

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 118,337,738 including grants of \$ 30,339) (Revenue \$ 127,962,137)
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 ▶ 118,337,738

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | 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> | 23 Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b Yes | |
| 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> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | 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> | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | 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> | 32 | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 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> | 34 Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a Yes | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b 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> | 36 | 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> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 Yes | |

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

| | | Yes | No |
|-----------|--|---------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 252 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c Yes | |

| | | | | | | |
|--|--|-----------|-------|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 1,948 | 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) | | | | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | 3a | | No |
| 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 | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | 4a | | No |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | 7a | | 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 | | No |
| 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 | | |
| | 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 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 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? | | 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 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 | | 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? | | No |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15a | 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? | | No |
| 15b | The organization's CEO, Executive Director, or top management official | | No |
| 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? | | No |
| 16b | 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? | | |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: **MI**

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:
DAVID DEFRAIN 17410 COLLEGE PARKWAY SUITE 150 LIVONIA, MI 48152 (734) 343-1312

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

| (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 | | | |
| (1) ERIN DENHOLM DIRECTOR, PRESIDENT & CEO | 51 00 4 00 | X | | X | | | | 0 | 506,617 | 48,717 |
| (2) JOANNE HANDY DIRECTOR, CHAIR | 1 00 13 00 | X | | X | | | | 0 | 0 | 0 |
| (3) LEJON POOLE DIRECTOR, VICE CHAIR | 1 00 13 00 | X | | X | | | | 0 | 0 | 0 |
| (4) JOHN CAPASSO DIRECTOR, TRINITY EVP CONT CARE | 1 00 54 00 | X | | | | | | 0 | 976,213 | 64,320 |
| (5) MARY KAY FALISKIE IHM DIRECTOR THROUGH 7/18 | 1 00 13 00 | X | | | | | | 0 | 0 | 0 |
| (6) ARTHUR HENKEL DIRECTOR | 1 00 13 00 | X | | | | | | 0 | 0 | 0 |
| (7) BEVERLY JONES DIRECTOR | 1 00 13 00 | X | | | | | | 0 | 0 | 0 |
| (8) WILLIAM MINNIX DIRECTOR | 1 00 13 00 | X | | | | | | 0 | 0 | 0 |
| (9) ANN MARIE TAG RSM DIRECTOR | 1 00 13 00 | X | | | | | | 0 | 0 | 0 |
| (10) MARJORIE TAPIA RSM DIRECTOR AS OF 1/19 | 1 00 13 00 | X | | | | | | 0 | 0 | 0 |
| (11) ANTONIA VILLARRUEL DIRECTOR | 1 00 13 00 | X | | | | | | 0 | 0 | 0 |
| (12) DEWAYNE WELLS DIRECTOR | 1 00 13 00 | X | | | | | | 0 | 0 | 0 |
| (13) MARK MCPHERSON TREASURER & CFO CONTINUING CARE | 1 00 49 00 | | | X | | | | 0 | 394,295 | 50,094 |
| (14) PATRICK BROWN VICE PRESIDENT FINANCE | 46 00 4 00 | | | X | | | | 0 | 250,751 | 47,979 |
| (15) ALICIA CHANDLER SECRETARY, TRINITY COUNSEL CONT CARE | 1 00 49 00 | | | X | | | | 0 | 163,460 | 8,539 |
| (16) MICHAEL SOCCIO VP CLINICAL OPERATIONS | 50 00 0 00 | | | | | X | | 0 | 293,531 | 31,468 |
| (17) SUSAN TOMBS VP STRAT, SALES, MARKETING & COMM | 50 00 0 00 | | | | | X | | 0 | 270,963 | 32,454 |

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

| (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 | | | |
| (18) HENRY WILLNER MD MEDICAL DIRECTOR | 50 00 0 00 | | | | | X | | 264,573 | 0 | 16,774 |
| (19) GRISEL CONTRERAS REGIONAL EXECUTIVE DIRECTOR | 50 00 0 00 | | | | | X | | 215,658 | 0 | 18,901 |
| (20) RODNEY CARNIFAX REGIONAL EXECUTIVE DIRECTOR | 50 00 0 00 | | | | | X | | 193,911 | 0 | 21,759 |
| (21) DEBORAH ARMSTRONG FORMER OFFICER, TH CONTINGENT MGR | 0 00 50 00 | | | | | | X | 0 | 238,500 | 10,733 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | | |
|---|---|---------|-----------|---------|
| 1b Sub-Total | ▶ | | | |
| 1c Total from continuation sheets to Part VII, Section A | ▶ | | | |
| 1d Total (add lines 1b and 1c) | ▶ | 674,142 | 3,094,330 | 351,738 |

| | | | | |
|----------|--|----------|-----|----|
| 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 ▶ 128 | | | |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such person | 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 | | |
| DAYMARCK LLC 6405 METCALF AVENUE OVERLAND PARK, KS 66202 | BILLING SERVICES | 2,200,560 | | |
| ENCLARA PHARMACIA INC PO BOX 95000-7220 PHILADELPHIA, PA 191957220 | PHARMACY SERVICES | 1,447,215 | | |
| QUALITY IN REAL TIME INC 15 VERBENA AVENUE SUITE 210 FLORAL PARK, NY 11001 | BILLING SERVICES | 812,082 | | |
| MEDILODGE OF HOWELL 1333 W GRAND RIVER HOWELL, MI 48843 | MEDICAL SERVICES | 337,064 | | |
| HARGER HOWE & ASSOC 1800 ST JAMES PLACE HOUSTON, TX 77056 | RECRUITING SERVICES | 293,036 | | |

| | | | | |
|----------|---|--|--|--|
| 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 ▶ 17 | | | |
|----------|---|--|--|--|

| Part VIII | | Statement of Revenue | | | | | |
|--|---|----------------------|---|----------------------------------|---|---------|--|
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> | | | | | | | |
| | | (A) | (B) | (C) | (D) | | |
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | 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 | 298,814 | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 352,214 | | | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | | | | | |
| | h Total. Add lines 1a-1f ▶ | | 651,028 | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a HOME HEALTH CARE | | 621610 | 123,371,386 | 123,371,386 | | |
| | b MGT SVC FEES-AFFILIATES | | 551114 | 3,542,226 | 3,542,226 | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | 9 Total. Add lines 2a-2f ▶ | | 126,913,612 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 220,235 | | | 220,235 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties ▶ | | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | | | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) ▶ | | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | | 286,765 | | | | |
| | b Less cost or other basis and sales expenses | | 0 | 1,761 | | | |
| | c Gain or (loss) | | 286,765 | -1,761 | | | |
| | d Net gain or (loss) ▶ | | 285,004 | | | 285,004 | |
| | 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 INTERCO REVENUE | | 561000 | 834,324 | 834,324 | | | |
| b OTHER RELATED REVENUE | | 621610 | 214,201 | 214,201 | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | 1,048,525 | | | | | |
| 12 Total revenue. See Instructions ▶ | | 129,118,404 | 127,962,137 | 0 | 505,239 | | |

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. | 30,339 | 30,339 | | |
| 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. | 854,064 | | 854,064 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 80,705,843 | 73,589,719 | 7,116,124 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 2,779,690 | 2,532,609 | 247,081 | |
| 9 Other employee benefits. | 9,593,056 | 8,731,650 | 861,406 | |
| 10 Payroll taxes. | 5,994,066 | 5,414,734 | 579,332 | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 391,463 | | 391,463 | |
| c Accounting. | | | | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | 19,217 | | 19,217 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 8,096,761 | 7,619,208 | 477,553 | |
| 12 Advertising and promotion. | 411,172 | 371,432 | 39,740 | |
| 13 Office expenses. | 636,159 | 574,674 | 61,485 | |
| 14 Information technology. | 3,190,041 | 2,881,721 | 308,320 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 5,264,306 | 4,755,506 | 508,800 | |
| 17 Travel. | 3,448,552 | 3,115,246 | 333,306 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 89,942 | 81,249 | 8,693 | |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 1,223,033 | 1,104,826 | 118,207 | |
| 23 Insurance. | 291,103 | 262,968 | 28,135 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a MEDICAL SUPPLIES | 5,030,830 | 5,030,830 | | |
| b INTERCO PURCHASED SVCS | 1,142,865 | 1,032,406 | 110,459 | |
| c BAD DEBT EXPENSE | 647,134 | 647,134 | | |
| d OTHER RELATED EXPENSES | 483,673 | 436,926 | 46,747 | |
| e All other expenses | 137,886 | 124,561 | 13,325 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 130,461,195 | 118,337,738 | 12,123,457 | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 2,550 | 1 | 2,150 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 20,000 | 3 | 20,000 |
| | 4 Accounts receivable, net | 16,430,070 | 4 | 15,536,984 |
| | 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 | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 386,379 | 9 | 436,890 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 3,324,133 | | |
| | b Less: accumulated depreciation | 10b 2,324,747 | 1,159,621 | 10c 999,386 |
| | 11 Investments—publicly traded securities | 9,341,765 | 11 | 8,599,728 |
| | 12 Investments—other securities. See Part IV, line 11 | 5,934,132 | 12 | 5,443,698 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 7,232,465 | 15 | 6,674,353 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 40,506,982 | 16 | 37,713,189 | |
| Liabilities | 17 Accounts payable and accrued expenses | 15,807,271 | 17 | 14,618,221 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | 69,100 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 7,068,171 | 25 | 9,007,433 |
| | 26 Total liabilities. Add lines 17 through 25 | 22,875,442 | 26 | 23,694,754 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 17,138,654 | 27 | 13,695,338 |
| | 28 Temporarily restricted net assets | 438,251 | 28 | 268,462 |
| | 29 Permanently restricted net assets | 54,635 | 29 | 54,635 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 17,631,540 | 33 | 14,018,435 | |
| 34 Total liabilities and net assets/fund balances | 40,506,982 | 34 | 37,713,189 | |

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 | 129,118,404 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 130,461,195 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -1,342,791 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 17,631,540 |
| 5 | Net unrealized gains (losses) on investments | 5 | 216,309 |
| 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 | -2,486,623 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 14,018,435 |

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

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

Additional Data

Software ID:
Software Version:
EIN: 38-2621935
Name: TRINITY HOME HEALTH SERVICES

Form 990 (2018)

Form 990, Part III, Line 4a:

TRINITY HOME HEALTH SERVICES (THHS), LOCATED IN LIVONIA, MI, MANAGES AND SUPPORTS SEVERAL HOME HEALTH CARE AND HOSPICE SITES AFFILIATED WITH TRINITY HEALTH. IN ADDITION, THHS OPERATES HOME CARE/HOSPICE SITES SERVING RESIDENTS IN CALIFORNIA, CONNECTICUT, ILLINOIS, INDIANA, IOWA, MARYLAND, MASSACHUSETTS, MICHIGAN, NEBRASKA, OHIO, AND SOUTH DAKOTA. THHS RESPONDS TO INDIVIDUAL AND COMMUNITY HEALTH NEEDS BY PROVIDING HEALTH SERVICES TO INDIVIDUALS IN THEIR HOMES. SERVICES INCLUDE SKILLED NURSING, HOME HEALTH AIDES, THERAPY, SOCIAL WORK VISITS, NEEDS ASSESSMENT AND CARE PLAN DEVELOPMENT, AND PATIENT EDUCATION RELATED TO CURRENT MEDICAL CONDITIONS AND CHRONIC ILLNESS. HOSPICE HELPS PEOPLE WITH LIFE-LIMITING ILLNESSES LIVE THEIR REMAINING LIVES ALERT AND PAIN FREE, NOURISHED BY THE SUPPORT OF THEIR LOVED ONES. DURING THE FISCAL YEAR ENDED JUNE 30, 2019, TRINITY HOME HEALTH SERVICES PROVIDED OVER 484,086 HOME CARE VISITS AND 200,626 DAYS OF HOSPICE CARE. PLEASE VISIT OUR WEBSITE FOR ADDITIONAL INFORMATION ABOUT OUR PROGRAMS AND SERVICES: WWW.TRINITYHEALTHATHOME.ORG

SCHEDULE A

(Form 990 or 990EZ)

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 HOME HEALTH SERVICES

Employer identification number

38-2621935

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
- g

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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 ► <input type="checkbox"/> | | | | | | |

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 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.") | 370,927 | 145,379 | 2,362,959 | 3,996,713 | 651,028 | 7,527,006 |
| 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 | 79,403,886 | 82,032,178 | 93,674,521 | 119,105,510 | 127,962,137 | 502,178,232 |
| 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 | 79,774,813 | 82,177,557 | 96,037,480 | 123,102,223 | 128,613,165 | 509,705,238 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 | 2,120,194 | 2,391,974 | 3,420,603 | 2,868,175 | 978,482 | 11,779,428 |
| c | Add lines 7a and 7b | 2,120,194 | 2,391,974 | 3,420,603 | 2,868,175 | 978,482 | 11,779,428 |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 497,925,810 |

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 | 79,774,813 | 82,177,557 | 96,037,480 | 123,102,223 | 128,613,165 | 509,705,238 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 396,027 | 396,890 | 20,074 | 210,690 | 220,235 | 1,243,916 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 396,027 | 396,890 | 20,074 | 210,690 | 220,235 | 1,243,916 |
| 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.) | 80,170,840 | 82,574,447 | 96,057,554 | 123,312,913 | 128,833,400 | 510,949,154 |
| 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 ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|----------|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | 97.450 % |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | 97.330 % |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|---------|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.240 % |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | 0.250 % |

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 | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | 3a | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | 4b | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | 5a | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 8 | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | 9a | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9b | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9c | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | 10a | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | 10b | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | | |

Part V

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 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. | | | |

Additional Data

Software ID:
Software Version:
EIN: 38-2621935
Name: TRINITY HOME HEALTH SERVICES

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶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 HOME HEALTH SERVICES | Employer identification number 38-2621935 |
|--|---|

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV | |

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 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)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | Yes | | 10,581 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 60 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 10,641 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|-------------------|---|
| PART II-B, LINE 1 | TRINITY HOME HEALTH SERVICES HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED TRINITY HOME HEALTH SERVICES WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES. TRINITY HOME HEALTH SERVICES' CEO ALSO ENGAGED IN ADVOCACY ON ISSUES RELATED TO HEALTH CARE AND HEALTH CARE PROVIDERS. SUCH ACTIVITIES CONSIST OF WRITTEN AND VERBAL COMMUNICATIONS WITH FEDERAL, STATE AND LOCAL ELECTED OFFICIALS AND GOVERNMENT AGENCIES. |

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DLN: 93493183012010

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization
TRINITY HOME HEALTH SERVICES

Employer identification number
38-2621935

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

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

2a

2b

2c

2d

3

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

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

5

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

6

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

7

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

☐ Yes ☐ No

8

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

9

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

10

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

☐ Yes ☐ No

11

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

Part III

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

1a

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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 | 54,635 | 54,635 | 54,635 | 54,635 | 54,635 |
| 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 | 54,635 | 54,635 | 54,635 | 54,635 | 54,635 |

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 1,477,198 | 1,127,351 | 349,847 |
| c Leasehold improvements | | | | |
| d Equipment | | 1,846,935 | 1,197,396 | 649,539 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 999,386 |

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 | 1,674,984 | F |
| (B) EQUITY METHOD INVESTMENTS | 2,652,058 | C |
| (C) HEDGE FUNDS | 1,116,656 | F |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 5,443,698 | |

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) MISCELLANEOUS RECEIVABLES | 433,238 |
| (2) INTERCOMPANY ACCOUNTS RECEIVABLE | 995,852 |
| (3) INTERCOMPANY OTHER LT ASSETS | 4,270,712 |
| (4) INVESTMENT IN UNCONSOL AFFILIATES | 974,551 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | 6,674,353 |

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 | |
| OTHER CURRENT LIABILITIES | 260,515 |
| INTERCOMPANY ACCOUNTS PAYABLE | 8,661,693 |
| DEFERRED COMPENSATION LIABILITY | 85,225 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 9,007,433 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

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

Additional Data

Software ID:
Software Version:
EIN: 38-2621935
Name: TRINITY HOME HEALTH SERVICES

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4 | TRINITY HOME HEALTH SERVICES HAS A PERMANENTLY RESTRICTED ENDOWMENT FUND, THE INCOME FROM WHICH IS USED FOR STAFF EDUCATION, TRAINING, CONFERENCES AND BEREAVEMENT LEAVE |

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

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

Name of the organization
TRINITY HOME HEALTH SERVICES

Employer identification number
38-2621935

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) FRIENDS OF THE FOLDS OF HONOR FOUNDATION 24 FIRTH ROAD IVERNESS, IL 60067 | 45-5382465 | 501(C)(3) | 10,000 | | | | SUPPORT FOR THE FOLDS OF HONOR FOUNDATION |

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

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

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

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of 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 HOME HEALTH SERVICES TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
TRINITY HOME HEALTH SERVICES

Employer identification number
38-2621935

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

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.

[illegible]

Part III Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 3 | TRINITY HOME HEALTH SERVICES IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. TRINITY HOME HEALTH SERVICES' CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF TRINITY HOME HEALTH SERVICES' CEO: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. |

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 4B | 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 JOHN CAPASSO - \$138,220 ERIN DENHOLM - \$0 THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION OR RETENTION PLAN THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$275,000 FOR 2018) MARK MCPHERSON MICHAEL SOCCIO THERE WERE NO PAYOUTS FOR 2018 FOR THESE PARTICIPANTS |



Additional Data

Software ID:
Software Version:
EIN: 38-2621935
Name: TRINITY HOME HEALTH SERVICES

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 | | | | |
| ERIN DENHOLM DIRECTOR, PRESIDENT & CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 487,748 | 0 | 18,869 | 12,375 | 36,342 | 555,334 | 0 |
| JOHN CAPASSO DIRECTOR, TRINITY EVP CONT CARE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 556,425 | 256,877 | 162,911 | 20,625 | 43,695 | 1,040,533 | 0 |
| MARK MCPHERSON TREASURER & CFO CONTINUING CARE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 302,617 | 89,298 | 2,380 | 16,163 | 33,931 | 444,389 | 0 |
| PATRICK BROWN VICE PRESIDENT FINANCE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 249,068 | 0 | 1,683 | 11,512 | 36,467 | 298,730 | 0 |
| ALICIA CHANDLER SECRETARY, TRINITY COUNSEL CONT CARE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 146,619 | 16,768 | 73 | 7,352 | 1,187 | 171,999 | 0 |
| MICHAEL SOCCIO VP CLINICAL OPERATIONS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 292,134 | 0 | 1,397 | 12,987 | 18,481 | 324,999 | 0 |
| SUSAN TOMBS VP STRAT, SALES, MARKETING & COMM | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 235,696 | 33,522 | 1,745 | 9,622 | 22,832 | 303,417 | 0 |
| HENRY WILLNER MD MEDICAL DIRECTOR | (i) | 257,387 | 2,118 | 5,068 | 11,846 | 4,928 | 281,347 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GRISEL CONTRERAS REGIONAL EXECUTIVE DIRECTOR | (i) | 189,413 | 26,076 | 169 | 7,638 | 11,263 | 234,559 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RODNEY CARNIFAX REGIONAL EXECUTIVE DIRECTOR | (i) | 156,632 | 34,082 | 3,197 | 8,894 | 12,865 | 215,670 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DEBORAH ARMSTRONG FORMER OFFICER, TH CONTINGENT MGR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 238,500 | 0 | 0 | 10,733 | 0 | 249,233 | 0 |

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

Employer identification number
38-2621935

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
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2

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

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
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Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) LYNN BROWN | FAMILY MEMBER OF PATRICK BROWN, OFFICER | 14,347 | EMPLOYMENT | | No |
| | | | | | |
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Part V Supplemental Information

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

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

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 HOME HEALTH SERVICES

Employer identification number

38-2621935

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 6 | THE SOLE MEMBER OF TRINITY HOME HEALTH SERVICES IS TRINITY HEALTH CORPORATION SEE LINE 7 FOR ADDITIONAL INFORMATION |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | PRIOR TO FILING, THE FORM 990 FOR TRINITY HOME HEALTH SERVICES IS REVIEWED BY SENIOR MANAG EMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE BOARD OF DIRECTOR S EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS F ILED WITH THE INTERNAL REVENUE SERVICE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>TRINITY HOME HEALTH SERVICES HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO. 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF TRINITY HOME HEALTH SERVICES, 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 HOME HEALTH SERVICES 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 HOME HEALTH SERVICES (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO TRINITY HOME HEALTH SERVICES 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 HOME HEALTH SERVICES (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 HOME HEALTH SERVICES. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION FOR CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF TRINITY HOME HEALTH SERVICES IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION IN ESTABLISHING CEO, CFO, AND VICE PRESIDENT FINANCE COMPENSATION , TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO, CFO, AND VICE PRESIDENT FINANCE OF TRINITY HOME HEALTH SERVICES 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</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | TRINITY HOME HEALTH SERVICES IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. TRINITY HOME HEALTH SERVICES' GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART XI, LINE 9 | EQUITY TRANSFERS TO AFFILIATES -2,616,468 EQUITY GAIN IN UNCONSOLIDATED AFFILIATES 129,845 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART XII, LINE 2 | TRINITY HOME HEALTH SERVICES' FINANCIAL STATEMENTS WERE INCLUDED IN THE FY19 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 1, PART C, DOING BUSINESS AS NAMES | CARING PARTNERS AT HOME HOLY CROSS HOME CARE AND HOSPICE LOYOLA MEDICINE HOME CARE LOYOLA MEDICINE HOME CARE AND HOSPICE LOYOLA MEDICINE HOSPICE MERCY AT HOME MERCY HEALTHCARE AT H OME MERCY HOME CARE, SIOUX CITY MOUNT CARMEL HOME CARE SAINT AGNES HOME HEALTH AND HOSPICE SAINT JOSEPH HEALTH SYSTEM VNA HOME CARE SAINT JOSEPH VNA HOME CARE ST JOSEPH MERCY HOME CARE ST JOSEPH MERCY HOME CARE & HOSPICE ST JOSEPH MERCY HOME CARE, ANN ARBOR ST JOSEP H MERCY HOME CARE, CHELSEA ST JOSEPH MERCY HOME CARE, LIVINGSTON ST JOSEPH MERCY HOSPICE ST JOSEPH MERCY HOSPICE, ANN ARBOR ST JOSEPH MERCY HOSPICE, LIVINGSTON TRINITY HEALTH A T HOME TRINITY HEALTH OF NEW ENGLAND AT HOME |

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 HOME HEALTH SERVICES

Employer identification number
38-2621935

| 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) SAINT AGNES HOME HEALTH AND HOSPICE LLC 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 | PROVIDE HOME HEALTH SERVICES | CA | 15,722,955 | 0 | TRINITY HOME HEALTH SERVICES |
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| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| See Additional Data Table | | | | | | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | | | | |
|----------|---|-----------|------------|-----------|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | Yes | No |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | No |
| 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 | | No |
| 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 | Yes | |
| 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 |
|-------------------------------------|----------------------------------|------------------------|--|
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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

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

Additional Data

Software ID:
Software Version:
EIN: 38-2621935
Name: TRINITY HOME HEALTH SERVICES

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 | |

| 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 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 | |

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

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

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| | | | | | | 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 | |

| 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 |
| 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 | |

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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 | | | | | | | |
|--|--|--|----------------------------|---|--|---|----|
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| | | | | | | 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 | Yes | |
| 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 10 | 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 | | No |

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 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 | | | | | | | | | |
|--|------------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
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| | | | | | | | | 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

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|--|----------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (46) TRINITY ASSURANCE LTD PO BOX 1159 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602 | SELF-INSURANCE | CJ | N/A | C | | | | Yes | |
| (1) TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666 | ACCOUNTABLE CARE ORGANIZATION | DE | N/A | C | | | | Yes | |
| (2) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377 | GRANTOR TRUST | MI | N/A | T | | | | 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) | HOLY CROSS HOSPITAL INC | L | 105,450 | PER BOOKS |
| (1) | IHA HEALTH SERVICES CORPORATION | P | 100,895 | PER BOOKS |
| (2) | TRINITY CONTINUING CARE SERVICES | M | 368,588 | PER BOOKS |
| (3) | MERCY MEDICAL CENTER - CLINTON INC | L | 259,746 | PER BOOKS |
| (4) | SAINT MARY'S AMICARE HOME HEALTHCARE | L | 1,524,838 | PER BOOKS |
| (5) | MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE | L | 2,030,312 | PER BOOKS |
| (6) | MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE | Q | 160,407 | PER BOOKS |
| (7) | TRINITY HEALTH CORPORATION | C | 298,814 | PER BOOKS |
| (8) | TRINITY HEALTH CORPORATION | B | 2,616,468 | PER BOOKS |
| (9) | TRINITY HEALTH CORPORATION | M | 4,502,146 | PER BOOKS |
| (10) | TRINITY HEALTH CORPORATION | P | 4,451,286 | PER BOOKS |
| (11) | TRINITY HEALTH CORPORATION | Q | 1,517,838 | PER BOOKS |
| (12) | HOLY CROSS HEALTH INC | L | 93,576 | PER BOOKS |
| (13) | HOLY CROSS HEALTH INC | P | 270,442 | PER BOOKS |
| (14) | MOUNT CARMEL HEALTH SYSTEM | L | 212,458 | PER BOOKS |
| (15) | MOUNT CARMEL HEALTH PLAN | L | 6,010,226 | PER BOOKS |
| (16) | MOUNT CARMEL HEALTH INSURANCE COMPANY | L | 69,546 | PER BOOKS |
| (17) | MERCY AMICARE HOME HEALTHCARE OAKLAND | S | 2,756,877 | PER BOOKS |