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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Trinity Health System Group
% JAMES DUMPMAN
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
380 SUMMIT AVENUE

City or town, state or province, country, and ZIP or foreign postal code
STEUBENVILLE, OH 43952

D Employer identification number
30-0752920

E Telephone number
(740) 283-7000

G Gross receipts $ 236,440,090

F Name and address of principal officer:
MATT GRIMSHAW
380 SUMMIT AVENUE
STEUBENVILLE, OH 43952

H(a) Is this a group return for subordinates? ☑ Yes ☐ No

H(b) Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 5388

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TRINITYHEALTH.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
A COMMUNITY PARTNER DEDICATED TO EXCELLENCE IN SERVING THE HEALTH NEEDS OF THE TRI-STATE AREA.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	2,340
6	Total number of volunteers (estimate if necessary)	**6**	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	350,920
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	146,582

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	432,686	5,524,164
9	Program service revenue (Part VIII, line 2g)	229,364,179	217,130,131
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,180,757	7,561,074
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,000,855	6,221,638
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	237,978,477	236,437,007
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,101	3,300
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	118,289,361	127,239,919
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	108,949,795	108,248,428
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	227,241,257	235,491,647
19	Revenue less expenses. Subtract line 18 from line 12	10,737,220	945,360

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	279,385,616	322,194,187
21	Total liabilities (Part X, line 26)	23,599,514	74,626,121
22	Net assets or fund balances. Subtract line 21 from line 20	255,786,102	247,568,066

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2021-05-10

DAVE WERKIN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01203482

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 1225 17th Street Suite 800
Denver, CO 80202

Phone no. (303) 296-2323

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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:

SEE SCHEDULE O.

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: See Additional Data)	(Expenses $	146,285,649	including grants of $	3,359,721) (Revenue $	473,308,801)
4b	(Code: See Additional Data)	(Expenses $	59,417,804	including grants of $	1,384,356) (Revenue $	195,024,528)
4c	(Code: See Additional Data)	(Expenses $	17,486,202	including grants of $	407,405) (Revenue $	57,394,217)
4d	Other program services (Describe in Schedule O.) (Expenses $			including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		223,189,655			

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	Yes	
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	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		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? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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 Compliance

Check 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	155		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	2,340		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
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	**1a**	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	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?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

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:
▶JAMES DUMPMAN 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 (740) 283-7000

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.

See instructions for the order in which to list the persons above.

☐ 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								7,385,641	1,169,496	470,379

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 ▶ 127

			Yes	No
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
UPMC CANCER CENTER, PO BOX 223270 PITTSBURGH, PA 15251	ONCONOGISTS	5,006,580
ARUP LABS INC, 500 CHIPETA WAY SALT LAKE CITY, UT 84108	LAB	1,758,994
WASHINGTON HEALTHCARE STRATEGIES, PO BOX 463 BRIDGEVILLE, PA 15017	ANESTHESIOLOGISTS	1,594,161
CHG, PO BOX 972651 DALLAS, TX 75397	HEALTHCARE STAFFING	1,074,916
GUARDIAN HEALTHCARE PROIDERS, PO BOX 306098 NASHVILLE, TN 37230	HEALTHCARE STAFFING	1,042,344

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 ▶ 65

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	80,941			
	e Government grants (contributions)	1e	5,377,528			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	65,695			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f . . . . . ▶		5,524,164			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICES	900099	217,130,131	216,827,212	302,919	
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f. . . . . ▶	217,130,131				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,180,171		48,001	3,132,170
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents 6a	181,632				
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c	181,632	0			
	d Net rental income or (loss) . . . . . ▶			181,632		181,632
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	4,383,986				
	b Less: cost or other basis and sales expenses 7b		3,083			
	c Gain or (loss) 7c	4,383,986	-3,083			
	d Net gain or (loss) . . . . . ▶			4,380,903		4,380,903
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . 8a	0				
	b Less: direct expenses . . . 8b	0				
	c Net income or (loss) from fundraising events . . ▶			0		
	9a Gross income from gaming activities. See Part IV, line 19 . . . 9a	0				
	b Less: direct expenses . . . 9b	0				
	c Net income or (loss) from gaming activities . . ▶			0		
	10a Gross sales of inventory, less returns and allowances . . 10a	0				
	b Less: cost of goods sold . . 10b	0				
	c Net income or (loss) from sales of inventory . . ▶			0		
	Miscellaneous Revenue	Business Code				
	11a HOSPITAL SUPPORT	900099	3,219,441			3,219,441
	b MANAGEMENT FEES	541610	360,697			360,697
	c TUITION	611600	816,884			816,884
	d All other revenue		1,642,984			1,642,984
	e **Total.** Add lines 11a–11d . . . . . ▶		6,040,006			
	12 **Total revenue.** See instructions . . . . . ▶		236,437,007	216,827,212	350,920	13,734,711

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	3,300	3,300		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	357,904		357,904	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	98,660,793	93,709,858	4,950,935	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,616,790	1,535,950	80,840	
9 Other employee benefits	19,726,506	18,740,181	986,325	
10 Payroll taxes	6,877,926	6,534,030	343,896	
11 Fees for services (non-employees):				
a Management	0			
b Legal	322,789	306,650	16,139	
c Accounting	0			
d Lobbying	5,252		5,252	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,454,018	32,566,634	1,887,384	0
12 Advertising and promotion	807,956	767,558	40,398	
13 Office expenses	3,098,798	2,943,859	154,939	
14 Information technology	247,385	235,016	12,369	
15 Royalties	0			
16 Occupancy	7,937,242	7,540,380	396,862	
17 Travel	393,469	373,795	19,674	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	3,148,824	2,991,383	157,441	
22 Depreciation, depletion, and amortization	5,121,980	4,865,881	256,099	
23 Insurance	1,772,369	1,683,750	88,619	
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	44,274,940	42,061,193	2,213,747	
b STATE PROVIDER TAX	3,203,360	3,043,192	160,168	
c REPAIRS AND MAINTENANCE	2,389,155	2,269,697	119,458	
d DUES & SUBSCRIPTIONS	309,614	294,133	15,481	
e All other expenses	761,277	723,215	38,062	
25 **Total functional expenses.** Add lines 1 through 24e	235,491,647	223,189,655	12,301,992	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check 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		312,641	1	64,713
	2	Savings and temporary cash investments		31,320,976	2	37,262,711
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		34,847,340	4	30,997,388
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		3,806,818	8	3,538,691
	9	Prepaid expenses and deferred charges		1,328,776	9	1,301,993
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 94,973,702			
	b	Less: accumulated depreciation	10b 26,675,922	47,983,199	10c	68,297,780
	11	Investments—publicly traded securities		1,286,743	11	1,198,169
	12	Investments—other securities. See Part IV, line 11		147,876,115	12	151,935,792
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		210,000	14	210,000
	15	Other assets. See Part IV, line 11		10,413,008	15	27,386,950
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		279,385,616	16	322,194,187
Liabilities	17	Accounts payable and accrued expenses		22,806,849	17	56,620,241
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	43,013
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		792,665	25	17,962,867
	26	**Total liabilities.** Add lines 17 through 25		23,599,514	26	74,626,121
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		254,685,992	27	246,467,955
	28	Net assets with donor restrictions		1,100,110	28	1,100,111
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		255,786,102	32	247,568,066
	33	Total liabilities and net assets/fund balances		279,385,616	33	322,194,187

Part XI Reconcilliation of Net Assets

Check 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	236,437,007
2	Total expenses (must equal Part IX, column (A), line 25)	2	235,491,647
3	Revenue less expenses. Subtract line 2 from line 1	3	945,360
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	255,786,102
5	Net unrealized gains (losses) on investments	5	-4,163,371
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	97,326
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,097,351
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	247,568,066

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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.	3b		

Additional Data

Software ID:

Software Version:

EIN: 30-0752920

Name: Trinity Health System Group

Form 990, Part III, Line 4a:

OUTPATIENT SERVICES THROUGH JUNE 2020, THE CENTER REALIZED 7,136 ACUTE ADMISSIONS AND 242,501 OUTPATIENT VISITS. IN LINE WITH TRINITY HEALTH SYSTEM'S VALUES, SERVICE, REVERENCE AND STEWARDSHIP, THE TONY TERAMANA CANCER CENTER CAN MEET THE NEEDS OF CANCER PATIENTS THROUGH A HOLISTIC APPROACH WHICH INCLUDES COMPASSION, CONCERN, DIGNITY AND RESPECT. THIS SERVICE IS DUE LARGELY TO THE GENEROSITY OF THE TONY TERAMANA FAMILY, WHOSE $1 MILLION GIFT MADE THIS CENTER A WORLD-CLASS CANCER TREATMENT FACILITY. TRINITY HEALTH SYSTEM'S CARDIAC REHABILITATION PROGRAM IS DESIGNED TO EFFECT LIFESTYLE CHANGE IN PATIENTS ENROLLED. THESE CHANGES ARE ACHIEVED THROUGH SAFE PHYSICAL CONDITIONING, SOUND EDUCATIONAL SESSIONS, AND GROUP SUPPORT, WHICH EMPHASIZE THE UNDERSTANDING OF RISK FACTORS ASSOCIATED WITH HEART DISEASE. THE PROGRAM'S GOAL IS TO ENHANCE THE QUALITY OF LIFE FOR THE PATIENT. AGE IS NOT A FACTOR. OUR SPECIALLY TRAINED STAFF WORK WITH PATIENTS, THEIR FAMILIES, AND PHYSICIANS TO DEVELOP A PERSONALIZED PROGRAM OF HEALTH AND WELLNESS. THE GOALS OF THE CARDIAC REHAB PROGRAM ARE INCREASED UNDERSTANDING OF HEART DISEASE, INCREASED ENDURANCE, DECREASED HEART RATE AND BLOOD PRESSURE, INCREASED MUSCULAR FITNESS, REDUCED CHOLESTEROL/TRIGLYCERIDE LEVELS, DECREASED BODY FAT, BETTER NUTRITION MANAGEMENT AND IMPROVED SENSE OF WELL-BEING. AN INTEGRAL PART OF THE OVERALL PROGRAM, EDUCATION, INCREASES A PATIENT'S UNDERSTANDING OF THEIR ILLNESS AND HELPS THEM TO IDENTIFY CURRENT HABITS THAT CAN NEGATIVELY AFFECT THEIR CARDIAC CONDITION. WE COVER ISSUES LIKE RISK FACTOR REDUCTION, ANGINA, HEART ATTACK, MEDICATION, DIETARY AND EXERCISE GUIDELINES, SMOKING, AND BREATHING AND RELAXATION METHODS. INDIVIDUALS ENROLLED IN THIS PHASE ARE REFERRED BY THEIR PHYSICIAN. AFTER AN ASSESSMENT OF CONDITION IS MADE, A PATIENT IS SCHEDULED FOR EXERCISE TRAINING WITH MONITORING. RISK FACTORS, DIET, AND LIFESTYLE CHANGES ARE ALSO DISCUSSED. CONVENIENT SESSIONS ARE SCHEDULED THREE TIMES PER WEEK AND LAST APPROXIMATELY ONE HOUR. ONCE THE OUTPATIENT PROGRAM IS CONCLUDED, PATIENTS MAY CONTINUE THIS PHASE IN ORDER TO ENSURE THEIR QUALITY OF LIFE. THEIR ONGOING PARTICIPATION IN THE PROGRAM CAN OFFER THEM INCREASED ENDURANCE, DECREASED HEART RATE AND BLOOD PRESSURE, AND INCREASED MUSCULAR FITNESS. TRINITY WORKCARE IS THE OCCUPATIONAL HEALTH DEPARTMENT OF TRINITY HEALTH SYSTEM AND PROVIDES A COMPREHENSIVE OCCUPATIONAL HEALTH SERVICE TO THE BUSINESS COMMUNITY. OUR PROGRAM IS DESIGNED TO ASSIST THE CLIENT COMPANY DECREASE LOST WORK TIME, MEDICAL EXPENSES, INSURANCE PREMIUMS AND MAINTAIN COMPLIANCE WITH COMPANY AND GOVERNMENT REGULATIONS. WORKCARE SERVICES INCLUDE MEDICAL SURVEILLANCE, SUBSTANCE ABUSE TESTING, INJURY TREATMENT AND CASE MANAGEMENT, PHYSICAL THERAPY, WELLNESS PROMOTION AND EMPLOYEE ASSISTANCE PROGRAM. THROUGH JUNE 2020, THERE WERE 7,760 VISITS TO WORKCARE. OUTPATIENT OCCUPATIONAL THERAPY AT TRINITY IS PROVIDED BOTH AS AN EXTENSION OF SERVICES RECEIVED AS AN INPATIENT OR YOU CAN RECEIVE SERVICES AS A NEW PATIENT. WE ARE STAFFED TO PROVIDE EXPERTISE WITH ALL NEUROLOGICAL AND ORTHOPEDIC DISORDERS AND SPECIALIZE IN THE AREA OF HAND DISORDERS. WE PROVIDE EXERCISE, MODALITIES (PARAFFIN, ULTRASOUND, IONTOPHORESIS, FLUIDOTHERAPY AND E-STIM), FUNCTIONAL ACTIVITIES, SPLINTING/BRACING AND ADL TRAINING. PHYSICAL THERAPY ASSESSES YOUR MOVEMENT, STRENGTH AND ENDURANCE AND WILL HELP TO RESTORE QUALITY OF MUSCLE TONE, COORDINATION, BALANCE, STRENGTH, ENDURANCE, JOINT FLEXIBILITY AND FUNCTIONAL MOBILITY. OUR DEPARTMENT IS FULLY EQUIPPED TO ALLOW FOR PRIVATE TREATMENT. ADDITIONALLY, A MODERN GYM IS UTILIZED FOR YOUR EXERCISE NEEDS. WE PROVIDE SPECIALIZED PROGRAMS IN EXERCISE, FUNCTIONAL ACTIVITIES AND MODALITIES. OUR SPEECH PATHOLOGY DEPARTMENT IS EQUIPPED TO RENDER A BROAD SPECTRUM OF DIAGNOSTIC AND REHABILITATIVE SERVICES TO CHILDREN, ADOLESCENTS AND ADULTS WITH DISORDERS ASSOCIATED WITH DECREASED COGNITIVE SKILLS, APHASIA, APRAXIA, DYSARTHRIA, VOICE, AND DELAYED SPEECH AND LANGUAGE. WE ALSO SPECIALIZE IN DIAGNOSTIC AND THERAPEUTIC INTERVENTIONS FOR PATIENTS WITH SWALLOWING DISORDERS. TO SUPPORT SENIORS THROUGH TRYING TIMES, WE PROUDLY OFFER THE TRINITY SENIOR PROGRAM, A THERAPEUTIC PROGRAM DESIGNED TO MEET THE EMOTIONAL AND PSYCHOLOGICAL NEEDS OF OLDER ADULTS. WE SEE PATIENTS 55 YEARS OR OLDER THAT ARE EXPERIENCING EMOTIONAL DIFFICULTIES SUCH AS DEPRESSION, ANXIETY, GRIEF, ANGER AND OTHER EMOTIONAL ISSUES. THE SHORT TERM OUTPATIENT PROGRAM INCLUDES SUPPORT GROUPS, OCCUPATIONAL AND RECREATIONAL GROUPS, AND HEALTH/MEDICATION EDUCATION. TRINITY HOME HEALTH IS SPECIAL HOME CARE FOR SPECIAL PEOPLE. THE DISCIPLINES OFFERED ARE SKILLED NURSING CARE, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, MEDICAL SOCIAL SERVICES (OHIO) AND HOME HEALTH AIDES. THROUGH JUNE 2020, THE HOME HEALTH DEPARTMENT REALIZED 15,665 HOME VISITS.

Form 990, Part III, Line 4b:

INPATIENT SERVICES IN EASTERN OHIO, THE HOSPITAL INCLUDES TRINITY EAST AND TRINITY WEST WHICH HAS A COMBINED CAPACITY OF OVER 500 BEDS. TRINITY EAST OFFERS A VARIETY OF SERVICES INCLUDING SKILLED CARE, LONG-TERM CARE, INPATIENT PHYSICAL REHABILITATION AND BEHAVIORAL MEDICINE SERVICES (MENTAL HEALTH & ADDICTION RECOVERY). TRINITY WEST IS A FULL SERVICE ACUTE CARE FACILITY OFFERING 24-HOUR EMERGENCY CARE, KIDNEY DIALYSIS, LITHOTRIPSY, ENDOSCOPY AND RELATED SERVICES, SURGERY AND MEDICAL SURGICAL INPATIENT UNITS, COMPREHENSIVE CARDIAC CARE, PEDIATRICS, WOMEN'S HEALTH, INPATIENT/OUTPATIENT SURGICAL SERVICES, WOUND CLINIC, OCCUPATIONAL MEDICINE AND A FULL ARRAY OF DIAGNOSTIC CAPABILITIES. THE TRINITY SKILLED CARE CENTER, A HOSPITAL-BASED SKILLED AND LONG TERM CARE NURSING FACILITY, IS FULLY CERTIFIED FOR 50 BEDS AND WAS DEVELOPED TO MEET THE NEEDS OF PATIENTS WHO REQUIRE ADDITIONAL SKILLED CARE BEYOND THE ACUTE PHASE OF ILLNESS OR INJURY. THROUGH JUNE 2020, TRINITY SKILLED CARE CENTER HAD 379 ADMISSIONS AND 6,778 PATIENT DAYS. THE SKILLED CARE CENTER ALSO HAS AN ONGOING ACTIVITY PROGRAM. PATIENTS ARE ENCOURAGED TO PARTICIPATE IN THESE ENJOYABLE ACTIVITIES AS A GROUP OR INDIVIDUALLY. THE ATMOSPHERE IS INFORMAL AND RELAXING TO AID IN THE EMOTIONAL WELL-BEING OF EACH PATIENT. DISCHARGE PLANNING BEGINS ON ADMISSION TO TRINITY SKILLED CARE CENTER. INDIVIDUALIZED GOALS ARE ESTABLISHED WITH THE PATIENT, THE PATIENT'S FAMILY AND A HIGHLY QUALIFIED TEAM OF PROFESSIONALS. THIS TEAM INCLUDES: THE ATTENDING PHYSICIAN, NURSE, SOCIAL SERVICES, DIETITIAN, PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST AND SPEECH THERAPIST. THIS PROCESS ASSURES THE CONTINUITY OF CARE UPON DISCHARGE. TRINITY'S REHABILITATION CENTER PROVIDES AN INTEGRATED AND INTERDISCIPLINARY TEAM APPROACH TO HELP PATIENTS WHO HAVE PHYSICAL IMPAIRMENTS. PROGRAMS ARE AVAILABLE FOR PATIENTS WITH STROKES AND OTHER NEUROLOGICAL DISORDERS, ARTHRITIS, AMPUTATIONS, JOINT REPLACEMENTS AND OTHER ORTHOPEDIC PROBLEMS, BRAIN INJURY, AND SPINAL CORD INJURY. THE CENTER HAS 20 PRIVATE ROOMS, EACH SPECIALLY DESIGNED FOR REHABILITATION. PATIENTS ALSO UTILIZE A HOME-LIKE APARTMENT TO REGAIN SKILLS SUCH AS COOKING, BATHING AND DRESSING. PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH-LANGUAGE PATHOLOGY AREAS HAVE STATE-OF-THE-ART EQUIPMENT, AND THE THERAPISTS ARE HIGHLY TRAINED REHABILITATION SPECIALISTS. A VAN IS AVAILABLE FOR COMMUNITY OUTINGS AND HOME VISITS. THESE TRIPS PROVIDE OPPORTUNITIES FOR PATIENTS TO PRACTICE THEIR SKILLS IN THEIR COMMUNITY, HOME AND WORK PLACE WHEN APPROPRIATE. WITH A TEAM APPROACH TO TREATMENT, A PERSONALIZED REHABILITATION PROGRAM IS DESIGNED TO MEET THE UNIQUE NEEDS AND GOALS OF EACH PATIENT. THE TEAM CONSISTS OF THE PATIENT, HIS/HER FAMILY, PHYSICIANS, REHABILITATION NURSES, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH LANGUAGE PATHOLOGISTS, PSYCHOLOGISTS, SOCIAL WORKERS, THERAPEUTIC RECREATIONAL SPECIALISTS, DIETITIANS, RESPIRATORY THERAPISTS, CASE COORDINATORS AND VOCATIONAL COUNSELORS. THROUGH A POSITIVE, PERSONALIZED AND INTERDISCIPLINARY APPROACH, THE TEAM HELPS PATIENTS REGAIN PHYSICAL, EMOTIONAL, SOCIAL AND VERBAL SKILLS. THROUGH JUNE 2020, THE REHAB CENTER HAD 190 ADMISSIONS AND 2,312 PATIENT DAYS. THE WOMEN'S HEALTH & BIRTH CENTER IS PROUD TO OFFER TOTAL MATERNITY CARE. OUR SPECIALLY QUALIFIED STAFF OF DEDICATED NURSES AND PHYSICIANS GUIDE PATIENTS AND THEIR FAMILIES THROUGH A COMPREHENSIVE EDUCATION AND CHILDBIRTH EXPERIENCE. AT THE WOMEN'S HEALTH & BIRTH CENTER BABIES ARE DELIVERED IN A SPECIALLY DESIGNED CHILDBEARING ROOM FOR THEIR ENTIRE HOSPITAL STAY PRIVATE CHILDBEARING ROOMS ARE EQUIPPED FOR THE ENTIRE BIRTH EXPERIENCE. ALL FORMS OF PAIN RELIEF EXCEPT GENERAL ANESTHESIA MAY BE PROVIDED IN THIS ROOM. CESAREAN DELIVERIES ARE PERFORMED IN IN A MODERN, STATE OF THE ART SURGICAL SUITE, THE SURGICAL SUITE IS AVAILABLE TO THOSE WISHING A MORE TRADITIONAL BIRTH EXPERIENCE. FATHERS ARE ENCOURAGED TO STAY AT THE HOSPITAL; SLEEPING ACCOMMODATIONS ARE PROVIDED AT NO EXTRA CHARGE. AT THE WOMEN'S HEALTH & BIRTH CENTER, ROOMING-IN IS FLEXIBLE AND DESIGNED TO MEET THE PATIENT'S NEEDS. CHILDCARE IS AVAILABLE IN OUR WELL-EQUIPPED NURSERY FOR PARENTS THAT NEED TO REST OR SPEND TIME ALONE. SPECIALLY TRAINED PERINATAL NURSES ARE ASSIGNED TO EACH MOTHER AND BABY TO PROVIDE PERSONAL, INDIVIDUALIZED CARE. EXTRA TIME AND TEACHING ARE INTEGRAL PARTS OF THE ATTENTION WE GIVE ALL FAMILIES. AFTER DISCHARGE, A PERINATAL NURSE FROM THE WOMEN'S HEALTH & BIRTHING CENTER IS AVAILABLE FOR CONSULTATION THROUGH TELEPHONE CALLS TO ALL PATIENTS. AT ANY TIME OF THE DAY OR NIGHT. THROUGH JUNE 2020, THE WOMEN'S HEALTH & BIRTH CENTER DELIVERED 289 BABIES.

Form 990, Part III, Line 4c:

EMERGENCY ROOM THE EMERGENCY SERVICES OF TRINITY HEALTH SYSTEM ARE AVAILABLE AT TRINITY MEDICAL CENTER WEST. THE ER HAS BEEN REMODELED AND EXPANDED TO ACCOMMODATE PATIENTS REQUIRING TREATMENT - IT HAS DOUBLED IN SIZE AND NOW HAS TWICE AS MANY TREATMENT BEDS AVAILABLE AND MORE PHYSICIAN, PROFESSIONAL AND SUPPORT STAFF HAVE BEEN ADDED TO PROVIDE CARE. A DEDICATED X-RAY ROOM HAS BEEN CONSTRUCTED ADJACENT TO THE ER AND SPECIAL TREATMENT AREAS HAVE BEEN CONSTRUCTED FOR CARDIAC EMERGENCIES, TRAUMA, PEDIATRIC EMERGENCIES, OBSTETRICAL EMERGENCIES, SUTURING AND FRACTURES. THE ER IS OPEN 24 HOURS / 7 DAYS A WEEK FOR ALL LEVELS OF EMERGENCY AND URGENT CARE. THROUGH JUNE 2020, WE HAD 35,036 EMERGENCY ROOM VISITS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY SCHUMACHER BOARD MEMBER	2.0 50.0	X						0	1,147,587	215,815
RAFAEL SCHMULEVICH MD PHYSICIAN	40.0 0.0					X		1,312,496	0	24,286
RAMANA MURTY MD PHYSICIAN	40.0 0.0					X		1,022,985	0	25,666
KUMAR AMIN MD PHYSICIAN	40.0 0.0					X		994,778	0	23,003
BALDEV SEKHON MD PHYSICIAN	40.0 0.0					X		984,306	0	13,878
SATHISH MAGGE MD PHYSICIAN	40.0 0.0					X		908,830	0	17,319
MATT GRIMSHAW PRESIDENT & CEO	5.0 55.0	X		X				530,618	21,909	40,285
JOHN FIGEL MD BOARD MEMBER	55.0 3.0	X						384,959	0	24,165
DAVE WERKIN CFO	2.0 55.0			X				302,302	0	24,454
BRENT MALLEK VP OF HR	40.0 0.0				X			254,923	0	21,998

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM MIDDLETON DIRECTOR OF NURSING	40.0 0.0				X			235,668	0	10,344
PAUL WHEELER VP OF OPERATIONS / COO	2.0 55.0			X				186,863	0	19,181
FRED BOWER Former President & CEO	0.0 0.0						X	147,768	0	0
RICK GRECO DO Pres. Medical Group Enterprise	40.0 0.0			X				93,270	0	9,985
JOHN COLUMBUS MD BOARD MEMBER	2.0 3.0	X						25,875	0	0
MICHAEL BIASI BOARD MEMBER	2.0 3.0	X						0	0	0
DAN DAILY BOARD MEMBER	2.0 3.0	X						0	0	0
SR DIANA LYNN ECKEL BOARD MEMBER	2.0 3.0	X						0	0	0
ERIC EXLEY SECRETARY	2.0 4.0	X		X				0	0	0
SHEILA HENDRICKS BOARD MEMBER	2.0 3.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK MORELLI CHAIRMAN	2.0 5.0	X		X				0	0	0
JAMES PADDEN VICE CHAIRMAN	2.0 4.0	X		X				0	0	0
DOUGLAS SCHAEFER BOARD MEMBER	2.0 3.0	X						0	0	0
DAVID SKIVIAT SR TREASURER	2.0 4.0	X		X				0	0	0
MARK TROMBETTA MD BOARD MEMBER	2.0 3.0	X						0	0	0
DENNY WOLTERS BOARD MEMBER	2.0 3.0	X						0	0	0
MATTHEW COLFLESH MD BOARD MEMBER	2.0 4.0	X						0	0	0

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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 instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Trinity Health System Group

Employer identification number
30-0752920

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 331/3% 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 331/3% 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 2

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) TRINITY HEALTH SYSTEM - TRINITY EAST	340714474	3	Yes		0	0
(B) TRINITY HEALTH SYSTEM - TRINITY WEST	340875691	3	Yes		0	0
Total 2					0	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	0 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		No
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		No
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		No
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)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		No
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		No
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		No
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? *If "Yes," provide detail in* ***Part VI.***	6		No
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	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?	**11a**		**No**
b	A family member of a person described in (a) above?	**11b**		**No**
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		**No**

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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**		**No**
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		**No**
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		**No**

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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**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? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**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	0	
2	Recoveries of prior-year distributions	2	0	
3	Other gross income (see instructions)	3	0	
4	Add lines 1 through 3	4	0	
5	Depreciation and depletion	5	0	
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	0	
7	Other expenses (see instructions)	7	0	
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8	0	

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	0	
b	Average monthly cash balances	1b	0	
c	Fair market value of other non-exempt-use assets	1c	0	
d	**Total** (add lines 1a, 1b, and 1c)	1d	0	
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI): 0			
2	Acquisition indebtedness applicable to non-exempt use assets	2	0	
3	Subtract line 2 from line 1d	3	0	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6	Multiply line 5 by .035	6	0	
7	Recoveries of prior-year distributions	7	0	
8	**Minimum Asset Amount** (add line 7 to line 6)	8	0	

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2	Enter 85% of line 1	2		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4	Enter greater of line 2 or line 3	4		0
5	Income tax imposed in prior year	5		0
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in **Part VI**). See instructions	0
7 **Total annual distributions.** Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	0
9 Distributable amount for 2019 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.		0	
3 Excess distributions carryover, if any, to 2019:			
a From 2014. 0			
b From 2015. 0			
c From 2016. 0			
d From 2017. 0			
e From 2018. 0			
f **Total** of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2019 distributable amount			0
i Carryover from 2014 not applied (see instructions)	0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2019 from Section D, line 7: $ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.		0	
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			0
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2015. 0			
b Excess from 2016. 0			
c Excess from 2017. 0			
d Excess from 2018. 0			
e Excess from 2019. 0			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 1	TRINITY HOSPITAL HOLDING COMPANY (EIN: 34-1842025) IS THE SOLE MEMBER OF TRINITY EAST (EIN : 34-0714474) AND TRINITY WEST (EIN: 34-0875691). TRINITY HOSPITAL HOLDING COMPANY, TRINIT Y EAST AND TRINITY WEST ARE INCLUDED IN THE GROUP RETURN FOR TRINITY HEALTH SYSTEM GROUP. THE SUBORDINATES OF THE TRINITY HOSPITAL HOLDING COMPANY DO NOT HAVE THE SAME PUBLIC CHARI TY STATUS. TRINITY HOSPITAL HOLDING COMPANY IS A TYPE II SUPPORTING ORGANIZATION PURSUANT TO IRC 509(A)(3). TRINITY EAST AND TRINITY WEST ARE IRC 170(B)(1)(A)(III) HOSPITAL ORGANIZ ATIONS.

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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

2019

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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	**Employer identification number**
Trinity Health System Group	30-0752920

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(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) Yes	(a) No	(b) 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?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		5,252
j	Total. Add lines 1c through 1i			5,252
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
SCHEDULE C, PART II-B, LINE 1	THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS: AMERICAN HOSPITAL ASSOCIATION- $2,518 CATHOLIC HEALTH ASSOCIATION- $1,757 OHIO HOSPITAL ASSOCIATION - $977

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Trinity Health System Group

Employer identification number
30-0752920

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

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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	1,077,000	1,077,000	1,077,000	1,077,000	1,077,000
b Contributions					
c Net investment earnings, gains, and losses	75,497	19,150	34,568	17,315	22,746
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	75,497	19,150	34,568	17,315	22,746
g End of year balance	1,077,000	1,077,000	1,077,000	1,077,000	1,077,000

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100.000 %

c Temporarily restricted endowment ▶ 0 %

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:

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		7,810,022		7,810,022
b Buildings		26,466,620	12,182,244	14,284,376
c Leasehold improvements		53,367	36,175	17,192
d Equipment		23,316,582	14,121,997	9,194,585
e Other		37,327,111	335,506	36,991,605
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				68,297,780

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) CHI OIP	151,935,792	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	151,935,792	

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)INTERCOMPANY RECEIVABLES	8,171,544
(2)UNCONSOLIDATED CONTROLLING INT	1,159,297
(3)DEPOSITS	36,000
(4)ROU OPERATING LEASE	16,515,018
(5)OTHER CURRENT ASSETS	450,530
(6)RETIREMENT PLAN ASSET	1,054,561
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	27,386,950

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	0
(2) OTHER CURRENT LIABILITIES	77,864
(3) OPERATING LEASE LIABILITY	16,823,714
(4) INTERCOMPANY PAYABLES	480,166
(5) UNCLAIMED PROPERTY	145,582
(6) POST EMPLOYMENT BENEFITS	384,634
(7) INSURANCE CLAIMS RESERVE	50,907
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	17,962,867

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

Additional Data

Software ID:
Software Version:
EIN: 30-0752920
Name: Trinity Health System Group

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE INTEREST IS UNRESTRICTED AND USED FOR HOSPITAL OPERATIONS. THE PRINCIPAL IS RESTRICTED AND NOT USED.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	TRINITY HEALTH SYSTEM GROUP'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH, A RELATED ORGANIZATION. COMMONSPIRIT HEALTH'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2020, READS AS FOLLOWS: "COMMONSPIRIT HAS ESTABLISHED ITS STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE LAWS OF THE STATES IN WHICH IT OPERATES, AND AS SUCH, IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, COMMONSPIRIT'S EXEMPT ORGANIZATIONS ARE SUBJECT TO INCOME TAXES ON NET INCOME DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, WHICH DOES NOT FURTHER THE ORGANIZATIONS' EXEMPT PURPOSES. NO SIGNIFICANT INCOME TAX PROVISION HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR NET INCOME DERIVED FROM UNRELATED TRADE OR BUSINESS. COMMONSPIRIT'S FOR-PROFIT SUBSIDIARIES ACCOUNT FOR INCOME TAXES RELATED TO THEIR OPERATIONS. THE FOR-PROFIT SUBSIDIARIES RECOGNIZE DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF THEIR ASSETS AND LIABILITIES, ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS, FOR TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. INCOME TAX INTEREST AND PENALTIES ARE RECORDED AS INCOME TAX EXPENSE. FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, COMMONSPIRIT'S TAXABLE ENTITIES RECORDED AN IMMATERIAL AMOUNT OF INTEREST AND PENALTIES AS PART OF THE PROVISION FOR INCOME TAXES. COMMONSPIRIT'S TAXABLE ENTITIES DID NOT HAVE ANY MATERIAL UNRECOGNIZED INCOME TAX BENEFITS AS OF JUNE 30, 2020 AND 2019. COMMONSPIRIT REVIEWS ITS TAX POSITIONS QUARTERLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS".

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Trinity Health System Group

Employer identification number
30-0752920

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 300 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		47,993	1,570,768	1,570,948	0	0 %
b Medicaid (from Worksheet 3, column a)			41,431,975	25,549,562	15,882,413	6.740 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		47,993	43,002,743	27,120,510	15,882,413	6.740 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	5	2,629	140,965		140,965	0.060 %
f Health professions education (from Worksheet 5)	2	25	113,887		113,887	0.050 %
g Subsidized health services (from Worksheet 6)	1		3,314,005	1,661,753	1,652,252	0.700 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2		50,001		50,001	0.020 %
j **Total.** Other Benefits	10	2,654	3,618,858	1,661,753	1,957,105	0.830 %
k **Total.** Add lines 7d and 7j	10	50,647	46,621,601	28,782,263	17,839,518	7.570 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	12,101,694		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	202,000		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	57,049,287		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	57,005,190		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	44,097		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	VALLEY SURGERY CTR	AMBULATORY SURGERY	34 %	0 %	34 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): HTTP://WWW.TRINITYHEALTH.COM/			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url):			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. % and FPG family income limit for eligibility for discounted care of 300. %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	UNLESS ELIGIBLE FOR PRESUMPTIVE FINANCIAL ASSISTANCE, THE FOLLOWING ELIGIBILITY CRITERIA M UST BE MET IN ORDER FOR A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE: -THE PATIENT MUST H AVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS ($35.00) WITH THE CHI HOSPITAL ORGANI ZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTOR S WITH BALANCES BELOW THIRTY-FIVE DOLLARS ($35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS. -THE PATIENT'S FAMILY INCOME MUST BE AT OR BELOW 300% OF THE FPG. -THE PATIENT MUST COMPLY WITH PATIENT COOPERATION STANDARDS AS DESCRIBED [IN THE FAP]. -THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION. FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACIL ITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RE SOURCES. IN PARTICULAR, PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDU AL LIFE CIRCUMSTANCES THAT MAY INCLUDE: -RECIPIENT OF STATE-FUNDED PRESCRIPTION PROGRAMS; -HOMELESS OR ONE WHO RECEIVED CARE FROM A HOMELESS CLINIC; -PARTICIPATION IN WOMEN, INFANT S AND CHILDREN PROGRAMS (WIC); -FOOD STAMP ELIGIBILITY; -SUBSIDIZED SCHOOL LUNCH PROGRAM E LIGIBILITY; -ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS (E.G., MEDICAID SPEN D-DOWN); -LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS; OR -PATIENT IS DEC EASED WITH NO KNOWN ESTATE. SCHEDULE H, PART I, LINE 7G THE ONLY SERVICE INCLUDED IN SUBSI DIZED HEALTH SERVICES REPORTED ON LINE 7G IS BEHAVIORAL MEDICINE. SCHEDULE H, PART I, LINE 7 TABLE A COST ACCOUNTING SYSTEM WAS NOT USED TO COMPUTE AMOUNTS ON LINES 7A AND 7B; RATH ER COSTS IN THE TABLE WERE COMPUTED USING WORKSHEET 2 TO COMPUTE THE COST-TO-CHARGE RATIO. THE COST-TO-CHARGE RATIO COVERS ALL PATIENT SEGMENTS. WORKSHEET 2 WAS UTILIZED TO COMPUTE THE COST-TO-CHARGE RATIO FOR THE YEAR ENDED 6/30/20 USING THE FOLLOWING FORMULA: OPERATIN G EXPENSE (LESS NON-PATIENT CARE ACTIVITIES, MEDICARE PROVIDER TAXES, COMMUNITY BENEFIT EX PENSE AND COMMUNITY BUILDING EXPENSE) DIVIDED BY GROSS PATIENT REVENUE (LESS GROSS CHARGES FOR COMMUNITY BENEFIT PROGRAMS). BASED ON THAT FORMULA, $220,917,915 / $724,158,160 RESUL TS IN A 30.51% COST-TO-CHARGE RATIO. THE HOSPITAL'S COST ACCOUNTING RECORDS WERE USED TO C OMPLETE THE OTHER BENEFITS SECTION (LINE 7E - 7I). SCHEDULE H, PART III, LINE 2 COSTING ME THODOLOGY FOR AMOUNTS REPORTED ON LINE 2 IS DETERMINED USING THE ORGANIZATION'S COST/CHARG E RATIO OF 30.51%. WHEN DISCOUNTS ARE EXTENDED TO SELF-PAY PATIENTS, THESE PATIENT ACCOUNT DISCOUNTS ARE RECORDED AS A REDUCTION IN REVENUE, NOT AS BAD DEBT EXPENSE. SCHEDULE H, PA RT III, LINE 3 TRINITY HEALTH SYSTEM GROUP BELIEVES THAT A SMALL PORTION OF BAD DEBT EXPEN SE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE. AMOUNT S DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARI TY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CH ARITY CARE. SCHEDULE H, PART III, LINE 4 TRINITY HEALTH SYSTEM GROUP DOES NOT ISSUE SEPARA TE COMPANY AUDITED FINANCIAL STATEMENTS. HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONS OLIDATED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH. THE CONSOLIDATED FOOTNOTE READS AS F OLLOWS: COMMONSPIRIT RELIES ON THE RESULTS OF DETAILED REVIEWS OF HISTORICAL WRITE-OFFS AN D COLLECTIONS IN ESTIMATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE. UPDATES TO THE HIND SIGHT ANALYSIS IS PERFORMED AT LEAST QUARTERLY USING PRIMARILY A ROLLING EIGHTEEN-MONTH CO LLECTION HISTORY AND WRITE-OFF DATA. SUBSEQUENT CHANGES TO ESTIMATES OF THE TRANSACTION PR ICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT REVENUE IN THE PERIOD OF CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN A THIRD-PA RTY PAYOR'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE IN PURCHASED SERVICES AND OTHE R IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGE IN NET ASSETS. BAD DEBT EXPENSE FOR 2020 WAS NOT SIGNIFICANT. SCHEDULE H, PART III, LINE 8 USING ESSENTIALLY THE SAME MEDICARE COST REPORT PRINCIPLES AS TO THE ALLOCATION OF GENERAL SERVICES COSTS AN D "APPORTIONMENT" METHODS, THE "CHI WORKBOOK" CALCULATES A PAYERS' GROSS ALLOWABLE COSTS B Y SERVICE (SO AS TO FACILITATE A CORRESPONDING COMPARISON BETWEEN GROSS ALLOWABLE COSTS AN D ULTIMATE PAYMENTS RECEIVED). THE TERM "GROSS ALLOWABLE COSTS" MEANS COSTS BEFORE ANY DED UCTIBLES OR CO-INSURANCE ARE SUBTRACTED. TRINITY HEALTH SYSTEM GROUP'S ULTIMATE REIMBURSEM ENT WILL BE REDUCED BY ANY APPLICABLE COPAYMENT/ DEDUCTIBLE. WHERE MEDICARE IS THE SECONDA RY INSURER, AMOUNTS DUE FROM THE INSURED'S PRIMARY PAYER WERE NOT SUBTRACTED FROM MEDICARE ALLOWABLE COSTS BECAUSE THE AMOUNTS ARE TYPICALLY IMMATERIAL. ALTHOUGH NOT PRESENTED ON T HE MEDICARE COST REPORT, IN ORDER TO FACILITATE A MORE ACCURATE UNDERSTANDING OF THE "TRUE " COST OF SERVICES (FOR "SHORTFALL" PURPOSES) THE

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	CHI WORKBOOK ALLOWS A HEALTH CARE FACILITY NOT TO OFFSET COSTS THAT MEDICARE CONSIDERS TO BE NON-ALLOWABLE, BUT FOR WHICH THE FACILITY CAN LEGITIMATELY ARGUE ARE RELATED TO THE CAR E OF THE FACILITY'S PATIENTS. IN ADDITION, ALTHOUGH NOT REPORTABLE ON THE MEDICARE COST RE PORT, THE CHI WORKBOOK INCLUDES THE COST OF SERVICES THAT ARE PAID VIA A SET FEE SCHEDULE RATHER THAN BEING REIMBURSED BASED ON COSTS (E.G. OUTPATIENT CLINICAL LABORATORY). FINALLY , THE CHI WORKBOOK ALLOWS A FACILITY TO INCLUDE OTHER HEALTH CARE SERVICES PERFORMED BY A SEPARATE FACILITY (SUCH AS A PHYSICIAN PRACTICE) THAT ARE MAINTAINED ON SEPARATE BOOKS AND RECORDS (AS OPPOSED TO THE MAIN FACILITY'S BOOKS AND RECORDS WHICH HAS ITS COSTS OF SERVI CE INCLUDED WITHIN A COST REPORT). TRUE COSTS OF MEDICARE COMPUTED USING THIS METHODOLOGY: TOTAL MEDICARE REVENUE: $57,049,287 TOTAL MEDICARE COSTS: $57,005,190 SURPLUS OR SHORTFAL L: $44,097 TRINITY HEALTH SYSTEM GROUP BELIEVES THAT EXCLUDING MEDICARE LOSSES FROM COMMUN ITY BENEFIT MAKES THE OVERALL COMMUNITY BENEFIT REPORT MORE CREDIBLE FOR THESE REASONS: UN LIKE SUBSIDIZED AREAS SUCH AS BURN UNITS OR BEHAVIORAL-HEALTH SERVICES, MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS. IN FACT, FOR-PROFIT HOSPI TALS FOCUS ON ATTRACTING PATIENTS WITH MEDICARE COVERAGE, ESPECIALLY IN THE CASE OF WELL-P AID SERVICES THAT INCLUDE CARDIAC AND ORTHOPEDICS. SIGNIFICANT EFFORT AND RESOURCES ARE DE VOTED TO ENSURING THAT HOSPITALS ARE REIMBURSED APPROPRIATELY BY THE MEDICARE PROGRAM. THE MEDICARE PAYMENT ADVISORY COMMISSION (MEDPAC), AN INDEPENDENT CONGRESSIONAL AGENCY, CAREF ULLY STUDIES MEDICARE PAYMENT AND THE ACCESS TO CARE THAT MEDICARE BENEFICIARIES RECEIVE. THE COMMISSION RECOMMENDS PAYMENT ADJUSTMENTS TO CONGRESS ACCORDINGLY. THOUGH MEDICARE LOS SES ARE NOT INCLUDED BY CATHOLIC HOSPITALS AS COMMUNITY BENEFIT, THE CATHOLIC HEALTH ASSOC IATION GUIDELINES ALLOW HOSPITALS TO COUNT AS COMMUNITY BENEFIT SOME PROGRAMS THAT SPECIFI CALLY SERVE THE MEDICARE POPULATION. FOR INSTANCE, IF HOSPITALS OPERATE PROGRAMS FOR PATIE NTS WITH MEDICARE BENEFITS THAT RESPOND TO IDENTIFIED COMMUNITY NEEDS, GENERATE LOSSES FOR THE HOSPITAL, AND MEET OTHER CRITERIA, THESE PROGRAMS CAN BE INCLUDED IN THE CHA FRAMEWOR K IN CATEGORY C AS "SUBSIDIZED HEALTH SERVICES." MEDICARE LOSSES ARE DIFFERENT FROM MEDICA ID LOSSES, WHICH ARE COUNTED IN THE CHA COMMUNITY BENEFIT FRAMEWORK, BECAUSE MEDICAID REIM BURSEMENTS GENERALLY DO NOT RECEIVE THE LEVEL OF ATTENTION PAID TO MEDICARE REIMBURSEMENT. MEDICAID PAYMENT IS LARGELY DRIVEN BY WHAT STATES CAN AFFORD TO PAY, AND IS TYPICALLY SUB STANTIALLY LESS THAN WHAT MEDICARE PAYS. SCHEDULE H, PART III, SECTION C, LINE 9B THE HEAL TH SYSTEM IS COMMITTED TO SERVE EVERYONE, ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO CERTAIN ESTABLISHED POLICIES OF THE HEALTH SYSTEM. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOS E SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S ABILITY TO PAY, T HE HEALTH SYSTEM UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS ESTABLISHED BY TH E FEDERAL GOVERNMENT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICA NT WHEN COMPARED TO PATIENT INCOME AND RESOURCES. THE HEALTH SYSTEM'S POLICY PROVIDES CHAR ITY CARE TO PATIENTS UP TO 200% OF THE FEDERAL POVERTY LEVEL. THE HOSPITAL PROVIDES CARE T O PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE C OMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIM BURSEMENT IS BELOW COST, THE HOSPITAL RECOGNIZED THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY. THROUGH JUNE 2020, CHARITY CARE APPROXIMATED $5,118,9 62. TO EDUCATE AND INFORM OUR PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERA L, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER OUR CHARITY CARE POLICY, SELF-PAY INPATIENT S ARE INTERVIEWED BY THE ORGANIZATION'S

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	TRINITY HEALTH SYSTEM PROVIDES CARE TO A SERVICE AREA OF JUST OVER 200,000 INDIVIDUALS. TR INITY IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HOSPITALS, A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, VOLUNTARY HOSPITALS OF AMERICA AND THE CATHOLIC HOSPIT AL ASSOCIATION. THE SYSTEM OFFERS A FULL ARRAY OF ACUTE AND OUTPATIENT SERVICES ON TWO CAM PUSES. TRINITY ALSO MAINTAINS PHYSICIAN OFFICES, WALK-IN LAB DRAW FACILITIES, THE TONY TER AMANA CANCER CENTER, WORKCARE AND THE DIGESTIVE AND NUTRITION CENTER THROUGHOUT THE TRI-ST ATE AREA. ADDITIONALLY, AT TRINITY WE UNDERSTAND PATIENT EDUCATION IS A VITAL ROLE IN MAIN TAINING A HEALTHY COMMUNITY. OUR STAFF PARTICIPATES IN NUMEROUS HEALTH FAIRS AND BLOOD SCR EENING PROGRAMS THROUGHOUT THE YEAR. TRINITY HEALTH SYSTEM IS PART OF COMMONSPIRIT HEALTH, A NONPROFIT, CATHOLIC HEALTH SYSTEM DEDICATED TO ADVANCING HEALTH FOR ALL PEOPLE. IT WAS CREATED IN FEBRUARY 2019 THROUGH THE ALIGNMENT OF CATHOLIC HEALTH INITIATIVES AND DIGNITY HEALTH. COMMONSPIRIT HEALTH IS COMMITTED TO CREATING HEALTHIER COMMUNITIES, DELIVERING EXC EPTIONAL PATIENT CARE, AND ENSURING EVERY PERSON HAS ACCESS TO QUALITY HEALTH CARE. OUR MI SSION THE MISSION OF CATHOLIC HEALTH INITIATIVES IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH. FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS WE CREATE HEALTHIER COMMUNITIES. OUR CORE VALUES AND QUALITY PRINCIPLES REVERENCE: PROFOUND RESPECT AND AWE FOR ALL OF CREATION, THE FOUNDATION THAT SHAPES SPIRITUALITY, OUR RELATIONSHIPS WITH OTHERS AND OUR JOURNEY TO GOD. INTEGRITY : MORAL WHOLENESS, SOUNDNESS, FIDELITY, TRUST, TRUTHFULNESS IN ALL WE DO. COMPASSION: SOLI DARITY WITH ONE ANOTHER, CAPACITY TO ENTER INTO ANOTHER'S JOY AND SORROW. EXCELLENCE: PREE MINENT PERFORMANCE, BECOMING THE BENCHMARK, PUTTING FORTH OUR PERSONAL AND PROFESSIONAL BE ST. TRINITY HEALTH HAS DEVELOPED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE FOLLOW ING FACILITIES: O TRINITY MEDICAL CENTER EAST O TRINITY MEDICAL CENTER WEST TRINITY HEALTH SYSTEM, A MEMBER OF CATHOLIC HEALTH INITIATIVES AND COMMONSPIRIT HEALTH IS PROUD TO PRESE NT ITS 2020 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT. THIS REPORT SUMMARIZES A COMP REHENSIVE REVIEW AND ANALYSIS OF HEALTH STATUS INDICATORS, PUBLIC HEALTH, SOCIOECONOMIC, D EMOGRAPHIC AND OTHER QUALITATIVE AND QUANTITATIVE DATA FROM THE PRIMARY SERVICE AREA OF TR INITY HEALTH SYSTEM. THIS REPORT ALSO INCLUDES SECONDARY/DISEASE INCIDENCE AND PREVALENCE DATA FROM JEFFERSON COUNTY, THE PRIMARY SERVICE AREA OF THE HOSPITAL. IN ADDITIONAL SECOND ARY DATA IS PROVIDED, WHERE AVAILABLE, FOR COLUMBIANA AND HARRISON COUNTIES IN OHIO AND BR OOKE AND HANCOCK COUNTIES IN WEST VIRGINIA, THE SECONDARY SERVICE AREA OF THE HOSPITAL. TH E DATA WAS REVIEWED AND ANALYZED TO DETERMINE THE TOP PRIORITY NEEDS AND ISSUES FACING THE REGION OVERALL. THE PRIMARY PURPOSE OF THIS ASSESSMENT WAS TO IDENTIFY THE HEALTH NEEDS A ND ISSUES OF THE JEFFERSON COUNTY COMMUNITY DEFINED AS THE PRIMARY SERVICE AREA OF TRINITY HEALTH SYSTEM. ADDITIONALLY, TRINITY IS INTERESTED IN IDENTIFYING THE NEEDS AND ISSUES OF THE SECONDARY SERVICE AREA WHICH INCLUDES COLUMBIANA AND HARRISON COUNTIES IN OHIO AND BR OOKE AND HANCOCK COUNTIES IN WEST VIRGINIA. THE CHNA ALSO PROVIDES USEFUL INFORMATION FOR PUBLIC HEALTH AND HEALTH CARE PROVIDERS, POLICY MAKERS, SOCIAL SERVICE AGENCIES, COMMUNITY GROUPS AND ORGANIZATIONS, RELIGIOUS INSTITUTIONS, BUSINESSES, AND CONSUMERS WHO ARE INTER ESTED IN IMPROVING THE HEALTH STATUS OF THE COMMUNITY AND REGION. THE RESULTS ENABLE THE H OSPITAL, AS WELL AS OTHER COMMUNITY PROVIDERS, TO MORE STRATEGICALLY IDENTIFY COMMUNITY HE ALTH PRIORITIES, DEVELOP INTERVENTIONS, AND COMMIT RESOURCES TO IMPROVE THE HEALTH STATUS OF THE REGION. IMPROVING THE HEALTH OF THE COMMUNITY IS THE FOUNDATION OF THE MISSION OF T RINITY HEALTH SYSTEM, AND AN IMPORTANT FOCUS FOR EVERYONE IN THE SERVICE REGION, INDIVIDUA LLY AND COLLECTIVELY. IN ADDITION TO THE EDUCATION, PATIENT CARE, AND PROGRAM INTERVENTION S PROVIDED THROUGH THE HOSPITAL, WE HOPE THAT THE INFORMATION IN THIS CHNA WILL ENCOURAGE ADDITIONAL ACTIVITIES AND COLLABORATIVE EFFORTS TO IMPROVE THE HEALTH STATUS OF THE COMMUN ITY THAT TRINITY HEALTH SYSTEM SERVES. TRINITY HEALTH COLLABORATED WITH OTHER LOCAL ORGANI ZATIONS AND PROVIDERS TO TAKE INTO ACCOUNT THE INPUT OF PERSONS REPRESENTING THE BROAD INT ERESTS OF THE COMMUNITY. REPRESENTATIVES INCLUDED A DIVERSE MIX OF INDIVIDUALS FROM THE CI TY OF STEUBENVILLE HEALTH DEPARTMENT, JEFFERSON COUNTY HEALTH DEPARTMENT AND REPRESENTATIV E MEMBERS OF OTHER COMMUNITY AGENCIES INCLUDING THE AREA UNITED WAY, PUBLIC SENIOR HOUSING , THE YMCA AND PRIME TIME SERVICES. "THE 2019 TRINITY CHNA WAS CONDUCTED TO IDENTIFY PRIMA RY HEALTH ISSUES, CURRENT HEALTH STATUS, AND HEALTH NEEDS TO PROVIDE CRITICAL INFORMATION TO THOSE IN A POSITION TO MAKE A POSITIVE IMPACT ON THE HEALTH OF THE REGION'S RESIDENTS. THE RESULTS ENABLE COMMUNITY MEMBERS TO MORE STRAT

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	EGICALLY ESTABLISH PRIORITIES, DEVELOP INTERVENTIONS, AND DIRECT RESOURCES TO IMPROVE THE HEALTH OF PEOPLE LIVING IN THE COMMUNITY."

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	NOTIFICATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM CHI HOSPITAL ORGANIZATIONS SHALL BE DISSEMINATED BY VARIOUS MEANS, WHICH MAY INCLUDE, BUT NOT BE LIMITED TO: - CONSPICUOUS PUBLICATION OF NOTICES IN PATIENT BILLS; - NOTICES POSTED IN EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING/REGISTRATION DEPARTMENTS, BUSINESS OFFICES, AND AT OTHER PUBLIC PLACES AS A HOSPITAL FACILITY MAY ELECT; AND - PUBLICATION OF A SUMMARY OF THIS POLICY ON THE HOSPITAL FACILITY'S WEBSITE, WWW.CATHOLICHEALTH.NET, AND AT OTHER PLACES WITHIN THE COMMUNITIES SERVED BY THE HOSPITAL FACILITY AS IT MAY ELECT. SUCH NOTICES AND SUMMARY INFORMATION SHALL INCLUDE A CONTACT NUMBER AND SHALL BE PROVIDED IN ENGLISH, SPANISH, AND OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVED BY AN INDIVIDUAL HOSPITAL FACILITY, AS APPLICABLE. REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE MAY BE MADE BY ANY MEMBER OF THE CHI HOSPITAL ORGANIZATION NON-MEDICAL OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS, AND RELIGIOUS SPONSORS. A REQUEST FOR ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS. IN ADDITION, HOSPITAL REGISTRATION CLERKS ARE TRAINED TO PROVIDE CONSULTATION TO THOSE WHO HAVE NO INSURANCE OR POTENTIALLY INADEQUATE INSURANCE CONCERNING THEIR FINANCIAL OPTIONS INCLUDING APPLICATION FOR MEDICAID AND FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY. COUNSELORS ASSIST MEDICARE ELIGIBLE PATIENTS IN ENROLLMENT BY PROVIDING REFERRALS TO THE APPROPRIATE GOVERNMENT AGENCIES. ONCE IT IS DETERMINED THAT THE PATIENT DOES NOT QUALIFY FOR ANY THIRD PARTY FUNDING, THE PATIENT IS VERBALLY NOTIFIED ABOUT THE EXISTENCE OF FINANCIAL ASSISTANCE APPLICATION AND ADDITIONAL SCREENING TAKES PLACE BY A HOSPITAL EMPLOYEE TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR CHARITY SERVICE PRIOR TO DISCHARGE. UPON REGISTRATION (AND ONCE ALL EMTALA REQUIREMENTS ARE MET), PATIENTS WHO ARE IDENTIFIED AS UNINSURED (AND NOT COVERED BY MEDICARE OR MEDICAID) ARE PROVIDED WITH A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY, THE PLAIN LANGUAGE SUMMARY OF THAT POLICY, AND AN APPLICATION FOR ASSISTANCE. HOSPITAL REGISTRATION CLERKS READ THE ORGANIZATION'S MEDICAL ASSISTANCE POLICY TO THOSE WHO APPEAR TO BE INCAPABLE OF READING, AND PROVIDE TRANSLATORS FOR NON-ENGLISH-SPEAKING INDIVIDUALS. PATIENTS THAT HAVE BEEN DISCHARGED PRIOR TO CHARITY SCREENING, SUCH AS EMERGENCY ROOM PATIENTS, RECEIVE A WRITTEN NOTIFICATION OF POSSIBLE ELIGIBILITY FOR SERVICES. IF THE PATIENT IS DETERMINED NOT TO BE ELIGIBLE FOR GOVERNMENT ASSISTANCE, HE/SHE MAY NOTIFY THE HOSPITAL THAT THEY SEEK CHARITY ASSISTANCE. THE APPROPRIATE CHARITY FORM IS SENT TO THE PATIENT/GUARANTOR FOR COMPLETION AND THEN RETURNED TO THE HOSPITAL FOR EVALUATION AND QUALIFICATION. ONCE DETERMINATION OF ELIGIBILITY IS MADE, THE PATIENT IS SENT A NOTICE INFORMING HIM/HER IF THEY QUALIFY FOR FULL, PARTIAL, OR NO CHARITY CARE SERVICES. HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS. REG. 1.501(R)-6(C), TO DETERMINE WHETHER ANY INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	THE POPULATION IN JEFFERSON COUNTY IS PROJECTED TO DECREASE FROM 65,632 IN 2019 TO 64,251 IN 2024. THERE WERE SLIGHTLY MORE FEMALES (51.5%) THAN MALES (48.5%). THE POPULATION WAS PREDOMINANTLY CAUCASIAN (91.1%). THE MEDIAN AGE WAS 44.6 AND WAS PROJECTED TO REMAIN STEADY. JUST UNDER ONE-THIRD (30.7%) OF RESIDENTS HAD NEVER BEEN MARRIED, WHILE 42.5% WERE MARRIED, 3.7% WERE SEPARATED, 14.9% WERE DIVORCED AND 8.3% WERE WIDOWED. JUST OVER ONE IN TEN RESIDENTS (11.0%) DID NOT COMPLETE HIGH SCHOOL, WHILE 43.1% WERE A HIGH SCHOOL GRADUATE, 10.6% HAD A BACHELOR'S DEGREE AND 5.4% HAD AN ADVANCED DEGREE. THE AVERAGE HOUSEHOLD INCOME WAS $59,124, WITH 11.8% OF FAMILIES LIVING IN POVERTY. MOST (93.5%) OF THE LABOR FORCE WAS EMPLOYED. DEMOGRAPHICS JEFFERSON COUNTY GENDER: 48.5% MALE, 51.5% FEMALE ETHNICITY: WHITE/NON-HISPANIC - 91.1%, BLACK/AFRICAN AMERICAN - 5.4%, HISPANIC/LATINO ORIGIN - 1.6%, ASAIN - 0.4% AGE: MEDIAN AGE IS 44.6 MARITAL STATUS: MARRIED - 42.5%, NEVER MARRIED - 30.7%, DIVORCED - 14.9%, WIDOWED - 8.3%, SEPARATED - 3.7% HOUSEHOLD INCOME: AVERAGE - $59,124. MEDIAN - $45,609. FAMILIES LIVING IN POVERTY - 11.8% EDUCATION: DID NOT COMPLETE HIGH SCHOOL - 11%. HIGH SCHOOL GRAD/GED - 43.1%. BACHELOR'S DEGREE - 10.6%. ADVANCED DEGREE - 5.4%. EMPLOYMENT: EMPLOYED - 93.5%. AGE 16 OR OVER EMPLOYED - 49.4%. AGE 16 OR OVER UNEMPLOYED - 3.4%. HOLD WHITE COLLAR OCCUPATIONS - 52.8% OVERALL, THE SERVICE AREA OF THE SYSTEM HAS A LOWER AVERAGE HOUSEHOLD INCOME THAN THE STATE OF OHIO AND A HIGHER UNEMPLOYMENT RATE. JEFFERSON COUNTY IS ECONOMICALLY DEPRESSED WITH A PER-CAPITA INCOME LOWER THAN STATE AVERAGES. ALL 3 COUNTIES IN THE SYSTEM'S IMMEDIATE SERVICE AREA HAVE A HIGH PROPORTION OF THE POPULATION AT OR BELOW THE POVERTY LEVEL. THE ECONOMIC CONDITIONS OF THE AREA HAVE HINDERED THE GROWTH OF THE HOSPITAL AND MORE SELF-PAY PATIENTS HAVE TAKEN ADVANTAGE OF THE HOSPITAL'S SERVICES. CHARITY CARE AND BAD DEBT ACCOUNTS HAVE INCREASED EACH YEAR FOR THE LAST FEW YEARS. AS RECENTLY UNEMPLOYED RESIDENTS LOSE THEIR HEALTH BENEFITS, WE EXPECT HIGHER CHARITY CARE LEVELS. THE PAYER MIX AT THS IS HEAVILY WEIGHTED TO THE GOVERNMENTAL PAYERS, WITH AROUND 40% OF THE REVENUE GENERATED FROM MEDICARE AND 11% GENERATED FROM THE MEDICAID PROGRAM. WITH THE 2 PROGRAMS RECORDING SIGNIFICANT SHORTFALLS BETWEEN PAYMENT TO HOSPITALS AND HOSPITAL COSTS, THE ECONOMIC CHALLENGES FOR THS ARE GREAT.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	THE ORGANIZATION'S HOSPITAL FACILITY(IES) PROMOTE HEALTH FOR THE BENEFIT OF THE COMMUNITY. MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, CONSISTENT WITH THE SIZE AND NATURE OF ITS FACILITIES. THE ORGANIZATION'S HOSPITAL FACILITY(IES) HAVE AN OPEN MEDICAL STAFF. ITS BOARD OF TRUSTEES IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY. EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT IN PATIENT CARE, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH. THE FACILITY (IES) TREAT PERSONS PAYING THEIR BILLS WITH THE AID OF PUBLIC PROGRAMS LIKE MEDICARE AND MEDICAID. ALL PATIENTS PRESENTING AT THE HOSPITAL FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH TREATMENT.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	THE ORGANIZATION IS AFFILIATED WITH COMMONSPIRIT HEALTH. COMMONSPIRIT HEALTH WAS CREATED BY THE ALIGNMENT OF CATHOLIC HEALTH INITIATIVES AND DIGNITY HEALTH AS A SINGLE MINISTRY IN EARLY 2020. COMMONSPIRIT HEALTH, A NONPROFIT, FAITH-BASED HEALTH SYSTEM IS COMMITTED TO BUILDING HEALTHIER COMMUNITIES, ADVOCATING FOR THOSE WHO ARE POOR AND VULNERABLE, AND INNOVATING HOW AND WHERE HEALING CAN HAPPEN - BOTH INSIDE ITS HOSPITALS AND OUT IN THE COMMUNITY. COMMONSPIRIT HEALTH OWNS AND OPERATES HEALTH CARE FACILITIES IN 21 STATES AND COMPRISES 142 HOSPITALS, INCLUDING THREE ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS AS WELL AS 31 CRITICAL-ACCESS FACILITIES; COMMUNITY HEALTH SERVICES ORGANIZATIONS; ACCREDITED NURSING COLLEGES; HOME HEALTH AGENCIES; LIVING COMMUNITIES; A MEDICAL FOUNDATION AND OTHER AFFILIATED MEDICAL GROUPS; AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE. IN FISCAL YEAR 2020, COMMONSPIRIT HEALTH PROVIDED MORE THAN $2.01 BILLION IN FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT FOR PROGRAMS AND SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH. FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT TOTALED MORE THAN $4.59 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE. THE HEALTH SYSTEM, WHICH GENERATED OPERATING REVENUES OF $29.58 BILLION IN FISCAL YEAR 2020, HAS TOTAL ASSETS OF APPROXIMATELY $46.77 BILLION. COMMONSPIRIT HEALTH PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED "SHARE SERVICES" FOR ITS DIVISIONS. THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE DIVISIONS. THE COST SAVINGS ACHIEVED THROUGH COMMONSPIRIT HEALTH'S CENTRALIZATION ENABLE DIVISIONS TO DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY.

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	OH

Additional Data

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Software Version:
EIN: 30-0752920
Name: Trinity Health System Group

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	TRINITY MEDICAL CENTER WEST 4000 JOHNSON ROAD STEUBENVILLE, OH 43952 HTTP://WWW.TRINITYHEALTH.COM/ 1208AHR	X	X					X			A
2	TRINITY MEDICAL CENTER EAST 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 HTTP://WWW.TRINITYHEALTH.COM/ 1208AHR	X	X								A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION A	TRINITY MEDICAL CENTER WEST - EIN: 34-0875691 TRINITY MEDICAL CENTER EAST - EIN: 34-0714474 SCHEDULE H, PART V, SECTION B, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE INCLUDED IN A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	FACILITY NAME: A DESCRIPTION: TRINITY HEALTH COLLABORATED WITH OTHER LOCAL ORGANIZATIONS AND PROVIDERS TO TAKE INTO ACCOUNT THE INPUT OF PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY. REPRESENTATIVES INCLUDED A DIVERSE MIX OF INDIVIDUALS FROM THE CITY OF STEUBENVILLE HEALTH DEPARTMENT, JEFFERSON COUNTY HEALTH DEPARTMENT AND REPRESENTATIVE MEMBERS OF OTHER COMMUNITY AGENCIES INCLUDING THE TRINITY STEERING COMMITTEE IDENTIFIED TARGET STAKEHOLDERS TO BE INTERVIEWED. STRATEGY SOLUTIONS, INC. DEVELOPED THE STAKEHOLDER INTERVIEW GUIDE AND CREATED ALL DATA COLLECTION TOOLS. STRATEGY SOLUTIONS, INC. STAFF SCHEDULED AND CONDUCTED NINE (9) INTERVIEWS AND ENTERED DATA INTO THE COLLECTION TOOLS. INTERVIEW QUESTIONS INCLUDED THE FOLLOWING TOPICS: TOP COMMUNITY HEALTH NEEDS, ENVIRONMENTAL FACTORS DRIVING THE NEEDS, EFFORTS CURRENTLY UNDERWAY TO ADDRESS NEEDS, AND ADVICE FOR THE STEERING COMMITTEE. THE PRIMARY DATA COLLECTION PROCESS ALSO INCLUDED CONDUCTING A COMMUNITY SURVEY FROM MARCH 1, 2019 TO APRIL 1, 2019, UTILIZING A MIXED-METHODOLOGY CONVENIENCE SAMPLE, WITH DATA COLLECTION COMPLETED VIA PAPER AND THE INTERNET. TRINITY PUT A LINK TO THE SURVEY ON THEIR FACEBOOK PAGE AND DISTRIBUTED VIA EMAIL TO ALL INTERNAL AND EXTERNAL STAKEHOLDERS. INDIVIDUALS HAD THE OPTION TO PRINT A PAPER VERSION IF THEY PREFERRED TO COMPLETE THE SURVEY VIA THAT MODALITY. A TOTAL OF 190 SURVEYS WERE COMPLETED BY THE RESIDENTS OF THE TRINITY SERVICE AREA.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	FACILITY NAME: A DESCRIPTION: THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMEN T CONDUCTED IN TAX YEAR 2019 THAT ARE BEING ADDRESSED ARE: MENTAL HEALTH/SUBSTANCE ABUSE, CHRONIC DISEASE, MATERNALAND INFANT HEALTH, ACCESS TO QUALITY HEALTHCARE, INFECTIOUS DISEA SE, PHYSICAL ACTIVITY AND NUTRITION, TOBACCO USE AND INJURY. THE MAJORITY (94.0%) OF FOCUS GROUP PARTICIPANTS IDENTIFIED MENTAL HEALTH AS A TOP COMMUNITY HEALTH PROBLEM, WHILE 85.5 % OF COMMUNITY SURVEY RESPONDENTS IDENTIFIED IT AS A TOP ISSUE. JUST UNDER ONE THIRD OF ST AKEHOLDERS (30.0%) IDENTIFIED THE NEED FOR MORE MENTAL HEALTH PROVIDERS. FEWER THAN ONE IN FIVE COMMUNITY SURVEY RESPONDENTS AGREE THAT THERE IS A SUFFICIENT NUMBER AND RANGE OF ME NTAL/BEHAVIORAL HEALTH PROVIDERS IN THE AREA (18.9%) OR SUBSTANCE USE PROVIDERS (16.2%). F URTHERMORE, ONLY ONE IN TEN COMMUNITY SURVEY RESPONDENTS AGREE THAT COMMUNITY MEMBERS KNOW HOW TO ACCESS MENTAL HEALTH SERVICES (10.4%) OR SUBSTANCE USE SERVICES (10.4%). MOST COMM UNITY SURVEY RESPONDENTS THINK MENTAL HEALTH (86.1%), DEPRESSION (85.5%), ALCOHOL ABUSE (8 8.4%) AND ILLEGAL DRUG ABUSE (97.0%) ARE PROBLEMS IN THE COMMUNITY. FOCUS GROUP PARTICIPAN TS DISCUSSED THE NEED FOR MORE BEHAVIORAL HEALTH SERVICES IN THE COMMUNITY. THEY EMPHASIZE D THE NEED FOR MORE SERVICES FOR CHILDREN AS WELL AS LONG TERM AND STEP-DOWN FACILITIES. P ARTICIPANTS ALSO TALKED ABOUT THE NEED FOR DETOX AND REHABILITATION PROGRAMS IN THE COMMUN ITY. GIVEN THE RURAL NATURE OF THE COMMUNITY A FEW GROUPS SUGGESTED THE NEED FOR MOBILE OR TELE TREATMENT OPTIONS. THE IMPACT OF TRAUMA AND DRUG USE ON CHILDREN WAS ALSO NOTED BY A FEW GROUPS. STAKEHOLDERS TALKED ABOUT THE NEED FOR ADDITIONAL BEHAVIORAL HEALTH SERVICES, INDICATING A HIGH NEED IN THE COMMUNITY. THEY DISCUSSED THE NEED FOR VARYING LEVELS OF TR EATMENT AS WELL AS THE IMPORTANCE OF EDUCATING THE COMMUNITY ABOUT BEHAVIORAL HEALTH. A FE W TALKED ABOUT THE CHALLENGES WHEN INDIVIDUALS ARE EXPERIENCING BOTH A MENTAL HEALTH CONCE RN AS WELL AS STRUGGLING WITH ADDICTION AS TREATMENT OPTIONS ARE VERY LIMITED. THERE ARE A LSO A LIMITED AMOUNT OF CRISIS OR 24/7 OPTIONS IN THE COMMUNITY TO GET PEOPLE THEY HELP TH EY NEED WHEN THEY NEED IT. THE COST OF CARE AND LACK OF COORDINATION AMONG PROVIDERS WERE MENTIONED AS BARRIERS TO TREATMENT. COMMUNITY SURVEY RESPONDENTS IDENTIFIED THE FOLLOWING AS PROBLEMS IN THE COMMUNITY: * OBESITY (98.8%) * OVERWEIGHT (98.2%) * CANCER (91.6%) * DI ABETES (88.5%) * HEART DISEASE (86.1%) * HIGH BLOOD PRESSURE (83.7%) * ASTHMA/COPD (83.4%) * STROKE (81.2%) VERY FEW FOCUS GROUP PARTICIPANTS TALKED ABOUT CHRONIC DISEASE. THE FEW THAT DID NOTED THAT THESE CHRONIC CONDITIONS IMPACT ONE'S OVERALL HEALTH AND THAT THERE IS A NEED FOR PREVENTION AS WELL AS DISEASE MANAGEMENT. THE SCHOOL GROUP NOTED AN INCREASE I N DIABETES AND ASTHMA IN CHILDREN IN RECENT YEARS. ONE STAKEHOLDER INDICATED THAT THERE AR E HIGH RATES OF CANCER IN THE AREA. ANOTHER TALKED ABOUT THE NEED FOR MORE PREVENTATIVE CA RE NOTING PEOPLE DO NOT GO FOR

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	ROUTINE SCREENINGS AND CHECK-UPS SO MANY CONDITIONS COULD BE CAUGHT AND MANAGED SOONER. A FEW DISCUSSED THAT GIVEN THE AGING POPULATION OF THE COMMUNITY THERE ARE LIKELY CHRONIC C ONDITIONS ASSOCIATED WITH THAT POPULATION. THE PERCENTAGE OF ADULTS WITHOUT HEALTH INSURAN CE IN JEFFERSON COUNTY HAS BEEN DECREASING SINCE 2011 (18.2%) AND IN 2016 WAS 5.7%, WHICH IS LOWER WHEN COMPARED TO OHIO (7.7%) AND THE NATION (12.0%). THE PERCENTAGE HAS ALSO BEEN DECREASING IN COLUMBIANA COUNTY SINCE 2013 (20.6%) AND IN 2016 (7.1%) WAS COMPARABLE TO T HE STATE AND BELOW THE NATION. THE PERCENTAGE OF ADULTS WITHOUT HEALTH INSURANCE IN HARRIS ON COUNTY HAS BEEN DECREASING SINCE 2008-2012 (17.8%) AND IN 2012-2016 (13.7%) WAS JUST AB OVE THE STATE (11.9%) AND BELOW THE NATION (16.4%). THE PERCENTAGE OF DISABLED INDIVIDUALS IN JEFFERSON COUNTY WITHOUT HEALTH INSURANCE HAS DECREASED FROM 17.9% IN 2009 TO 2.1% IN 2016, WHICH IS LOWER WHEN COMPARED TO OHIO (6.8%) AND THE NATION (9.8%) AND FALLS SHORT OF THE HEALTHY PEOPLE 2020 GOAL TO HAVE 100% OF INDIVIDUALS HAVE HEALTH INSURANCE. THE PERCE NTAGE OF UNINSURED ADULTS IN BROOKE AND HANCOCK COUNTIES HAS DECREASED SINCE 2013 (20.2%, 20.0% RESPECTIVELY) AND IN 2019 (6.2%, 7.4%) ARE BOTH BELOW WEST VIRGINIA (8.0%). THE PERC ENTAGE OF UNINSURED CHILDREN HAS ALSO BEEN DECREASING SINCE 2013 IN BROOKE (4.6%) AND HANC OCK (4.5%) COUNTIES AND IN 2019 (2.2% FOR BOTH) BOTH COUNTIES ARE COMPARABLE TO WEST VIRGI NIA (2.4%). FOCUS GROUP PARTICIPANTS WERE ASKED TO RATE THE OVERALL HEALTH STATUS OF THE C OMMUNITY. COMMUNITY SURVEY RESPONDENTS AND FOCUS GROUP PARTICIPANTS EXPERIENCE BOTH IDENTI FIED LIMITED FINANCIAL RESOURCES, TRANSPORTATION, AND LITERACY/EDUCATION LEVEL AS BARRIERS TO CARE. IN ADDITION, COMMUNITY SURVEY RESPONDENTS INDICATED THE LACK OF A SUPPORT SYSTEM , QUALITY CHILD CARE AND DISCRIMINATION AS BARRIERS. FOCUS GROUP PARTICIPANTS ALSO MENTION ED FAMILY CHALLENGES, LACK OF AWARENESS OF AVAILABLE SERVICES AND LIMITED PROVIDERS AS BAR RIERS. STAKEHOLDERS TALKED ABOUT THE FACT THAT MANY RESIDENTS DO NOT KNOW WHERE TO GO FOR CARE AND OFTEN END UP IN THE ER BECAUSE THEY DO NOT KNOW WHERE ELSE TO GO. THE LACK OF PRO VIDERS AND FREE CLINICS WERE ALSO NOTED AS NEEDED SERVICES IN THE COMMUNITY. STAKEHOLDERS ALSO TALKED ABOUT THE LACK OF TRANSPORTATION AS A BARRIER TO ACCESSING THE NEEDED CARE. ST RATEGY BY HEALTH NEED BELOW ARE STRATEGIES AND PROGRAM ACTIVITIES THE HOSPITAL INTENDS TO DELIVER TO HELP ADDRESS SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNA REPORT. THEY ARE O RGANIZED BY HEALTH NEED AND INCLUDE STATEMENTS OF THE STRATEGIES' ANTICIPATED IMPACT AND A NY PLANNED COLLABORATION WITH OTHER ORGANIZATIONS IN OUR COMMUNITY. HEALTH NEED: MENTAL HE ALTH AND SUBSTANCE USE DISORDER TRINITY HEALTH SYSTEM MENTAL HEALTH PROGRAM: PROVIDE DEPRE SSION SCREENINGS AND REFERRALS IN THE ED AND DIRECT ADMISSIONS. PROVIDE SCREENINGS AND PLA CEMENT FOR PATIENTS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDER DIAGNOSES. RESEARCH THE FEASIBILITY WITH

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	CMS OF INCREASING THE NUMBER OF LICENSED MENTAL HEALTH BEDS JEFFERSON BEHAVIORAL HEALTH OU TPATIENT MENTAL HEALTH PROGRAM. PROVIDE PSYCHIATRISTS TO BE LOCATED WITHIN PROVIDER OFFICE S. PROVIDE THERAPISTS TO SCHOOLS FOR STUDENTS' SAFETALK TRAINING PROGRAM. SUICIDE ALERTNES S FOR EVERYONE (SAFETALK) IS A HALF-DAY TRAINING PROGRAM THAT TEACHES PARTICIPANTS TO RECO GNIZE AND ENGAGE PERSONS WHO MIGHT BE HAVING THOUGHTS OF SUICIDE AND TO CONNECT THEM WITH COMMUNITY RESOURCES TRAINED IN SUICIDE INTERVENTION. SAFETALK STRESSES SAFETY WHILE CHALLE NGING TABOOS THAT INHIBIT OPEN TALK ABOUT SUICIDE. OFFER MAT AND VIVITROL PROGRAMS DEPRESS ION SCREENINGS VARIOUS PROVIDERS AND AGENCIES SCREEN FOR DEPRESSION AND SUICIDE AND MAKE R EFERRALS AS NEEDED. TRINITY HEALTH SYSTEM BEHAVIORAL MEDICINE ADDICTION RECOVERY PROGRAM: PROVIDE SCREENINGS AND PLACEMENT FOR PATIENTS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANC E USE DISORDER DIAGNOSES. OFFER A DETOX RESIDENTIAL SUPPORT UNIT PROGRAM FOR TEEN MOMS. PR OVIDE DETOX PROGRAMS, COUNSELING OR REFERRALS - ALL AGES - BOTH INPATIENT AND OUTPATIENT. JEFFERSON BEHAVIORAL HEALTH OUTPATIENT ADDICTION RECOVERY PROGRAM: PROVIDES A SYSTEM OF QU ALITY SERVICES INCLUDING INTERVENTION, AND RECOVERY TO ALL CLIENTS AFFECTED BY ADDICTION. PROVIDE LOSS AND GRIEF SUPPORT GROUPS FOR THOSE LOSING A LOVED ONE TO A DRUG OVERDOSE. PRO JECT DAWN: PROJECT DAWN (DEATHS AVOIDED WITH NALOXONE) IS A STATE PROGRAM FOCUSING ON NALO XONE ADMINISTERING TRAINING AND THE HANDING OUT OF NALOXONE KITS. MEDICATED ASSISTED TREAT MENT (MAT) PROGRAM: MAT IS A TREATMENT RESOURCE FOR THOSE BATTLING CHEMICAL DEPENDENCY. UT ILIZES SPECIFIC FDA-APPROVED MEDICATIONS TO HELP PATIENTS REDUCE CRAVINGS AND MITIGATE THE IR WITHDRAWAL SYMPTOMS. ANTICIPATED IMPACT: THE HOSPITAL'S AND PARTNERS' INITIATIVES TO AD DRESS DEPRESSION, SUICIDE, DRUG DEPENDENCY AND OVERDOSE DEATHS ARE ANTICIPATED TO RESULT I N IMPROVED HEALTH CARE OUTCOMES, IMPROVED PATIENT LINKAGES TO INPATIENT AND OUTPATIENT MEN TAL HEALTH AND SUBSTANCE USE DISORDER SERVICES, PROVIDE A SEAMLESS TRANSITION OF CARE, AND IMPROVE CARE COORDINATION TO ENSURE INDIVIDUALS ARE CONNECTED TO APPROPRIATE CARE AND CAN ACCESS SERVICES, AND CREATE A DRUG-FREE COMMUNITY. PLANNED COLLABORATION: THE HOSPITAL WI LL PARTNER WITH LOCAL CHURCHES, PROVIDERS, FIRST RESPONDERS AND LAW ENFORCEMENT, A CARING PLACE CHILD ADVOCACY CENTER, COLEMAN PROFESSIONAL SERVICES, COMMUNITY ACTION COUNSEL, FAMI LY RECOVERY CENTER, JEFFERSON BEHAVIORAL HEALTH SYSTEM, JEFFERSON COUNTY GENERAL HEALTH DI STRICT, JEFFERSON COUNTY PREVENTION AND RECOVERY, JEFFERSON COUNTY SCHOOL DISTRICT, OHIO V ALLEY HEALTH CENTER PASTORAL CARE, URBAN MISSION, VILLAGE NETWORK, WOMEN'S HEALTH CENTER A ND YMCA. FACILITY NAME: A DESCRIPTION: HEALTH NEED: CHRONIC DISEASE CHRONIC DISEASE COMMUN ITY OUTREACH: OUTREACH TO COMMUNITY THROUGH HOSPITAL PARTICIPATION IN HEALTH FAIRS, SCREEN INGS, EDUCATION, PROGRAMS. RESEARCH THE FEASIBILITY OF HAVING THE CAFETERIA FLAG MENU OPTI ONS THAT ARE HEART HEALTHY OR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	FACILITY NAME: A DESCRIPTION: THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS ($35.00) WITH THE CHI HOSPITAL ORGANIZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS ($35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS. THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION. PATIENT COOPERATION STANDARDS - A PATIENT MUST EXHAUST ALL OTHER PAYMENT OPTIONS, INCLUDING PRIVATE COVERAGE, FEDERAL, STATE AND LOCAL MEDICAL ASSISTANCE PROGRAMS, AND OTHER FORMS OF ASSISTANCE PROVIDED BY THIRD-PARTIES PRIOR TO BEING APPROVED. AN APPLICANT FOR FINANCIAL ASSISTANCE IS RESPONSIBLE FOR APPLYING TO PUBLIC PROGRAMS FOR AVAILABLE COVERAGE. HE OR SHE IS ALSO EXPECTED TO PURSUE PUBLIC OR PRIVATE HEALTH INSURANCE PAYMENT OPTIONS FOR CARE PROVIDED BY A CHI HOSPITAL ORGANIZATION WITHIN A HOSPITAL FACILITY. A PATIENT'S AND, IF APPLICABLE, ANY GUARANTOR'S COOPERATION IN APPLYING FOR APPLICABLE PROGRAMS AND IDENTIFIABLE FUNDING SOURCES, INCLUDING COBRA COVERAGE (A FEDERAL LAW ALLOWING FOR A TIME-LIMITED EXTENSION OF EMPLOYEE HEALTHCARE BENEFITS), SHALL BE REQUIRED. IF A HOSPITAL FACILITY DETERMINES THAT COBRA COVERAGE IS POTENTIALLY AVAILABLE, AND THAT A PATIENT IS NOT A MEDICARE OR MEDICAID BENEFICIARY, THE PATIENT OR GUARANTOR SHALL PROVIDE THE HOSPITAL FACILITY WITH INFORMATION NECESSARY TO DETERMINE THE MONTHLY COBRA PREMIUM FOR SUCH PATIENT, AND SHALL COOPERATE WITH HOSPITAL FACILITY STAFF TO DETERMINE WHETHER HE OR SHE QUALIFIES FOR HOSPITAL FACILITY COBRA PREMIUM ASSISTANCE, WHICH MAY BE OFFERED FOR A LIMITED TIME TO ASSIST IN SECURING INSURANCE COVERAGE. A HOSPITAL FACILITY SHALL MAKE AFFIRMATIVE EFFORTS TO HELP A PATIENT OR PATIENT'S GUARANTOR APPLY FOR PUBLIC AND PRIVATE PROGRAMS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	HTTP://WWW.TRINITYHEALTH.COM/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B	HTTP://WWW.TRINITYHEALTH.COM/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16C	HTTP://WWW.TRINITYHEALTH.COM/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE/

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493138005271

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Trinity Health System Group

Employer identification number
30-0752920

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	**(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				
See Additional Data Table							

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
SCHEDULE J, PART I, LINE 3	THE CEO IS COMPENSATED BY TRINITY HEALTH SYSTEM, WHO USES A COMPENSATION COMMITTEE, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE, TO DETERMINE COMPENSATION. SCHEDULE J, PART I, LINE 4A FOR REPORTABLE INDIVIDUALS EMPLOYED PRIOR TO 2019, POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. OFFICERS, KEY EMPLOYEES AND CERTAIN HIGHLY COMPENSATED EMPLOYEES WHO BEGAN EMPLOYMENT AFTER NOVEMBER 1ST OF 2019 ARE COVERED BY A SEVERANCE POLICY THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM PAYMENTS OF 9 MONTHS TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE POLICY.
SCHEDULE J, PART I, LINE 4B	TRINITY HEALTH SYSTEM GROUP MAINTAINS A NONQUALIFIED RETIREMENT PLAN FOR FRED BROWER. THE PLAN IS A SERP AND THE INCREASE IN BENEFITS IS CALCULATED ANNUALLY BASED ON THE TERMS OF THE AGREEMENT. THAT AMOUNT IS INCLUDED IN HIS DEFERRED COMPENSATION FOR THE 2019 CALENDAR YEAR. DURING 2019 THE FOLLOWING PAYMENTS WERE MADE BY TRINITY HEALTH SYSTEM FROM THE DEFERRED COMPENSATION PLAN: FRED BROWER, $147,768. DURING THE 2019 CALENDAR YEAR, COMMONSPIRIT, A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS/PRESIDENTS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. DURING 2019 THE FOLLOWING DISTRIBUTIONS WERE MADE BY COMMONSPIRIT FROM THE DEFERRED COMPENSATION PLAN: LAWRENCE P. SCHUMACHER - $112,633 DUE TO THE "SUPER" VESTING RULES UNDER COMMONSPIRIT'S DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS INVOLUNTARY TERMINATION WITHOUT CAUSE, AGE, AGE AND YEARS OF SERVICE, OR MORE THAN 5 YEARS OF PLAN PARTICIPATION ARE ELIGIBLE TO RECEIVE THEIR 2019 CONTRIBUTIONS IN CASH. THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II. DURING 2019, THE FOLLOWING PAYMENTS WERE MADE PURSUANT TO THE SUPER VESTING RULES: MATTHEW GRIMSHAW - $21,909.

Additional Data

Software ID:
Software Version:
EIN: 30-0752920
Name: Trinity Health System Group

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				
1JOHN FIGEL MD BOARD MEMBER	(i)	251,719	12,700	120,540	0	24,165	409,124	0
	(ii)	0	0	0	0	0	0	0
1LARRY SCHUMACHER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	112,447	903,053	132,087	189,040	26,776	1,363,403	112,320
2MATT GRIMSHAW PRESIDENT & CEO	(i)	438,806	81,534	10,278	0	23,524	554,142	0
	(ii)	0	0	21,909	16,761	0	38,670	0
3DAVE WERKIN CFO	(i)	257,224	45,078	0	0	24,454	326,756	0
	(ii)	0	0	0	0	0	0	0
4PAUL WHEELER VP OF OPERATIONS / COO	(i)	170,202	16,661	0	0	19,181	206,044	0
	(ii)	0	0	0	0	0	0	0
5BRENT MALLEK VP OF HR	(i)	223,294	31,629	0	0	21,998	276,921	0
	(ii)	0	0	0	0	0	0	0
6JIM MIDDLETON DIRECTOR OF NURSING	(i)	209,123	26,545	0	0	10,344	246,012	0
	(ii)	0	0	0	0	0	0	0
7FRED BOWER Former President & CEO	(i)	147,768	0	0	0	0	147,768	0
	(ii)	0	0	0	0	0	0	0
8 RAFAEL SCHMULEVICH MD PHYSICIAN	(i)	840,548	469,448	2,500	0	24,286	1,336,782	0
	(ii)	0	0	0	0	0	0	0
9RAMANA MURTY MD PHYSICIAN	(i)	800,794	222,191	0	0	25,666	1,048,651	0
	(ii)	0	0	0	0	0	0	0
10KUMAR AMIN MD PHYSICIAN	(i)	849,778	145,000	0	0	23,003	1,017,781	0
	(ii)	0	0	0	0	0	0	0
11BALDEV SEKHON MD PHYSICIAN	(i)	800,010	150,249	34,047	0	13,878	998,184	0
	(ii)	0	0	0	0	0	0	0
12SATHISH MAGGE MD PHYSICIAN	(i)	848,161	60,669	0	0	17,319	926,149	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization
Trinity Health System Group

Employer identification number
30-0752920

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	AS AN AFFILIATE OF COMMONSPIRIT HEALTH, WE MAKE THE HEALING PRESENCE OF GOD KNOWN IN OUR W ORLD BY IMPROVING THE HEALTH OF THE PEOPLE WE SERVE, ESPECIALLY THOSE WHO ARE VULNERABLE, WHILE WE ADVANCE SOCIAL JUSTICE FOR ALL. FORM 990, PART V, LINE 3B TRINITY HEALTH SYSTEM - TRINITY EAST (EIN 34-0714474), TRINITY HEALTH SYSTEM - TRINITY WEST (EIN 34-0875691), AND TRINITY HOSPITAL HOLDING COMPANY (EIN 34-1842025) ARE SUBORDINATE ORGANIZATIONS OF TRINIT Y HEALTH SYSTEM GROUP. EACH OF THE SUBORDINATES FILES ITS OWN 990-T.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	PURSUANT TO ARTICLE V, SECTION 7 OF THE CODE OF REGULATIONS OF TRINITY HEALTH SYSTEM GROUP , THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, AND THE PR ESIDENT, EACH OF WHOM SHALL SERVE AS A VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECU TIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION. PURSUANT TO APPENDIX A OF THE CORPORATION'S CODE OF REGULATIONS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUC H POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	ACCORDING TO THE CODE OF REGULATIONS OF TRINITY HEALTH SYSTEM GROUP, THE ENTITY'S SOLE MEM BER IS TRINITY HEALTH SYSTEM, AN OHIO NONPROFIT ORGANIZATION. THE MEMBERS OF THE SOLE MEMB ER ARE SYLVANIA FRANCISCAN HEALTH, AN OHIO NONPROFIT ORGANIZATION AND COMMONSPIRIT HEALTH, A COLORADO NONPROFIT ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	THE MEMBERS OF THE GOVERNING BODY SHALL CONSIST OF THE MEMBERS OF THE CORPORATE MEMBER'S G OVERNING BODY. DIRECTORS OF THE CORPORATE MEMBER, AND THEREFORE OF THE FILING ORGANIZATION , SHALL BE APPOINTED BY THE PARENT CORPORATION NO LATER THAN JUNE 30 OF EACH YEAR. PRIOR T O EACH ANNUAL MEETING OF THE PARENT CORPORATION, OR SUCH OTHER MEETING CALLED FOR THE PURP OSE OF APPOINTING DIRECTORS OF THE CORPORATION, THE GOVERNANCE COMMITTEE SHALL SELECT AND SUBMIT TO THE BOARD A SLATE OF NOMINEES QUALIFIED TO SERVE ON THE BOARD. THE BOARD SHALL R EVIEW THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ON THE RECOMMENDED SLATE AND SHALL V OTE TO ACCEPT OR REFUSE EACH NOMINEE. THE NAMES AND QUALIFICATION OF EACH INDIVIDUAL ACCEP TED BY THE BOARD SHALL THEN BE SUBMITTED TO THE PARENT CORPORATION, WHO SHALL THEN APPOINT OR REFUSE EACH NOMINEE WITH THE RECOMMENDATION OF THE PRESIDENT HEALTH SYSTEM DELIVERY AN D CHIEF OPERATING OFFICER OR OTHER DESIGNEE. NOTWITHSTANDING ANYTHING IN THIS CODE OF REGU LATIONS TO THE CONTRARY, THE PARENT CORPORATION MAY UNILATERALLY APPOINT ONE OR MORE INDIV IDUALS TO THE BOARD SHOULD THE BOARD FAIL TO FURNISH THE PARENT CORPORATION WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD IN ACCORDANCE WITH THIS SECTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	TRINITY HEALTH SYSTEM GROUP HAS ONE CORPORATE MEMBER, TRINITY HEALTH SYSTEM. TRINITY HEALT H SYSTEM MUST APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES AS A CONDITION BEFORE THEY BECOME EFFECTIVE: 1) MERGER, CONSOLIDATION, OR SUBSTANTIAL SALE 2) CREATION OF SUBSIDIARIES OF AFFILIATION WITH OTHER ENTITIES 3) CONVEYANCING REAL PROPE RTY OR CREATING LIENS THEREON 4) TRANSFER OF PERSONAL PROPERTY, INCURRING OR GUARANTEEING INDEBTEDNESS OR GRANTING LIENS IN EXCESS OF AN AMOUNT PRESCRIBED FROM TIME TO TIME BY THE MEMBERS 5) APPROVAL OF CORPORATION OR SUBSIDIARY TRUSTEES AND DIRECTORS BASED ON AGREED UP ON CRITERIA 6) CAPITAL EXPENDITURES OR GRANTS IN EXCESS OF AN AMOUNT PRESCRIBED FROM TIME TO TIME BY THE MEMBERS 7) ADDITION OR TERMINATION OF SERVICES 8) APPROVAL OF SELECTION OF THE SLATE OF CANDIDATES FOR THE OFFICE OF CEO OF THE CORPORATION OR ANY OF ITS SUBSIDIARIE S PROVIDED, HOWEVER, THAT A REPRESENTATIVE OF EACH MEMBER WILL SERVE ON THE SELECTION COMM ITTEE 9) APPROVAL OF THE ANNUAL BUDGET AND STRATEGIC PLAN FOR THE CORPORATION AND ITS SUBS IDIARIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	ONCE THE RETURN IS PREPARED, THE FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE T O ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY, DEPENDING UPON THE TRUSTEES PREFEREN CE, BEFORE THE COMPANY FINALIZED AND SENT THE DOCUMENTS TO THE IRS. THIS DRAFT WAS ALSO AV AILABLE AT THE ADMINISTRATIVE OFFICES OF THE REPORTING ENTITY FOR TRUSTEES' REVIEW BEFORE THE FINAL FORM 990 AND ACCOMPANYING SCHEDULES WERE FINALIZED AND SENT TO THE IRS. THE REVI EW WAS UNDER THE DIRECTION OF THE CFO AND/OR EXTERNAL TAX RETURN PREPARERS IF REQUESTED BY THE TRUSTEES. SUBSEQUENT TO THE RETURN BEING PROVIDED TO THE BOARD, THE TAX RETURN PREPAR ER FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTA NTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE B OARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	THE ORGANIZATION HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLICY") IN PLACE TO MAI NTAIN THE INTEGRITY OF ITS ACTIVITIES. THE POLICY APPLIES TO THE FOLLOWING PERSONS ("COVER ED PERSONS"): MEMBERS OF THE COMMONSPIRIT HEALTH ("COMMONSPIRIT") BOARD OF STEWARDSHIP TRU STEES AND ITS COMMITTEES; COMMONSPIRIT HEALTH CORPORATE OFFICERS; MEMBERS OF THE DIGNITY H EALTH BOARD OF STEWARDSHIP TRUSTEES AND ITS COMMITTEES. IN ADDITION, THE POLICY APPLIES TO ORGANIZATIONS THAT WERE AFFILIATES AND SUBSIDIARIES OF COMMONSPIRIT HEALTH PRIOR TO ITS A FFILIATION WITH DIGNITY HEALTH ("CHI ENTITIES"). COVERED PERSONS OF CHI ENTITIES INCLUDE: MEMBERS OF ANY CHI ENTITY DIRECT AFFILIATE OR SUBSIDIARY BOARD AND THEIR COMMITTEES; EMPLO YEES OF CHI ENTITIES; AND CHI ENTITY RESEARCHERS (AS DEFINED BY THE POLICY). DISCLOSURE, R EVIEW AND MANAGEMENT OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE ACCOMPLIS HED THROUGH A DEFINED COI DISCLOSURE REVIEW PROCESS. ALL COVERED PERSONS ARE REQUIRED TO D ISCLOSE ACTUAL OR POTENTIAL CONFLICTS AND MUST DISCLOSE THAT CONFLICT TO HIS/HER DIRECT MA NAGER (OR OTHER PERSON AS IS APPROPRIATE PER POLICY). SUCH DISCLOSURE IS REQUIRED ON A TRA NSACTIONAL BASIS AT THE TIME SUCH CONFLICTS ARISE, WHEN AN INDIVIDUAL BECOMES A COVERED PE RSON (E.G. UPON HIRING OR BOARD APPOINTMENT), AND ANNUALLY THEREAFTER. DISCLOSURES OF PERC EIVED, POTENTIAL OR ACTUAL CONFLICTS ARE INITIALLY REVIEWED BY NATIONAL OR REGIONAL LEGAL OR CORPORATE RESPONSIBILITY TEAM MEMBERS TO DETERMINE WHETHER AN ACTUAL OR POTENTIAL CONFL ICT MAY EXIST. IF IT IS DETERMINED THAT A POTENTIAL OR ACTUAL CONFLICT EXISTS, ISSUES ARE ELEVATED TO THE BOARD EXECUTIVE COMMITTEE OR BOARD CHAIR (FOR BOARD OR OFFICER CONFLICTS), OR THE CONFLICTS OF INTEREST REVIEW COMMITTEE (FOR ANY OTHER CONFLICT). THE PROCEDURES FO R ADDRESSING A CONFLICT RELATED TO A PROPOSED TRANSACTION IN THE CASE OF GOVERNING BODIES OR A CORPORATE OFFICER INCLUDE, BUT ARE NOT LIMITED TO 1) DISCLOSURE TO THE BOARD, 2) THE TRUSTEE OR CORPORATE OFFICER BEING EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST (ALTHOUGH HE OR SHE MAY RESPOND TO PERTINENT QUESTIONS IF THE KNO WLEDGE IS RELEVANT), AND 3) BOARD APPROVAL OF THE TRANSACTION BY A MAJORITY OF DISINTEREST ED MEMBERS. IN ADDITION, BOARDS CAREFULLY REVIEW AND SCRUTINIZE ANY NON-TRANSACTIONAL CONF LICTS OF INTEREST. IN SUCH CIRCUMSTANCES, BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES , THE BOARD TAKES WHATEVER ACTION IS DEEMED APPROPRIATE. FOR CONFLICTS NOT INVOLVING A BOA RD MEMBER OR OFFICER, THE CONFLICTS OF INTEREST REVIEW COMMITTEE ("C-CIRC") WILL FACILITAT E A COI MANAGEMENT PLAN TO MITIGATE THE CONFLICT IF ADEQUATE CONTROLS AREN'T ALREADY IN PL ACE. NOTWITHSTANDING THE FOREGOING, AT ITS SOLE DISCRETION, AN ENTITY MAY REJECT A PERSON' S REQUEST TO ENTER INTO THE RELATIONSHIP IN QUESTION, OR REQUIRE THE RELATIONSHIP BE SUFFI CIENTLY ALTERED TO AVOID A POTENTIAL CONFLICT OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15	AN EXTERNAL COMPENSATION CONSULTANT REVIEWS ANNUALLY THE BASE SALARY, TOTAL CASH, AND TOTA L REMUNERATION, AS COMPARED TO MARKET, FOR THOSE IDENTIFIED AS OFFICERS/KEY EMPLOYEES. THI S REVIEW IS TO DETERMINE REASONABLENESS OF THE COMPENSATION. THE ORGANIZATION'S CEO IS EMP LOYED BY TRINITY HEALTH SYSTEM WITH SALARY THEN CHARGED TO TRINITY HEALTH SYSTEM GROUP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMEN TS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE I NCLUDED IN COMMONSPIRIT HEALTH'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILA BLE AT WWW.COMMONSPIRIT.ORG OR WWW.CATHOLICHEALTHINITIATIVES.ORG.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 9	PENSION VALUATION - $(3,634,343) CHI CAPITAL RESOURCE POOL ASSESSMENT - $(1,463,008) ---------- TOTAL $(5,097,351)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PURCHASED SERVICES TOTAL FEES:13369587

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES FOR SERVICES TOTAL FEES:12038617

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACT LABOR TOTAL FEES:5080273

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACT SERVICES TOTAL FEES:3393456

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING TOTAL FEES:572085

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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

2019

Open to Public Inspection

Name of the organization
Trinity Health System Group

Employer identification number
30-0752920

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

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	(g) Section 512(b)(13) controlled entity? No

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

See Additional Data Table

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

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	(i) Section 512(b)(13) controlled entity? No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
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	Yes	
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		No
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	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

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: 30-0752920
Name: Trinity Health System Group

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
12809 W DODGE RD OMAHA, NE 68154 47-0765154	HOSPITAL	NE	501(c)(3)	3	ACH		No
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
7500 MERCY RD OMAHA, NE 68124 47-0484764	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 368 CORNING, IA 50841 42-0782518	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3)	10	CSH		No
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3)	10	SFH		No
345 S Halcyon Rd Arroyo Grande, CA 93420 20-3256066	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
420 34TH Street Bakersfield, CA 93301 95-1802779	HOSPITAL	CA	501(c)(3)	3	DCC		No
350 West Thomas Rd Phoenix, AZ 85013 86-0174371	FUND. FDN	AZ	501(c)(3)	7	DH		No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3)	12 Type 1	SLCHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3)	3	SLHS		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 23-2187242	HEALTHCARE	PA	501(c)(3)	12 Type 1	CSH		No
1 West Way Ct LAKE JACKSON, TX 77566 76-0080110	FUND. FDN	TX	501(c)(3)	12 Type 1	BRHS		No
100 MEDICAL DR LAKE JACKSON, TX 77566 80-0240261	PHYSICIANS	TX	501(c)(3)	3	BRHS		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2759890	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
1401 South Grand AVE Los Angeles, CA 90015 95-4000909	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC		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
800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HOSPITAL	ND	501(c)(3)	3	CSH		No
9100 East Mineral Circle Centennial, CO 80112 84-0405257	HOSPITAL	CO	501(c)(3)	3	CSH		No
1111 6TH AVE DES MOINES, IA 50314 42-0680448	HOSPITAL	IA	501(c)(3)	3	CSH		No
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 84-0902211	FUND. FDN	CO	501(c)(3)	7	CHIC		No
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 27-0930004	HEALTHCARE	CO	501(c)(3)	12 Type 1	CSH		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 46-0992796	PHYSICIANS	CO	501(c)(3)	12 Type 1	CHINS		No
2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	SURGERY CTR	OR	501(c)(3)	10	MMC		No
300 OLD RIVER Rd STE 200 BAKERSFIELD, CA 93311 84-4171789	CLINIC	CA	501(c)(3)	3	DCC		No
3515 BRdWAY GREAT BEND, KS 67530 48-0543724	HOSPITAL	KS	501(c)(3)	3	CSH		No
4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	FUND. FDN	MN	501(c)(3)	10	CSH		No
12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUND. FDN	NE	501(c)(3)	7	ACH		No
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3)	12 Type 1	CSH		No
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3)	12 Type 1	SFH		No
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395	HOSPITAL	GA	501(c)(3)	3	MHCS		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3)	10	CHI NS		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3)	12 Type 1	CSH		No
12809 West Dodge Rd Omaha, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3)	12 Type 1	CSH		No
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	12 Type 1	CSH		No
1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	12 Type 1	CSH		No
300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HOSPITAL	AR	501(c)(3)	3	CHISVHS		No

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

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						Yes	No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	12 Type 1	SVIMC		No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	PHYSICIANS	AR	501(c)(3)	3	CHISVHS		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	12 Type 1	NA		No
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107 85-0919176	INVESTMENTS	CA	501(c)(3)	12 Type 1	CSH		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	12 Type 1	CSH		No
1805 Medical CTR DR San Bernardino, CA 92411 95-1643373	HOSPITAL	CA	501(c)(3)	3	DCC		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(4)	NONE	GSH		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUND. FDN	IA	501(c)(3)	12 Type 1	AH-CMHMV		No
One Saint Joseph DR LEXINGTON, KY 40504 61-1400619	HOSPITAL	KY	501(c)(3)	3	SJHS		No
185 Berry Street Ste 300 San Francisco, CA 94107 81-5009488	HOSPITAL	CO	501(c)(3)	3	CSH		No
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107 94-1196203	HOSPITAL	CA	501(c)(3)	3	CSH		No
200 Mercy Oaks DR Redding, CA 96003 23-7115371	Senior CTR SR	CA	501(c)(3)	7	DH		No
185 Berry Street San Francisco, CA 94107 46-2037641	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
2101 N Waterman AVE San Bernardino, CA 92404 23-7440086	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
475 South Dobson Rd Chandler, AZ 85224 74-2418514	FUND. FDN	AZ	501(c)(3)	12 Type 1	DH		No
185 Berry Street San Francisco, CA 94107 94-3006034	Self Insuranc	CA	501(c)(3)	12 Type 1	DH		No
185 Berry Street San Francisco, NV 94107 81-3800752	Self Insuranc	NV	501(c)(3)	12 Type 1	DH		No
3400 Data DR Rancho Cordova, CA 95670 68-0220314	M/S OUTP. MED	CA	501(c)(3)	12 Type 1	DCC		No
185 Berry Street San Francisco, CA 94107 94-6612446	Self Insuranc	CA	501(c)(3)	12 Type 1	DH		No
1555 Soquel DR Santa Cruz, CA 95065 77-0056778	Community Hea	CA	501(c)(3)	12 Type 1	DH		No

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						Yes	No
1555 Soquel DR Santa Cruz, CA 95065 94-2450442	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
1555 Soquel DR Santa Cruz, CA 95065 77-0127719	Op&M of housi	CA	501(c)(3)	10	DHS		No
2801 VIA FORTUNA Ste 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(c)(3)	12 Type 1	SLHS		No
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HOSPITAL	WA	501(c)(3)	3	FHS		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HOSPITAL	KY	501(c)(3)	3	KOH		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUND. FDN	KY	501(c)(3)	12 Type 1	FH		No
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3)	10	CHILC		No
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUND. FDN	WA	501(c)(3)	10	FHS		No
1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HOSPITAL	WA	501(c)(3)	3	CSH		No
TACOMA FNC CTR BLDG 1145 BRdWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3)	10	CSH		No
1313 BRdWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3)	10	FHS		No
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3)	10	CSH		No
1911 Johnson AVE San Luis Obispo, CA 93401 20-3256125	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC		No
407 THIRD AVE SOUTHEAST GARRISON, ND 58540 45-0227752	HOSPITAL	ND	501(c)(3)	3	SAMC		No
1420 South Central AVE Glendale, CA 91204 95-3625651	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3)	12 Type 1	CSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3)	2	GSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUND. FDN	OH	501(c)(3)	12 Type 1	GSH		No
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUND. FDN	NE	501(c)(3)	7	GSH		No

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						Yes	No
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HOSPITAL	WA	501(c)(3)	3	FHS		No
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUND. FDN	WA	501(c)(3)	7	HMC		No
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504 83-2170324	FUND. FDN	KY	501(c)(3)	12 Type 1	KOH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUND. FDN	MN	501(c)(3)	12 Type 1	SFMC		No
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HOSPITAL	WA	501(c)(3)	3	FHS		No
1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP		No
250 E Liberty St Ste 500 LOUISVILLE, KY 40202 61-1029768	HOSPITAL	KY	501(c)(3)	3	KOH		No
100 E Liberty St Ste 800 LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	10	JHSMH		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	12 Type 1	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HOSPITAL	MN	501(c)(3)	3	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUND. FDN	ND	501(c)(3)	7	LHC		No
905 MAIN ST LISBON, ND 58054 82-0558836	HOSPITAL	ND	501(c)(3)	3	CSH		No
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	MHSET		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2761145	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2344 AMSTERDAM Rd VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	10	CHILC		No
1400 E Church Street Santa Maria, CA 93454 95-3818027	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
768 Mountain Ranch Rd San Andreas, CA 95249 68-0127677	HOSPITAL	CA	501(c)(3)	3	DCC		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUND. FDN	TN	501(c)(3)	7	MHCS		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HOSPITAL	TN	501(c)(3)	3	CSH		No
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3)	10	MHCS		No

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						Yes	No
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HOSPITAL	TX	501(c)(3)	3	SLHS		No
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HOSPITAL	TX	501(c)(3)	3	MHSET		No
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	12 Type 1	MHSET		No
PO BOX 1447 LUFKIN, TX 95902 75-2492741	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	12 Type 1	MF-DM IA		No
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP		No
PO Box 119 Bakersfield, CA 93302 77-0201321	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUND. FDN	IA	501(c)(3)	7	CHI-IA CORP		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUND. FDN	OR	501(c)(3)	7	MMC		No
PO BOX 368 CORNING, IA 50841 42-1461064	FUND. FDN	IA	501(c)(3)	12 Type 1	AHMH-Corning		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUND. FDN	ND	501(c)(3)	12 Type 1	MHVC		No
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUND. FDN	IA	501(c)(3)	12 Type 1	AHBMHS		No
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HOSPITAL	ND	501(c)(3)	3	CSH		No
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUND. FDN	ND	501(c)(3)	7	MHDL		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501(c)(3)	3	CSH		No
3865 J Street Sacramento, CA 95816 68-0117340	Senior Hous/R	CA	501(c)(3)	10	DH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HOSPITAL	ND	501(c)(3)	3	CSH		No
ONE ST JOSEPHS DR CTRVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No

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						Yes	No
204 N 4th Ave E Newton, IA 50314 42-1470935	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No
301 E 13th Street Merced, CA 95340 77-0035928	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HOSPITAL	OR	501(c)(3)	3	CSH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUND. FDN	ND	501(c)(3)	12 Type 1	MMC		No
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
2223 East Rosser AVE Bismarck, ND 58501 91-1845296	MANAGEMENT	ND	501(c)(3)	7	NCHA		No
18300 Roscoe Blvd Northridge, CA 91328 23-7444901	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC		No
1200 N 7TH ST OAKES, ND 58474 45-0231675	HOSPITAL	ND	501(c)(3)	3	CSH		No
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUND. FDN	ND	501(c)(3)	12 Type 1	OCH		No
1400 E Church Street Santa Maria, CA 93454 77-0447575	Clinic	CA	501(c)(3)	3	DCC		No
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	MHSET		No
3400 Data DR Rancho Cordova, CA 95670 46-5322209	HOSPITAL	CA	501(c)(3)	3	DH		No
2025 HAYES AVE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3)	10	CHILC		No
2025 HAYES AVE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3)	12 Type 1	CHILC		No
5055 PROVIDENCE DR SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3)	10	CHILC		No
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3)	7	CHIC		No
16251 Sylvester Rd SW Burien, WA 98166 91-1170040	HOSPITAL	WA	501(c)(3)	3	FHS		No
9100 E Mineral Circle Centennial, CO 80112 84-1183335	Senior CTR SR	CO	501(c)(3)	7	CHIC		No
25 POCONO RD DENVILLE, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3)	10	SCHS		No
25 POCONO RD DENVILLE, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3)	10	CSH		No

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						Yes	No
25 POCONO RD DENVILLE, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3)	2	SCHS		No
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUND. FDN	NE	501(c)(3)	7	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 36-3233120	HOSPITAL	NE	501(c)(3)	3	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUND. FDN	NE	501(c)(3)	7	SFMC		No
900 Hyde Street San Francisco, CA 94109 94-1156295	HOSPITAL	CA	501(c)(3)	3	DCC		No
305 ESTILL ST BEREA, KY 40403 26-0152877	FUND. FDN	KY	501(c)(3)	7	SJHS		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HOSPITAL	KY	501(c)(3)	3	KOH		No
701 Bob Olink Dr 200 LEXINGTON, KY 40504 61-1159649	FUND. FDN	KY	501(c)(3)	12 Type 1	SJHS		No
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUND. FDN	KY	501(c)(3)	7	SJHS		No
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUND. FDN	KY	501(c)(3)	7	SJHS		No
2500 Fairway Street DICKINSON, ND 58601 36-3418207	FUND. FDN	ND	501(c)(3)	12 Type 1	SJHHC		No
438 West Las Tunas DR San Gabriel, CA 91776 95-3430341	INACTIVE	CA	501(c)(3)	12 Type 1	DH		No
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUND. FDN	NE	501(c)(3)	12 Type 1	AHMHS		No
155 Glasson Way Grass Valley, CA 95945 94-1439787	HOSPITAL	CA	501(c)(3)	3	DCC		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(c)(3)	3	CSH		No
2323 De La Vina St Ste 104 Santa Barbara, CA 93105 23-7137119	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
601 E Micheltorena Street Santa Barbara, CA 93103 77-0022302	INACTIVE	CA	501(c)(3)	12 Type 1	DH		No
1600 North Rose AVE Oxnard, CA 93030 20-2865781	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No

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						Yes	No
350 West Thomas Rd Phoenix, AZ 85013 94-2941245	FUND. FDN	AZ	501(c)(3)	12 Type 1	DH		No
1800 N California Street Stockton, CA 95204 51-0432777	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
1050 Linden AVE Long Beach, CA 90813 23-7153876	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
1050 Linden AVE Long Beach, CA 90813 23-7373088	INACTIVE	CA	501(c)(3)	12 Type 1	DH		No
450 Stanyan Street San Francisco, CA 94117 94-3336143	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
3001 St Rose Parkway Henderson, NV 89052 88-0349432	FUND. FDN	NV	501(c)(3)	12 Type 1	DH		No
900 EAST BRdWAY AVE BISMARCK, ND 58501 45-0226711	HOSPITAL	ND	501(c)(3)	3	CSH		No
2801 St Anthony Way PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501(c)(3)	3	CSH		No
2801 St Anthony Way PENDLETON, OR 97801 93-0992727	FUND. FDN	OR	501(c)(3)	12 Type 1	SAH		No
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HOSPITAL	AR	501(c)(3)	3	SVIMC		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(c)(3)	3	CSH		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUND. FDN	KS	501(c)(3)	12 Type 1	SCH		No
12469 Five Point Rd TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(c)(3)	10	CHILC		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)	NONE	CSH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	10	CSH		No
19 POCONO RD DENVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	8	SCHS		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HOSPITAL	MN	501(c)(3)	3	CSH		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2351158	FUND. FDN	TX	501(c)(3)	12 Type 1	SJSC		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HOSPITAL	MD	501(c)(3)	3	CSH		No

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(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
2801 FRANCISCAN DR BRYAN, TX 77802 20-3159302	PHYSICIANS	TX	501(c)(3)	3	SJSC		No
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3)	12 Type 1	SJMC		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-1282696	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DR BRYAN, TX 77802 45-4088170	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DR BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	12 Type 1	SLHS		No
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501(c)(3)	3	CSH		No
2500 Fairway St DICKINSON, ND 58601 45-0226429	HOSPITAL	ND	501(c)(3)	3	CSH		No
8100 CLYO Rd CTRVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	10	CHILC		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HOSPITAL	TX	501(c)(3)	3	SLHS		No
1213 HERMANN DR STE 855 HOUSTON, TX 77004 45-3811485	FUND. FDN	TX	501(c)(3)	7	SLHS		No
PO Box 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(c)(3)	12 Type 1	CSH		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HOSPITAL	TX	501(c)(3)	3	SLHS		No
1213 Hermann DR Ste 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	SLCDC-SL		No
1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUND. FDN	NE	501(c)(3)	7	SMCH		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
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUND. FDN	AR	501(c)(3)	12 Type 1	SVIMC		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSPITAL	AR	501(c)(3)	3	CSH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3)	10	SVIMC		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3)	12 Type 1	CSH		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUND. FDN	OH	501(c)(3)	12 Type 1	SFH		No
5000 PROVIDENCE DR SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	10	CHILC		No
100 MEDICAL DR LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	TX	501(c)(3)	3	SLHS		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HOSPITAL	OH	501(c)(3)	3	CSH		No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	12 Type 1	CHI NEBRASKA		No
9100 E Mineral Circle Centennial, CO 80112 84-0927232	HOSPITAL	CO	501(c)(3)	3	CHIC		No
380 SUMMIT AVE STEUBENVILLE, OH 43952 31-1329423	FUND. FDN	OH	501(c)(3)	12 Type 1	THS		No
380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	12 Type 1	NA		No
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	OH	501(c)(3)	3	THS		No
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	7	THS		No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HOSPITAL	MN	501(c)(3)	3	CSH		No
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CSH		No
191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	10	SCHS		No

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

(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) Disproprtionate 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	
American Mercy Home Care LLC 1700 EDISON DR MILFORD, OH 45150 83-0486150	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
ARIZONA CARE NETWORK - NEXT LLC 350 W Thomas Rd Phoenix, AZ 85018 47-4696671	Care Network	AZ	DCC	N/A	0	0		No			No	0 %
Arizona Care Network LLC (ACN LLC) 350 W Thomas Rd Phoenix, AZ 85013 45-4494682	Care Network	AZ	DCC	N/A	0	0		No			No	0 %
Audubon Land Company LLC 630 Spointe Court 200 COLORADO SPRINGS, CO 80906 84-1513085	Real Estate	CO	CHIC	N/A	0	0		No			No	0 %
AVON EMERGENCY & URGENT CARE CTR LLC 9100 E Mineral Circle Centennial, CO 80112 81-1727282	HC SRVC	CO	CHIC	N/A	0	0		No			No	0 %
BAYLOR CHI ST LUKES HEALTH SrvC LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HC SRVC	TX	SLHS	N/A	0	0		No			No	0 %
BERGAN MERCY SURGERY CTR LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	N/A	0	0		No			No	0 %
BERYWOOD OFFICE PROPERTIES LLC 2501 Citico ave CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	MHCS	N/A	0	0		No			No	0 %
BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD 709 Wing on Plaza 62 Mody RD TST East, Kowloon 11111 HK 11-1111111	Health SRVC	CH	DHI LLC	N/A	0	0		No			No	0 %
BLUEGRASS REGIONAL IMAGING CTR 1218 S BRoDWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAG IMAGING	KY	SJHS	N/A	0	0		No			No	0 %
CBCC Outsmarting Cancer LLC 6501 Truxtun ave Bakersfield, CA 93309 46-1602286	Rad/Onc/Cyberknif	CA	DH	N/A	0	0		No			No	0 %
CENTRAL NEBRASKA REHAB SRVC LLC 3004 W FAIDLEY ave GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	SFMC	N/A	0	0		No			No	0 %
CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CTR	AL	CHIC	N/A	0	0		No			No	0 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DR WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CSH	N/A	0	0		No			No	0 %
CHICAMSURG Surgery CTRs LLC 1A Burton Hills Blvd Nashville, TN 37215 46-5683027	SURGERY CTR	CO	CHIC	N/A	0	0		No			No	0 %

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

(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) Disproprtionate 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	
Colorado Springs CK Leasing LLC 630 Spointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	CHIC	N/A	0	0		No			No	0 %
CM HOME CARE SRVC of Springfield LLC 1700 EDISON DR MILFORD, OH 45150 31-1746556	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
DE JV LLC 8686 New Trails DR The Woodlands, TX 77381 32-0496548	Emergency Care	NV	DH	N/A	0	0		No			No	0 %
DHHP Surgery CTRs LLC 1513 S Grand ave Ste 350 Los Angeles, CA 90015 83-1847466	SURGERY	CA	DCC	N/A	0	0		No			No	0 %
DHRT Holdings LLC 185 Berry Street STE 300 San Francisco, CA 94107 35-2484591	Holding Company	DE	DHHC	N/A	0	0		No			No	0 %
Dignity- GoHealthUrgent Care MGT LLC 5555 Glenridge Connector STE 700 Atlanta, GA 30342 35-2548698	mgt SRVC	DE	DCC	N/A	0	0		No			No	0 %
Dignity Health at Home LLC 1700 EDISON DR MILFORD, OH 45150 82-4674115	HC SRVC	DE	NA	N/A	0	0		No			No	0 %
Dignity Health Specialty Pharmacy LLC 185 Berry Street STE 300 San Francisco, CA 94107 32-0589462	Spec. Pharm SRVC	DE	DCC	N/A	0	0		No			No	0 %
Dignity Home Recovery Care LLC 49 Music SQ West STE 401 Nashville, TN 37203 83-2832522	Home Recov. Prgm	DE	DCC	N/A	0	0		No			No	0 %
DIGNITYUSP LAS VEGAS SURG CTRS LLC 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 20-2999237	Surgery	TX	DCC	N/A	0	0		No			No	0 %
DignityUSP NorCal Surgery CTRs LLC 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 20-2468509	SURGERY	TX	DHMF	N/A	0	0		No			No	0 %
DIGNITYUSP PHOENIX SURGERY CTRS LLC 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 13-4248908	Surgery	TX	DCC	N/A	0	0		No			No	0 %
DignityUSPJohn Muir East Bay Surg Ctrs 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 35-2584991	SURGERY	TX	DHMF	N/A	0	0		No			No	0 %
Dignity-Abrazo Health Network LLC 3030 N Central ave STE 1402 Phoenix, AZ 85012 46-5477985	mgt SRVC	AZ	DCC	N/A	0	0		No			No	0 %
Dominican Magnetic Resonance Imaging CTR 1545 Soquel DR Santa Cruz, CA 94065 77-0095477	Imaging CTR	CA	DH	N/A	0	0		No			No	0 %

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

(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) Disproprtionate 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	
ECCS ACQUISITION COMPANY LLC 2940 N CIRCLE DR COLORADO SPRINGS, CO 80909 35-2656413	AMBUL SURG CTR	CO	CHIC	N/A	0	0		No			No	0 %
Folsom Sierra Endoscopy CTR LP 1650 Creekside DR 1600 Folsom, CA 95630 68-0482416	Endoscopy	CA	DH	N/A	0	0		No			No	0 %
Franciscan Med Pavilion Bonney Lake LLC 6622 Wollochet Dr NW Gig Harbor, WA 98335 46-3494108	Real Estate	WA	NA	N/A	0	0		No			No	0 %
FRANCISCAN SPECIALTY CARE LLC 680 S FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HC SRVC	WA	FHS	N/A	0	0		No			No	0 %
GS HOME CARE Srvc of Vincenne IN LLC 1700 EDISON DR MILFORD, OH 45150 20-1792869	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HLDG	WI	SL HOSP-VINTAGE	N/A	0	0		No			No	0 %
HC SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	na	N/A	0	0		No			No	0 %
Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401 46-4265403	ONCOLOGY	KS	SCH	N/A	0	0		No			No	0 %
LAKESIDE AMBULATORY SURG CTR LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	N/A	0	0		No			No	0 %
LAKESIDE ENDOSCOPY CTR LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	N/A	0	0		No			No	0 %
LINCOLN CK LEASING LLC 555 S 70TH STREET Lincoln, NE 68510 26-2496856	Real Estate	NE	SERMC	N/A	0	0		No			No	0 %
Memorial Medical Plaza 3838 San Dimas STE B 201 Bakersfield, CA 93301 36-4510880	Real estate	CA	BMH	N/A	0	0		No			No	0 %
Mercy Davis Cancer CTR MGT Co LLC 2740 M Street Merced, CA 95340 94-3358445	mgt of Cancer CTR	CA	DH	N/A	0	0		No			No	0 %
Mercy Rehabilitation Hospital LLC 680 S FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HC SRVC	TX	CHI IA	N/A	0	0		No			No	0 %
Military Road Properties LLC 181 S 333rd Street STE 250 Federal Way, WA 98003 91-2067879	Real Estate	WA	NA	N/A	0	0		No			No	0 %

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

(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) Disproprtionate 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	
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	N/A	0	0		No			No	0 %
NICU Operating CO of Santa Cruz LLC 1555 Soquel DR Santa Cruz, CA 95065 46-0502935	Neonatal HC	CA	DH	N/A	0	0		No			No	0 %
NORTH RIVER SURGERY CTR LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	N/A	0	0		No			No	0 %
NORTHERN PLAINS LABORATORY LLC 401 N 9 STREET BISMARK, ND 58501 84-1641341	Diagnostic SRVC	ND	SAMC	N/A	0	0		No			No	0 %
NSC Channel Islands LLC 3000 Riverchase Galleria STE 500 Birmingham, AL 35244 77-0418197	Ambul SURG CTR	CA	DCC	N/A	0	0		No			No	0 %
OMG Arizona LLC 130 Sutter Street 2nd Flr San Francisco, CA 94104 47-1708588	Med Office	AZ	DCC	N/A	0	0		No			No	0 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105	ORTHO HOSPITAL	CO	CHIC	N/A	0	0		No			No	0 %
Park Rapids Area Health Care 600 Pleasant ave S Park Rapids, MN 56470 20-4926259	HC SRVC	MN	NA	N/A	0	0		No			No	0 %
Pasadena Urgency CTR LLC 4600 E SAM HOUSTON PKWY South PASADENA, TX 77505 81-2482854	URGENT CARE	TX	SLHS	N/A	0	0		No			No	0 %
Patient Transport Services of Columbus 1700 EDISON DR MILFORD, OH 45150 26-4601285	Ambulance	OH	NA	N/A	0	0		No			No	0 %
PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HC SRVC	WA	FHS	N/A	0	0		No			No	0 %
Penrad Imaging LLC 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Med Imaging	CO	CHIC	N/A	0	0		No			No	0 %
Performance Med Equip & Respir SRVC LL 19625 62nd ave S STE 101 Kent, WA 98032 45-2901632	Holding Company	WA	NA	N/A	0	0		No			No	0 %
Plaza Surgery CTR LP 525 E Plaza DR STE 100 Santa Maria, CA 93454 77-0573567	Surgery	CA	HSPCC Inc	N/A	0	0		No			No	0 %
PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	SLHS	N/A	0	0		No			No	0 %

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

(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) Disproprtionate 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	
Precision Medicine Alliance LLC 198 INVERNESS DR WEST ENGLEWOOD, CO 80112 35-2569159	Diag. SRVC	CO	NA	N/A	0	0		No			No	0 %
Pueblo Ambulatory Surgery CTR LLC 25 Montebello Rd Pueblo, CO 81003 62-1488737	SURGERY CTR	CO	CHIC	N/A	0	0		No			No	0 %
Radiation Oncology CTRs of Ventura Count 1700 N ROSE ave STE 120 OXNARD, CA 93030 77-0191706	IMAGING	CA	DH	N/A	0	0		No			No	0 %
RBR Management LLC 91 Corporate Park DR STE 120 Henderson, NV 89074 27-1466450	Ambulance	NV	DH	N/A	0	0		No			No	0 %
Reid-ANC Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150 37-1454747	HOME HEALTH	IN	NA	N/A	0	0		No			No	0 %
SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	N/A	0	0		No			No	0 %
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	CHINHC	N/A	0	0		No			No	0 %
Santa Cruz Comprehensive Imaging LLC 1661 Soquel DR STE G Santa Cruz, CA 95065 01-0550623	Imaging	CA	DH	N/A	0	0		No			No	0 %
Santa Cruz Land & Building LP 1555 Soquel DR Santa Cruz, CA 95065 77-0285236	REAL ESTATE	CA	DHS	N/A	0	0		No			No	0 %
Santa Cruz Surgery CTR LLC 3003 PAUL SWEET RD SANTA CRUZ, CA 95065 77-0194916	SURGERY	CA	DH	N/A	0	0		No			No	0 %
Southeastern Home Care LLC 1700 EDISON DR MILFORD, OH 45150 27-1219638	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
St Joseph's Surgery CTR LP 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 20-1019390	Surgery	TX	Port City Op	N/A	0	0		No			No	0 %
St Elizabeth Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150 26-1236191	HOME HEALTH	KY	NA	N/A	0	0		No			No	0 %
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	N/A	0	0		No			No	0 %
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	N/A	0	0		No			No	0 %

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

(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) Disproprtionate 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	
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	N/A	0	0		No			No	0 %
ST LUKE'S THE WOODLANDS SLEEP CTR LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	SLHSH	N/A	0	0		No			No	0 %
Templeton Surgery CTR LLC 1310 Las Tablas RD STE 104 Templeton, CA 94365 20-2246616	Surgery	CA	DCC	N/A	0	0		No			No	0 %
The Medical Pavilion at St John's 1700 Rose ave Oxnard, CA 93030 77-0332349	Real Estate	CA	DH	N/A	0	0		No			No	0 %
THREE SPRING IMAGING LLC 1 Mercado St STE 200A DURANGO, CO 81301 81-3571570	HC SRVC	CO	CHIC	N/A	0	0		No			No	0 %
Valley Phys SURG CTR At Northridge LLC 18330 Roscoe Blvd Northridge, CA 91328 80-0864336	Surgery	CA	DCC	N/A	0	0		No			No	0 %

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
AHCreighton St Joseph Mnged Care SRVC 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	CHI Nebraska	C Corp	0	0	0 %		No
All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, NY 11111 98-0556913	Insurance	CJ	CSH	C Corp	0	0	0 %		No
AH PROVIDERS OF BRAZOS Valley Inc 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	SJSC	C Corp	0	0	0 %		No
Alternative Insurance MGT SRVC Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	MGT Services	CO	CSH	C Corp	0	0	0 %		No
AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C Corp	0	0	0 %		No
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C Corp	0	0	0 %		No
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	JHSMH	C Corp	0	0	0 %		No
BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	BRHS	C Corp	0	0	0 %		No
Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	MHCS	C Corp	0	0	0 %		No
Captive MGT Initiatives Ltd PO BOX 10073 APO Georgetown, NY 11111 98-0663022	Captive MGT	CJ	CSH	C Corp	0	0	0 %		No
CHI CTR for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	CSHRI	C Corp	0	0	0 %		No
CHI SLH - Memor Condominium Assn Inc 1201 W Frank Ave Lufkin, TX 75904 83-4184717	Condo Assoc	TX	MHSET	C Corp	0	0	0 %		No
ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	QCHPS	C Corp	0	0	0 %		No
Coastal Surgical Specialists Inc 921 Oak Park Blvd Suite 101 Pismo Beach, CA 93449 74-3000596	Healthcare	CA	DCC	S Corp	0	0	0 %		No
Comcare SRVC Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	CHIC	C Corp	0	0	0 %		No

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								Yes	No
Consolidated Health SRVC 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CSH	C Corp	0	0	0 %		No
Des Moines Medical CTR Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corp	0	0	0 %		No
Dignity Health Holding Corp 185 Berry Street Suite 300 San Francisco, CA 94107 46-0675371	Holding Co	NV	DCC	C Corp	0	0	0 %		No
DH Insurance Ltd (Cayman Island Corp) PO Box 1051 KY1-1102 Grand Cayman Islands, NY 11111 98-1065338	Insurance	CJ	DH	C Corp	0	0	0 %		No
Dignity Health Provider Resources Inc 185 Berry Street Suite 300 San Francisco, CA 94107 47-3366764	Health Plan	CA	DCC	C Corp	0	0	0 %		No
Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	BRHS	C Corp	0	0	0 %		No
First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, NY 11111 98-0203038	Insurance	CJ	CSH	C Corp	0	0	0 %		No
Franciscan CUC SRVC PS dba City MD - C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	Healthcare	NY	FHS	C Corp	0	0	0 %		No
Franciscan SRVC Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	CSH	C Corp	0	0	0 %		No
Good Samaritan Outreach SRVC PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	CHI Nebraska	C Corp	0	0	0 %		No
HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	QCHPS	C Corp	0	0	0 %		No
Health SRVC of the Pacific Cntrl Coast 1400 E Church Street Santa Maria, CA 93454 77-0074057	Healthcare	CA	DCC	C Corp	0	0	0 %		No
Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558	MGMT	NE	GSH	C Corp	0	0	0 %		No
Healthcare MGMT SRVC Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org.	WA	FHS	C Corp	0	0	0 %		No
HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	QCHPS	C Corp	0	0	0 %		No

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								Yes	No
Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026	Medical SRVC	WA	HMC	C Corp	0	0	0 %		No
Integrated Medical SRVC 9250 N 3rd Street Suite 4010 Phoenix, AZ 85020 86-0783428	M/S phys. group	AZ	DCC	C Corp	0	0	0 %		No
KOMG-Louisville Region Inc 201 Abraham Flexner Way Louisville, KY 40202 83-2481198	Healthcare	KY	JHSMH	C Corp	0	0	0 %		No
MGT SRVC Organization of Santa Maria Inc 1400 E Church Street Santa Maria, CA 93454 77-0318135	Health Care Mgt	CA	DH	C Corp	0	0	0 %		No
Med Office Bld Horizontal Prop Regime 300 Werner St Hot Springs, AR 71913 71-0720429	Real Estate	AR	CHI-SVHS	C Corp	0	0	0 %		No
Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	MMC Williston	C Corp	0	0	0 %		No
Memorial CV SRVC Line MGT Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	MHSET	C Corp	0	0	0 %		No
Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corp	0	0	0 %		No
Mercy SRVC Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	MMC	C Corp	0	0	0 %		No
MHI Clinical SRVC 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	MHSET	C Corp	0	0	0 %		No
Millennium Surgery CTR Inc 9300 Stockdale Hwy 200 Bakersfield, CA 93311 77-0513445	Healthcare	CA	BMH	S Corp	0	0	0 %		No
Mountain MGT SRVC Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGT SVC ORG	TN	MHCS	C Corp	0	0	0 %		No
North Central Health Care Alliance PO Box 5538 Bismark, ND 58506 45-0439894	Healthcare	ND	SAMC	C Corp	0	0	0 %		No
PATIENT TRANSPORT SRVC INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C Corp	0	0	0 %		No
QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	QCHPS	C Corp	0	0	0 %		No

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								Yes	No
QCH Plan SRVC Inc (fka CHP SRVC Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin SRVC	CO	QCHI	C Corp	0	0	0 %		No
QCH Inc (fka CH Managed Solutions Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	CSH	C Corp	0	0	0 %		No
QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520	Holding Co	AR	QCHPS	C Corp	0	0	0 %		No
QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Inactive	NE	QCHPS	C Corp	0	0	0 %		No
RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	QCHPS	C Corp	0	0	0 %		No
RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	QCHPS	C Corp	0	0	0 %		No
Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	TSHS	C Corp	0	0	0 %		No
Saint Clare's Primary Care Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202	Billing SRVC	NJ	SCCC	C Corp	0	0	0 %		No
SJH SRVC Corp 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corp	0	0	0 %		No
SJL PHYSICIAN MGT SRVC INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Management	KY	SJHS	C Corp	0	0	0 %		No
SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	QCHPS	C Corp	0	0	0 %		No
St Mary Health Ventures Inc 1050 Linden Avenue Long Beach, CA 90813 95-1912528	Retail Pharm.	CA	DH	C Corp	0	0	0 %		No
St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	SAH	C Corp	0	0	0 %		No
St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corp	0	0	0 %		No
St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	SLHS	C Corp	0	0	0 %		No

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								Yes	No
St Vincent Community Health SRVC Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corp	0	0	0 %		No
STE Holdings 12809 West Dodge Rd Omaha, NE 68154 82-2383629	Holding Co	NE	SERMC	C Corp	0	0	0 %		No
Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	SLCDC-SL	C Corp	0	0	0 %		No
Towson MGT Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt SRVC	MD	FSI	C Corp	0	0	0 %		No
TRINITY MGT SRVC ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt SRVC	OH	THS	C Corp	0	0	0 %		No