE ENTRIES FOR PART II, LINE 3 AND PART II, LINE 12 REFLECT THE CORRECTED ALLOCATION O F EXPENDITURES 2015 ID TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS R ELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHE R HEALTH CARE FACILITIES REFUNDED 2008B ID THE 2015 MI, 2015ID, AND 2015 MD 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 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 THE REFUNDING ESCROW INVESTMENTS 2015 MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSP ITALS AND OTHER HEALTH CARE FACILITIES THE 2015 MI, 2015 ID, AND 2015 MD BONDS ARE TREATE D AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTE RNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2016MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2005A, 2005D, 2008A-1 M I, SJHHC 2010A, SJHHC 2010B, SJHHC 2010C, SJHHC 2010D, SJHHC 2012, SJHHC 2014A, SJHHC 2014 B THE 2016MI, 2016ID, 2016CT

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	AND 2016MD 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 VALUE OF PROCEEDS IN THE REFUNDING ESCROW, PRESENT VALUED AT THE YIELD ON THE REFUNDING ESCROW INVESTMENTS 2016ID 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 2016MI, 2016ID, 2016CT AND 2016MD BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 2016MD TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES THE 2016MI, 2016ID, 2016CT AND 2016MD 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 2016CT 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 2016MI, 2016ID, 2016CT AND 2016MD 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 2016MI-1,2,3,4 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 2016MI-1, 2016MI-2, 2016MI-3 AND 2016MI -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 2017MI TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2006A THE 2017MI, 2017ID, 2017OH AND 2017MD 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 2017 MI SERIES - 5944TPR8 2017MD 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 2017MI, 2017ID, 2017OH AND 2017MD 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 2017 MI SERIES - 574218T45 2017ID 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 2017MI, 2017ID, 2017OH AND 2017M

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	D BONDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROU GH 150 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LINE C, ADDITIO NAL CUSIP FOR 2017 MI SERIES - 45129UCD4 2017OH 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 THE 2017MI, 2017ID, 2017OH AND 2017MD BO NDS ARE TREATED AS A SINGLE "ISSUE" FOR CERTAIN PURPOSES OF SECTIONS 103 AND 141 THROUGH 1 50 OF THE INTERNAL REVENUE CODE, AS REPORTED IN THE FORM 8038 PART I, LINE 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 IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2009A, 2010A PA, 2010B, 2010E, 2 010 CT, 2011 IL, 2012A PA, 2012A FL THE A 2017 MI, A 2017 ID, AND A 2017 OH 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 THE FORM 8038 A 2017 ID 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 A 2017 MI, A 2017 ID, AND A 2017 OH 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 A 2017 OH T O FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COSTS RELATED TO ADDITIONS, CONS TRUCTION 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 2019 MI-1,2 TO FINANCE, REFINANCE OR REIMBURSE ALL OR A PORTION OF THE COS TS RELATED TO ADDITIONS, CONSTRUCTION AND IMPROVEMENTS TO AND EQUIPMENT FOR HOSPITALS AND OTHER HEALTH CARE FACILITIES REFUNDED 2008A-1, 2009GA, 2009MA THE 2019 MI-1, 2019 MI-2, 2019 ID, AND 2019 PA 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 2019 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 FACILI TIES THE 2019 MI-1, 2019 MI-2, 2019 ID, AND 2019 PA 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

Return Reference	Explanation
PART I, LINE (F) - CONTINUED	2019 PA 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 2009PA, 2009STM THE 2019 MI-1, 2019 MI-2, 2019 ID, AND 2019 PA 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 TRINITY HAS TAKEN REMEDIAL ACTIONS WITH RESPECT TO CERTAIN DISPOSITIONS OF BOND-FINANCED PROPERTY TO OTHER 501(C)(3) ORGANIZATIONS 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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

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 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					40,810,000		19,735,000	
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 ▶	0 010 %		0 010 %		0 010 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 020 %		0 020 %		0 020 %		0 040 %	
6 Total of lines 4 and 5	0 030 %		0 030 %		0 030 %		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 . .								
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).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	58,555,000				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	
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		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 060 %		0 060 %		0 060 %		0 060 %	
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	0 060 %		0 060 %		0 060 %		0 060 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	0 330 %							
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X							
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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OMB No 1545-0047

2018

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 STATE HOSP FIN AUTHORITY	38-2889417	59465HMB9	11-13-2009	102,840,000	SEE PART VI - 2009BC		X		X		X
B IDAHO HEALTH FINANCE AUTHORITY	82-6051863	451295TG4	11-13-2008	174,671,330	SEE PART VI - 2008B		X		X		X
C MICHIGAN STATE HOSP FIN AUTHORITY	38-2889417	59465HKR6	11-13-2008	391,470,000	SEE PART VI - 2008C		X		X		X
D INDIANA FINANCE AUTHORITY	35-1602316	455057QM4	11-13-2008	393,530,000	SEE PART VI - 2008D		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired		2,230,000		25,420,000		98,540,000		58,390,000
2	Amount of bonds legally defeased				148,340,000		4,625,000		
3	Total proceeds of issue		102,840,000		174,671,330		391,470,000		393,533,259
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		1,221,195		2,675,840		1,909,289		1,915,051
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		101,618,805		41,817,570				91,927,913
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion		2010		2008		2008		2008
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶					0 010 %		0 010 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 110 %				0 010 %		0 010 %	
6 Total of lines 4 and 5	0 110 %				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						
b Exception to rebate?		X						
c No rebate due?	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).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

2018

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	IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCB8	10-30-2013	45,735,000	SEE PART VI - 2013ID		X		X		X
B	MONTGOMERY COUNTY MARYLAND	52-6000980	61336PES6	10-30-2013	103,910,000	SEE PART VI - 2013MD		X		X		X
C	COUNTY OF FRANKLIN OHIO	31-6400067	353202FK5	10-30-2013	87,245,000	SEE PART VI - 2013OH		X		X		X
D	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PCY9	04-24-2008	30,475,000	SEE PART VI - 2008NC		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired							12,700,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	45,735,000		103,910,000		87,245,000		30,475,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	612,913		767,787		897,007		203,569	
8	Credit enhancement from proceeds							66,021	
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	45,122,087		103,142,213		86,347,993			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2013		2013		2013		2008	
		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 ▶	0 040 %		0 040 %		0 040 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 040 %		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 . .								
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		
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).

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Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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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 ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCW2	01-09-2013	63,615,000	SEE PART VI - 2012B PA		X		X		X
B MICHIGAN FINANCE AUTHORITY	80-0596186	59447PXQ9	10-30-2013	390,060,000	SEE PART VI - 2013MI		X		X		X
C GREENE COUNTY DEVELOPMENT AUTHORITY	58-2267017	394374AC6	01-09-2013	39,191,498	SEE PART VI - 2012 GA		X		X		X
D 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	10,670,000							
2	Amount of bonds legally defeased	4,765,000						8,095,000	
3	Total proceeds of issue	63,615,000		390,068,202		39,192,495		18,037,065	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	615,000		1,433,206		556,135		227,065	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	63,000,000		388,626,794		38,286,128			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2014		2013		2017		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 ▶			0 040 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5			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 . .	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		X
b Exception to rebate?		X	X			X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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Name of the organization
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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 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 NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820PEC5	04-07-2010	15,773,834	SEE PART VI - 2010NC		X		X		X
D ST MARY HOSPITAL AUTHORITY	23-1913910	85230MCA0	04-07-2010	164,735,960	SEE PART VI - 2010AB PA	X			X		X

Part II Proceeds

					A		B		C		D	
1	Amount of bonds retired				2,695,000		20,460,000		12,060,000		86,275,000	
2	Amount of bonds legally defeased				14,355,000						52,050,000	
3	Total proceeds of issue				19,216,533		26,829,425		15,773,834		164,735,960	
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		191,309		1,881,637	
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds										48,138,523	
11	Other spent proceeds											
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?							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	0 980 %		0 980 %		0 980 %		0 980 %	
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	0 980 %		0 980 %		0 980 %		0 980 %	
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 . .							7 240 %	
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).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 MASS HEALTH AND EDU FACILITIES AUTHORITY	04-2456011	57586CXY6	04-19-2007	51,475,000	SEE PART VI - 2007C	X			X		X
B MONTGOMERY COUNTY HIGHER EDU AND HEALTH AUTHORITY	23-2447147	613603SA8	04-19-2007	17,135,000	SEE PART VI - 2007D	X			X		X
C ST MARY HOSPITAL AUTHORITY	23-1913910	85230MBH6	04-19-2007	49,350,000	SEE PART VI - 2007F	X			X		X
D MICHIGAN FINANCE AUTHORITY	80-0596186	59447P8C8	03-12-2015	100,000,000	SEE PART VI - 2015MI FRN		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	785,000		280,000		165,000			
2	Amount of bonds legally defeased	38,795,000		15,020,000		45,255,000			
3	Total proceeds of issue	51,475,000		17,135,000		49,350,000		100,000,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	463,590		163,662		411,085		391,000	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds							99,621,000	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007		2007		2007		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 ▶							0 500 %	
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							0 500 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X			X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .			46 130 %					
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	MERRILL LYNCH CAPITAL		MERRILL LYNCH CAPITAL		MERRILL LYNCH CAPITAL			
c	Term of hedge	2160 0000000000 %		2160 0000000000 %		2160 0000000000 %			
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		X		X		X		

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

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

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	38,140,000		2,370,000				5,020,000	
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	28,317,206							
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 ▶	0 190 %		0 190 %		0 190 %		0 450 %	
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 %		0 010 %			
6	Total of lines 4 and 5	0 200 %		0 200 %		0 200 %		0 450 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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OMB No 1545-0047

2018

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 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					4,000,000			
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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X		X

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 450 %		0 450 %		0 450 %			
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	0 450 %		0 450 %		0 450 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRINITY HEALTH CORPORATION

Supplemental Information on Tax-Exempt Bonds

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

2018

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

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 320 %		0 320 %		0 320 %		0 320 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 040 %		0 040 %		0 040 %		0 040 %	
6	Total of lines 4 and 5	0 360 %		0 360 %		0 360 %		0 360 %	
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).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number
35-1443425

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MICHIGAN FINANCE AUTHORITY	80-0596186	59447TQV8	12-21-2017	952,628,773	SEE PART VI - A 2017 MI		X		X		X
B IDAHO HEALTH FINANCE AUTHORITY	82-6051863	45129UCF9	12-21-2017	49,302,119	SEE PART VI - A 2017 ID		X		X		X
C COUNTY OF FRANKLIN OHIO	31-6400067	353202FP4	12-21-2017	121,176,734	SEE PART VI - A 2017 OH		X		X		X
D MICHIGAN FINANCE AUTHORITY	80-0596186	59447TUD3	02-14-2019	290,135,712	SEE PART VI - 2019 MI-1,2		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	435,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	953,475,004		49,302,119		121,176,734		290,135,712	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	523,806,844							
7	Issuance costs from proceeds	24,491		724		703		2,478,478	
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		241,571,800	
11	Other spent proceeds							46,855,746	
12	Other unspent proceeds								
13	Year of substantial completion	2018		2017		2017		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 450 %		0 450 %		0 450 %		1 270 %	
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	0 450 %		0 450 %		0 450 %		1 270 %	
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).

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

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	45129UCG7	02-14-2019	36,376,659	SEE PART VI - 2019 ID		X		X		X
B ST MARY HOSPITAL AUTHORITY	23-1913910	792222FR7	02-14-2019	56,928,471	SEE PART VI - 2019 PA		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	36,376,659		56,928,471					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	469,830		479,006					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	35,906,829		22,521,386					
11	Other spent proceeds			33,949,915					
12	Other unspent proceeds								
13	Year of substantial completion	2019		2019					
		Yes	No	Yes	No	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	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				

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					
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					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside 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 ▶	1 270 %		1 270 %					
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	1 270 %		1 270 %					
7	Does the bond issue meet the private security or payment test? . . .		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				
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					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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				
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				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

SCHEDULE O
(Form 990 or 990-EZ)**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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
TRINITY HEALTH CORPORATION

Employer identification number

35-1443425

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH CORPORATION IS ORGANIZED ON A NON STOCK BASIS AS A CORPORATION GOVERNED BY A BOARD OF DIRECTORS WITH ONE CLASS OF DIRECTORS 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 MANAGEM ENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE INTEGRITY AND AUDIT COMMITTEE EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFOR E IT IS FILED WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TRINITY HEALTH CORPORATION HAS ADOPTED A GOVERNANCE POLICY WHICH SETS FORTH THE 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 AND CERTAIN 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 FOR OTHER EXECUTIVES WHO ARE NOT PART OF THE REBUTTABLE PRESUMPTION PROCESS, TRINITY HEALTH USES A MARKET ANALYSIS TO DETERMINE THE APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION

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	TRINITY HEALTH CORPORATION HAS BOARD MEMBERS WHO ARE MEMBERS OF RELIGIOUS ORDERS, AND AS SUCH, HAVE TAKEN VOWS OF POVERTY. THESE RELIGIOUS SISTERS DO NOT RECEIVE COMPENSATION FOR THEIR SERVICES. INSTEAD, TRINITY HEALTH CORPORATION PAYS THE RELIGIOUS ORDER DIRECTLY FOR THE SERVICES RECEIVED. FOLLOWING ARE THE NAMES OF THE RELIGIOUS SISTERS, THE NAMES OF THEIR ORDERS, AND THE AMOUNTS PAID DIRECTLY TO THE ORDER: MARY FANNING, RELIGIOUS SISTERS OF MERCY - \$35,000; KATHLEEN POPKO, SISTERS OF PROVIDENCE - \$55,000; JOAN MARIE STEADMAN, CONGREGATION OF THE SISTERS OF THE HOLY CROSS - \$35,000; LINDA WERTHMAN, RELIGIOUS SISTERS OF MERCY - \$55,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS FROM AFFILIATES 88,083,446 CHANGE IN DEFERRED RETIREMENT COSTS -373,265, 572 OTHER TRANSACTIONS 10,884,906 INCOME/LOSS FROM DISCONTINUED OPERATIONS -1,186,364 E QUITY GAIN/LOSS IN UNCONSOLIDATED AFFILIATES 2,511,005 ASSET IMPAIRMENT -18,406,522 LOSS FROM EXTINGUISHMENT OF DEBT -7,067,356

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 FY19 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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	521,360	0	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.

See Additional Data Table

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

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)

Return Reference	Explanation

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	
114 WOODLAND STREET HARTFORD, CT 06105 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
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 12B, II	ST JOSEPH'S HEALTH INC	Yes	
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	

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						Yes	No
114 WOODLAND STREET HARTFORD, CT 06105 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 INC	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	LOYOLA UNIVERSITY HEALTH SYSTEM	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	
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	
114 WOODLAND STREET HARTFORD, CT 06105 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	
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	

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						Yes	No
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	TRINITY HEALTH PACE	Yes	
7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 10	ST FRANCIS HOSPITAL INC	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	TRINITY HEALTH PACE	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	HEALTH CARE SYSTEM SUPPORT	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	
905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORTATION 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	
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	

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						Yes	No
3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Yes	
1449 NW 128TH ST BLDG 5 CLIVE, IA 50325 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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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	
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	
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	

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						Yes	No
1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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	TRINITY HEALTH PACE	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	
114 WOODLAND STREET HARTFORD, CT 06105 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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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	
PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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	

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						Yes	No
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 83-1422704	MEDICARE HMO	ID	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN INC	Yes	
6150 EAST BROAD STREET COLUMBUS, OH 43213 83-3278543	MEDICARE HMO	NY	501(C)(4)		MOUNT CARMEL HEALTH PLAN INC	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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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	
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	

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						Yes	No
2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
114 WOODLAND STREET HARTFORD, CT 06105 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	
114 WOODLAND STREET HARTFORD, CT 06105 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 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	
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	

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
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	
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	
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	
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	

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						Yes	No
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	
114 WOODLAND STREET HARTFORD, CT 06105 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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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 INC	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 83-2199054	HEALTH CARE SERVICES	NJ	501(C)(3)	LINE 3	ST FRANCIS MEDICAL CENTER TRENTON NJ	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	
775 S MAIN ST CHELSEA, MI 48118 82-4757260	MEDICAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	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	
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	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
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	
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 7	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	

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
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	
114 WOODLAND STREET HARTFORD, CT 06105 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	
114 WOODLAND STREET HARTFORD, CT 06105 83-3546613	HEALTH CARE SERVICES	CT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND CORP INC	Yes	
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	
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	
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	

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
301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	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	
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	
1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CALIFORNIA HEALTHCARE MANAGEMENT PARTERS INC 1303 E HERNDON AVE FRESNO, CA 93720 82-0961647	MANAGEMENT SERVICES	CA	N/A	C				Yes	
(1) CATHERINE HORAN BUILDING CORPORATION 114 WOODLAND STREET HARTFORD, CT 06105 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
(2) CENTRAL VALLEY HEALTH PLAN INC 1303 E HERNDON AVE FRESNO, CA 93720 61-1846844	HEALTH INSURANCE	CA	N/A	C				Yes	
(3) DIVERSIFIED COMMUNITY SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
(4) FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
(5) FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
(6) FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
(7) FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(8) FRANKLIN MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1470493	PHYSICIAN OFFICE	CT	N/A	C				Yes	
(9) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
(10) HACKLEY HEALTH MANAGEMENT INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
(11) HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
(12) HACKLEY HEALTHCARE EQUIPMENT CORP 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	
(13) HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	
(14) HEALTH CARE MANAGEMENT ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTH CARE MANAGEMENT	NY	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C				Yes	
(1) HOLY CROSS PRIVATE HOME SERVICES CORP 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
(2) HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
(3) IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
(4) LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
(5) LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
(6) LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
(7) LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
(8) MACNEAL HEALTH PROVIDERS INC 750 PASQUINELLI DRIVE SUITE 216 WESTMONT, IL 60059 36-3361297	MEDICAL SERVICES	IL	N/A	C				Yes	
(9) MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTH CARE HOLDING	MD	N/A	C				Yes	
(10) 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	
(11) MEDNOW INC 4300 E FLAMINGO AVE NAMPA, ID 83687 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	
(12) MERCY INPATIENT MEDICAL ASSOCIATES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
(13) MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
(14) MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
(1) NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
(2) PROVIDENCE HOMECARE INC 114 WOODLAND STREET HARTFORD, CT 06105 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
(3) SAINT ALPHONSUS HEALTH ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
(4) SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
(5) SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	N/A	C				Yes	
(6) SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	N/A	C				Yes	
(7) SAMARITAN MEDICAL OFFICE BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
(8) SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
(9) SJPE PRACTICE MANAGEMENT SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(10) SJRMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	
(11) ST ELIZABETH HEALTH SUPPORT SERVICES INC 23 CAMPION ROAD NEW HARTFORD, NY 13413 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
(12) SYSTEM COORDINATED SERVICES INC 114 WOODLAND STREET HARTFORD, CT 06105 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
(13) THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
(14) TRI-HOSPITAL MRI CENTER 2800 DEQUINDRE WARREN, MI 48092 38-2884297	HEALTH CARE SERVICES	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
(46) TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	SELF-INSURANCE	CJ	TRINITY HEALTH CORPORATION	C		696,091,348	100 000 %	Yes	
(1) TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	TRINITY HEALTH CORPORATION	C	479,830	32,068,190	100 000 %	Yes	
(2) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	TRINITY HEALTH CORPORATION	T			100 000 %	Yes	
(3) TRINITY SENIOR SERVICES MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
(4) WORKPLACE HEALTH OF GRAND HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ALLEGANY FRANCISCAN MINISTRIES INC	C	1,000,000	PER BOOKS
(1)	ALLEGANY FRANCISCAN MINISTRIES INC	Q	1,144,209	PER BOOKS
(2)	BEECHWOOD INC	L	76,046	PER BOOKS
(3)	DILEY RIDGE MEDICAL CENTER	L	463,697	PER BOOKS
(4)	DILEY RIDGE MEDICAL CENTER	Q	261,665	PER BOOKS
(5)	FRANCES WARDE MEDICAL LABORATORY	C	205,764	PER BOOKS
(6)	GLOBAL HEALTH MINISTRY	B	500,000	PER BOOKS
(7)	GLOBAL HEALTH MINISTRY	L	55,841	PER BOOKS
(8)	GOOD SAMARITAN HOSPITAL INC	L	128,639	PER BOOKS
(9)	GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION	L	2,661,645	PER BOOKS
(10)	GOTTLIEB MEMORIAL HOSPITAL	A	624,527	PER BOOKS
(11)	GOTTLIEB MEMORIAL HOSPITAL	C	14,129,203	PER BOOKS
(12)	GOTTLIEB MEMORIAL HOSPITAL	L	2,456,851	PER BOOKS
(13)	GOTTLIEB MEMORIAL HOSPITAL	M	219,036	PER BOOKS
(14)	GOTTLIEB MEMORIAL HOSPITAL	P	2,557,855	PER BOOKS
(15)	GOTTLIEB MEMORIAL HOSPITAL	Q	2,347,931	PER BOOKS
(16)	HEALTH MANAGEMENT SERVICES ORG INC	L	712,552	PER BOOKS
(17)	HOLY CROSS HEALTH INC	A	15,484,436	PER BOOKS
(18)	HOLY CROSS HEALTH INC	B	535,745	PER BOOKS
(19)	HOLY CROSS HEALTH INC	C	10,174,282	PER BOOKS
(20)	HOLY CROSS HEALTH INC	L	41,851,946	PER BOOKS
(21)	HOLY CROSS HEALTH INC	P	3,798,894	PER BOOKS
(22)	HOLY CROSS HEALTH INC	Q	14,383,743	PER BOOKS
(23)	HOLY CROSS HEALTH INC	S	910,551	PER BOOKS
(24)	HOLY CROSS HOSPITAL INC	A	5,852,500	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	HOLY CROSS HOSPITAL INC	B	133,644	PER BOOKS
(1)	HOLY CROSS HOSPITAL INC	C	6,479,890	PER BOOKS
(2)	HOLY CROSS HOSPITAL INC	L	31,364,259	PER BOOKS
(3)	HOLY CROSS HOSPITAL INC	M	740,743	PER BOOKS
(4)	HOLY CROSS HOSPITAL INC	P	2,797,880	PER BOOKS
(5)	HOLY CROSS HOSPITAL INC	Q	11,268,781	PER BOOKS
(6)	HOLY CROSS HOSPITAL INC	S	344,150	PER BOOKS
(7)	IHA HEALTH SERVICES CORPORATION	C	73,637	PER BOOKS
(8)	IHA HEALTH SERVICES CORPORATION	P	2,011,399	PER BOOKS
(9)	JOHNSON MEMORIAL HOSPITAL INC	P	222,424	PER BOOKS
(10)	LOYOLA UNIVERSITY HEALTH SYSTEM	L	451,674	PER BOOKS
(11)	LOYOLA UNIVERSITY HEALTH SYSTEM	S	1,755,480	PER BOOKS
(12)	LOYOLA UNIVERSITY MEDICAL CENTER	A	29,852,855	PER BOOKS
(13)	LOYOLA UNIVERSITY MEDICAL CENTER	C	20,492,704	PER BOOKS
(14)	LOYOLA UNIVERSITY MEDICAL CENTER	L	75,670,740	PER BOOKS
(15)	LOYOLA UNIVERSITY MEDICAL CENTER	M	1,714,013	PER BOOKS
(16)	LOYOLA UNIVERSITY MEDICAL CENTER	P	5,573,462	PER BOOKS
(17)	LOYOLA UNIVERSITY MEDICAL CENTER	Q	64,332,931	PER BOOKS
(18)	MAXIS HEALTH SYSTEM	A	212,318	PER BOOKS
(19)	MAXIS HEALTH SYSTEM	B	1,639,040	PER BOOKS
(20)	MERCY CARE FOUNDATION INC	L	62,192	PER BOOKS
(21)	MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	C	112,421	PER BOOKS
(22)	MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	M	429,526	PER BOOKS
(23)	MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA	P	5,311,238	PER BOOKS
(24)	MERCY COMMUNITY HEALTH INC	A	1,162,050	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	MERCY COMMUNITY HEALTH INC	L	68,693	PER BOOKS
(1)	MERCY COMMUNITY HEALTH INC	Q	89,794	PER BOOKS
(2)	MERCY COMMUNITY HEALTH INC	S	68,334	PER BOOKS
(3)	MERCY HEALTH PARTNERS	A	7,769,199	PER BOOKS
(4)	MERCY HEALTH PARTNERS	B	129,960	PER BOOKS
(5)	MERCY HEALTH PARTNERS	C	9,433,730	PER BOOKS
(6)	MERCY HEALTH PARTNERS	D	50,000,000	PER BOOKS
(7)	MERCY HEALTH PARTNERS	L	53,022,229	PER BOOKS
(8)	MERCY HEALTH PARTNERS	M	1,367,143	PER BOOKS
(9)	MERCY HEALTH PARTNERS	P	5,238,235	PER BOOKS
(10)	MERCY HEALTH PARTNERS	Q	13,719,066	PER BOOKS
(11)	MERCY HEALTH PARTNERS	S	452,944	PER BOOKS
(12)	MERCY HEALTH SERVICES - IOWA CORP	A	9,074,387	PER BOOKS
(13)	MERCY HEALTH SERVICES - IOWA CORP	C	18,235,769	PER BOOKS
(14)	MERCY HEALTH SERVICES - IOWA CORP	D	55,000,000	PER BOOKS
(15)	MERCY HEALTH SERVICES - IOWA CORP	L	75,896,076	PER BOOKS
(16)	MERCY HEALTH SERVICES - IOWA CORP	P	7,979,003	PER BOOKS
(17)	MERCY HEALTH SERVICES - IOWA CORP	Q	15,394,318	PER BOOKS
(18)	MERCY HEALTH SERVICES - IOWA CORP	S	528,659	PER BOOKS
(19)	MERCY HOSPITAL AND MEDICAL CENTER	A	1,103,635	PER BOOKS
(20)	MERCY HOSPITAL AND MEDICAL CENTER	L	19,027,485	PER BOOKS
(21)	MERCY HOSPITAL AND MEDICAL CENTER	P	739,532	PER BOOKS
(22)	MERCY HOSPITAL AND MEDICAL CENTER	Q	12,078,329	PER BOOKS
(23)	MERCY HOSPITAL AND MEDICAL CENTER	S	64,896	PER BOOKS
(24)	MERCY MEDICAL CENTER - CLINTON INC	A	653,531	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	MERCY MEDICAL CENTER - CLINTON INC	C	2,127,474	PER BOOKS
(1)	MERCY MEDICAL CENTER - CLINTON INC	L	11,333,392	PER BOOKS
(2)	MERCY MEDICAL CENTER - CLINTON INC	P	923,258	PER BOOKS
(3)	MERCY MEDICAL CENTER - CLINTON INC	Q	3,096,344	PER BOOKS
(4)	MOUNT CARMEL HEALTH SYSTEM	A	26,166,689	PER BOOKS
(5)	MOUNT CARMEL HEALTH SYSTEM	C	29,661,684	PER BOOKS
(6)	MOUNT CARMEL HEALTH SYSTEM	L	117,933,952	PER BOOKS
(7)	MOUNT CARMEL HEALTH SYSTEM	M	284,405	PER BOOKS
(8)	MOUNT CARMEL HEALTH SYSTEM	P	12,884,200	PER BOOKS
(9)	MOUNT CARMEL HEALTH SYSTEM	Q	34,837,795	PER BOOKS
(10)	MOUNT CARMEL HEALTH SYSTEM	S	1,538,713	PER BOOKS
(11)	MOUNT CARMEL HEALTH SYSTEM FOUNDATION	L	105,785	PER BOOKS
(12)	OUR LADY OF LOURDES HEALTH CARE SERVICES INC	C	650,558	PER BOOKS
(13)	OUR LADY OF LOURDES HEALTH CARE SERVICES INC	L	26,950,289	PER BOOKS
(14)	OUR LADY OF LOURDES HEALTH CARE SERVICES INC	P	2,596,461	PER BOOKS
(15)	OUR LADY OF LOURDES HEALTH CARE SERVICES INC	Q	28,852,556	PER BOOKS
(16)	PITTSBURGH MERCY HEALTH SYSTEM INC	C	718,726	PER BOOKS
(17)	PITTSBURGH MERCY HEALTH SYSTEM INC	L	417,481	PER BOOKS
(18)	PITTSBURGH MERCY HEALTH SYSTEM INC	P	208,957	PER BOOKS
(19)	PITTSBURGH MERCY HEALTH SYSTEM INC	Q	4,416,074	PER BOOKS
(20)	RIVERBEND MEDICAL GROUP INC	L	535,732	PER BOOKS
(21)	RIVERBEND MEDICAL GROUP INC	Q	923,533	PER BOOKS
(22)	SAINT AGNES MEDICAL CENTER	A	3,584,291	PER BOOKS
(23)	SAINT AGNES MEDICAL CENTER	B	291,208	PER BOOKS
(24)	SAINT AGNES MEDICAL CENTER	C	11,312,479	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101)	SAINT AGNES MEDICAL CENTER	L	41,073,834	PER BOOKS
(1)	SAINT AGNES MEDICAL CENTER	P	6,358,267	PER BOOKS
(2)	SAINT AGNES MEDICAL CENTER	Q	11,713,381	PER BOOKS
(3)	SAINT AGNES MEDICAL CENTER	S	210,772	PER BOOKS
(4)	SAINT ALPHONSUS HEALTH SYSTEM INC	L	53,054,147	PER BOOKS
(5)	SAINT ALPHONSUS HEALTH SYSTEM INC	Q	11,909,575	PER BOOKS
(6)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	A	406,914	PER BOOKS
(7)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	L	825,209	PER BOOKS
(8)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	P	95,712	PER BOOKS
(9)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC	Q	595,817	PER BOOKS
(10)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	A	1,915,250	PER BOOKS
(11)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	C	174,950	PER BOOKS
(12)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	L	4,339,040	PER BOOKS
(13)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	P	1,308,912	PER BOOKS
(14)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	Q	1,196,742	PER BOOKS
(15)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	S	112,630	PER BOOKS
(16)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	A	782,137	PER BOOKS
(17)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	C	75,488	PER BOOKS
(18)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	L	2,390,265	PER BOOKS
(19)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	P	211,417	PER BOOKS
(20)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	Q	802,987	PER BOOKS
(21)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	A	7,022,693	PER BOOKS
(22)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	B	518,972	PER BOOKS
(23)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	C	12,787,724	PER BOOKS
(24)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	L	18,405,829	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(126)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	M	50,640	PER BOOKS
(1)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	P	4,800,799	PER BOOKS
(2)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	Q	6,329,666	PER BOOKS
(3)	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	S	412,962	PER BOOKS
(4)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	C	14,171,860	PER BOOKS
(5)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	L	67,292,169	PER BOOKS
(6)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	M	2,565,880	PER BOOKS
(7)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	P	4,336,289	PER BOOKS
(8)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Q	41,422,360	PER BOOKS
(9)	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	A	227,969	PER BOOKS
(10)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	A	11,187,253	PER BOOKS
(11)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	L	65,271	PER BOOKS
(12)	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	S	657,864	PER BOOKS
(13)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	B	109,592	PER BOOKS
(14)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	C	8,810,142	PER BOOKS
(15)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	L	36,607,507	PER BOOKS
(16)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	M	192,687	PER BOOKS
(17)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	P	5,059,875	PER BOOKS
(18)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Q	9,893,400	PER BOOKS
(19)	SAINT JOSEPH'S HEALTH SYSTEM INC	C	152,318	PER BOOKS
(20)	SAINT JOSEPH'S HEALTH SYSTEM INC	L	266,413	PER BOOKS
(21)	SAINT JOSEPH'S HEALTH SYSTEM INC	Q	1,465,374	PER BOOKS
(22)	SAINT MARY'S HOSPITAL INC	L	113,772	PER BOOKS
(23)	ST AGNES CONTINUING CARE CENTER	L	405,195	PER BOOKS
(24)	ST FRANCIS HOSPITAL INC	A	4,226,194	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(151)	ST FRANCIS HOSPITAL INC	C	1,987,202	PER BOOKS
(1)	ST FRANCIS HOSPITAL INC	L	13,418,397	PER BOOKS
(2)	ST FRANCIS HOSPITAL INC	M	139,000	PER BOOKS
(3)	ST FRANCIS HOSPITAL INC	P	1,131,024	PER BOOKS
(4)	ST FRANCIS HOSPITAL INC	Q	6,760,707	PER BOOKS
(5)	ST FRANCIS HOSPITAL INC	S	248,522	PER BOOKS
(6)	ST FRANCIS MEDICAL CENTER TRENTON NJ	A	2,908,442	PER BOOKS
(7)	ST FRANCIS MEDICAL CENTER TRENTON NJ	B	445,548	PER BOOKS
(8)	ST FRANCIS MEDICAL CENTER TRENTON NJ	C	437,955	PER BOOKS
(9)	ST FRANCIS MEDICAL CENTER TRENTON NJ	L	8,732,170	PER BOOKS
(10)	ST FRANCIS MEDICAL CENTER TRENTON NJ	P	1,033,685	PER BOOKS
(11)	ST FRANCIS MEDICAL CENTER TRENTON NJ	Q	3,501,110	PER BOOKS
(12)	ST FRANCIS MEDICAL CENTER TRENTON NJ	S	171,030	PER BOOKS
(13)	ST JOSEPH MERCY CHELSEA INC	Q	1,155,301	PER BOOKS
(14)	ST JOSEPH OF THE PINES INC	A	1,844,393	PER BOOKS
(15)	ST JOSEPH OF THE PINES INC	B	250,000	PER BOOKS
(16)	ST JOSEPH OF THE PINES INC	L	56,202	PER BOOKS
(17)	ST JOSEPH OF THE PINES INC	Q	733,690	PER BOOKS
(18)	ST JOSEPH OF THE PINES INC	S	108,455	PER BOOKS
(19)	ST JOSEPH'S HEALTH CENTER PROPERTIES INC	A	1,305,479	PER BOOKS
(20)	ST JOSEPH'S HEALTH CENTER PROPERTIES INC	S	76,771	PER BOOKS
(21)	ST JOSEPH'S HOSPITAL HEALTH CENTER	A	10,716,973	PER BOOKS
(22)	ST JOSEPH'S HOSPITAL HEALTH CENTER	B	405,421	PER BOOKS
(23)	ST JOSEPH'S HOSPITAL HEALTH CENTER	C	2,503,318	PER BOOKS
(24)	ST JOSEPH'S HOSPITAL HEALTH CENTER	D	33,000,000	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(176)	ST JOSEPH'S HOSPITAL HEALTH CENTER	L	30,142,833	PER BOOKS
(1)	ST JOSEPH'S HOSPITAL HEALTH CENTER	M	381,600	PER BOOKS
(2)	ST JOSEPH'S HOSPITAL HEALTH CENTER	P	3,733,725	PER BOOKS
(3)	ST JOSEPH'S HOSPITAL HEALTH CENTER	Q	17,124,184	PER BOOKS
(4)	ST JOSEPH'S HOSPITAL HEALTH CENTER	S	628,202	PER BOOKS
(5)	ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC	B	450,000	PER BOOKS
(6)	ST JOSEPH'S MEDICAL PC	A	47,244	PER BOOKS
(7)	ST MARY MEDICAL CENTER	A	4,673,331	PER BOOKS
(8)	ST MARY MEDICAL CENTER	C	5,463,978	PER BOOKS
(9)	ST MARY MEDICAL CENTER	L	30,092,665	PER BOOKS
(10)	ST MARY MEDICAL CENTER	P	2,392,933	PER BOOKS
(11)	ST MARY MEDICAL CENTER	Q	19,150,002	PER BOOKS
(12)	ST MARY MEDICAL CENTER	S	274,815	PER BOOKS
(13)	ST MARY'S HEALTH CARE SYSTEM INC	A	2,532,930	PER BOOKS
(14)	ST MARY'S HEALTH CARE SYSTEM INC	C	3,162,226	PER BOOKS
(15)	ST MARY'S HEALTH CARE SYSTEM INC	L	15,498,154	PER BOOKS
(16)	ST MARY'S HEALTH CARE SYSTEM INC	M	438,703	PER BOOKS
(17)	ST MARY'S HEALTH CARE SYSTEM INC	P	1,654,591	PER BOOKS
(18)	ST MARY'S HEALTH CARE SYSTEM INC	Q	8,288,619	PER BOOKS
(19)	ST MARY'S HEALTH CARE SYSTEM INC	S	148,955	PER BOOKS
(20)	ST MARY'S SACRED HEART HOSPITAL INC	L	190,761	PER BOOKS
(21)	ST PETER'S HEALTH PARTNERS	L	76,318,964	PER BOOKS
(22)	ST PETER'S HEALTH PARTNERS	M	1,428,746	PER BOOKS
(23)	ST PETER'S HEALTH PARTNERS	P	5,507,467	PER BOOKS
(24)	ST PETER'S HEALTH PARTNERS	Q	33,068,435	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(201)	ST PETER'S HOSPITAL	A	10,293,542	PER BOOKS
(1)	ST PETER'S HOSPITAL	B	116,158	PER BOOKS
(2)	ST PETER'S HOSPITAL	C	12,574,000	PER BOOKS
(3)	ST PETER'S HOSPITAL	M	70,848	PER BOOKS
(4)	ST PETER'S HOSPITAL	P	3,900,000	PER BOOKS
(5)	ST PETER'S HOSPITAL	S	427,541	PER BOOKS
(6)	THE MERCY HOSPITAL INC	A	4,451,669	PER BOOKS
(7)	THE MERCY HOSPITAL INC	B	446,025	PER BOOKS
(8)	THE MERCY HOSPITAL INC	C	5,294,850	PER BOOKS
(9)	THE MERCY HOSPITAL INC	L	23,065,570	PER BOOKS
(10)	THE MERCY HOSPITAL INC	M	474,712	PER BOOKS
(11)	THE MERCY HOSPITAL INC	P	2,288,368	PER BOOKS
(12)	THE MERCY HOSPITAL INC	Q	13,747,675	PER BOOKS
(13)	THE MERCY HOSPITAL INC	S	261,778	PER BOOKS
(14)	TRINITY ASSURANCE LTD	C	1,468,646	PER BOOKS
(15)	TRINITY ASSURANCE LTD	L	995,193	PER BOOKS
(16)	TRINITY ASSURANCE LTD	P	73,616,867	PER BOOKS
(17)	TRINITY CONTINUING CARE SERVICES	A	5,395,092	PER BOOKS
(18)	TRINITY CONTINUING CARE SERVICES	C	4,603,945	PER BOOKS
(19)	TRINITY CONTINUING CARE SERVICES	L	9,696,154	PER BOOKS
(20)	TRINITY CONTINUING CARE SERVICES	P	1,703,275	PER BOOKS
(21)	TRINITY CONTINUING CARE SERVICES	Q	11,426,158	PER BOOKS
(22)	TRINITY CONTINUING CARE SERVICES	S	317,257	PER BOOKS
(23)	TRINITY HEALTH - MICHIGAN	A	30,788,166	PER BOOKS
(24)	TRINITY HEALTH - MICHIGAN	C	51,964,485	PER BOOKS

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(226)	TRINITY HEALTH - MICHIGAN	L	218,200,542	PER BOOKS
(1)	TRINITY HEALTH - MICHIGAN	M	502,866	PER BOOKS
(2)	TRINITY HEALTH - MICHIGAN	P	21,245,092	PER BOOKS
(3)	TRINITY HEALTH - MICHIGAN	Q	56,862,590	PER BOOKS
(4)	TRINITY HEALTH - MICHIGAN	S	1,810,474	PER BOOKS
(5)	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	A	11,427,076	PER BOOKS
(6)	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	B	197,407	PER BOOKS
(7)	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	S	671,963	PER BOOKS
(8)	TRINITY HEALTH OF THE MID-ATLANTIC REGION	A	4,794,547	PER BOOKS
(9)	TRINITY HEALTH OF THE MID-ATLANTIC REGION	B	109,770	PER BOOKS
(10)	TRINITY HEALTH OF THE MID-ATLANTIC REGION	C	9,960,055	PER BOOKS
(11)	TRINITY HEALTH OF THE MID-ATLANTIC REGION	D	25,000,000	PER BOOKS
(12)	TRINITY HEALTH OF THE MID-ATLANTIC REGION	L	40,215,946	PER BOOKS
(13)	TRINITY HEALTH OF THE MID-ATLANTIC REGION	M	97,064	PER BOOKS
(14)	TRINITY HEALTH OF THE MID-ATLANTIC REGION	P	1,907,576	PER BOOKS
(15)	TRINITY HEALTH OF THE MID-ATLANTIC REGION	Q	31,816,750	PER BOOKS
(16)	TRINITY HEALTH OF THE MID-ATLANTIC REGION	S	279,499	PER BOOKS
(17)	TRINITY HEALTH PACE	A	850,002	PER BOOKS
(18)	TRINITY HEALTH PACE	C	587,128	PER BOOKS
(19)	TRINITY HEALTH PACE	L	1,298,287	PER BOOKS
(20)	TRINITY HEALTH PACE	P	216,195	PER BOOKS
(21)	TRINITY HEALTH PACE	Q	2,587,139	PER BOOKS
(22)	TRINITY HOME HEALTH SERVICES	A	20,537	PER BOOKS
(23)	TRINITY HOME HEALTH SERVICES	B	296,819	PER BOOKS
(24)	TRINITY HOME HEALTH SERVICES	C	2,616,468	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
(251) TRINITY HOME HEALTH SERVICES	L	4,506,116	PER BOOKS
(1) TRINITY HOME HEALTH SERVICES	P	1,516,488	PER BOOKS
(2) TRINITY HOME HEALTH SERVICES	Q	4,453,042	PER BOOKS
(3) VIRTUA WILLINGBORO HOSPITAL INC	A	8,972,649	PER BOOKS
(4) VIRTUA WILLINGBORO HOSPITAL INC	S	527,633	PER BOOKS